

**Alabama Medicaid Agency  
Maternity Care Program (MCP)  
The MOM Care Program Enrollee Handbook**



**The MOM Care Program  
1714 Center Street  
Mobile, Alabama 36604  
(251) 415-8585**

### **Frequent Contact Information**

<b>The MOM Care Program</b>	<b>(251) 415-8585</b>
<b>Alabama Medicaid Agency</b>	<b>(800) 362-1504</b>
<b>USA Health Children and Women's Hospital</b>	<b>(251) 415-1000</b>
<b>Mobile Infirmary Medicaid Center</b>	<b>(251) 435-2400</b>
<b>Providence Hospital</b>	<b>(251) 633-1000</b>
<b>Springhill Medical Center</b>	<b>(251) 344-9630</b>

**Delivering Healthcare Provider Name:**

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**DHCP Phone Number:** \_\_\_\_\_

**Care Coordinator Name/Number:**

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## Notice of Non-Discrimination

The **MOM Care Program** complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The **MOM Care Program** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

If you believe we have failed to provide these services or have discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance. If you need help to do this, we will help you. This may be done in person, by mail or fax at:

University of South Alabama, Human Resources  
TRP III, Suite 2200  
650 Clinic Drive  
Mobile, AL. 36688-0002  
Phone: (251) 460-6133  
Fax: (251) 460-7483  
Email: [hrrmaincampus@southalabama.edu](mailto:hrrmaincampus@southalabama.edu)

You can also file a Civil Rights Discrimination Complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can file a complaint online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
ATTENTION: Office for Civil Rights  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington DC, 20201  
1-800-368-1019  
1-800-537-7697 (TTY)

Complaint forms are available online at <https://www.hhs.gov/sites/default/files/civil-rights-complaint-form-0945-0002-exp-04302019.pdf>.

**If you need information in a different language or format:**

**The MOM Care Program** provides free aids and services to people with disabilities to communicate with us. These include:

- Sign language interpreters
- Written information in other formats such as large print, audio, or electronic formats.

**The MOM Care Program** also provides free language services to people whose primary language is not English, such as:

- Oral translation by qualified interpreters
- Materials written in other languages

If you need these services, contact **The MOM Care Program** at **(251) 415-8585**.

**If you need an interpreter: Contact the MOM Care Program at (251)415-8585.**

### **Español**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-251-415-8585 (TTY: 1-800-253-0799).

### **中文 (Chinese)**

注意：如果您使用繁體中文，  
您可以免費獲得語言援助服務。請致電1-251-415-8585 (TTY: 1-800-253-0799)。

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-251-415-8585 (TTY: 1-800-253-0799.)번으로 전화해 주십시오.

### **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-251-415-8585 (TTY: 1-800-253-0799).

### **عربي (Arabic)**

(رقم هاتف ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برق 1-251-415-8585 (TTY: 1-800-253-0799).  
الصم والبكم:

### **Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-251-415-8585 (TTY: 1-800-253-0799).

### **Français (French)**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-251-415-8585 (TTY: 1-800-253-0799)

### **ગુજરાતી (Gujarati)**

પ્રયુક્તા: જો તમે ગુજરાતી બોલતા હો, તો નિઃપ્રલ્કુ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-251-415-8585 (TTY: 1-800-253-0799)

### **Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-251-415-8585 (TTY: 1-800-253-0799)

### **हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मु त में भाषा सहायता सेवाएं उपलब्ध हैं। पर कॉल कर । 1-251-415-8585 (TTY: 1-800-253-0799).

### **Laotian**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ມັນມີ ພ້ອມໃຫ້ ທ່ານ. ໂທ 1-251-415-8585 (TTY: 1-800-253-0799).

### **Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-251-415-8585 (TTY: 1-800-253-0799).

### **Português (Portuguese)**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-251-415-8585 (TTY: 1-800-253-0799).

### **Türkçe (Turkish)**

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-251-415-8585 (TTY: 1-800-253-0799) irtibat numaralarını arayın.

### **日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。まで、お電話にてご連絡ください 1-251-415-8585 (TTY: 1-800-253-0799).

**ATTENTION:** If you need materials in large print, audio recording, or any other format to help in applying for or using your Medicaid coverage, it is available to you at no cost. Call 1-334-242-5000 (TTY: 1-800-253-0799)

## Alabama Medicaid Maternity Care Program

Alabama Medicaid offers services to help pregnant women get the medical care they need to have a healthy baby. In most counties, pregnant Medicaid recipients enroll with a Maternity Care Program to get prenatal care, delivery, post-partum care and care coordination services. **The MOM Care Program** will be providing these services during your pregnancy.

You will receive maternity care services through **The MOM Care Program's** network of doctors, nurse midwives and other health providers. You will also work with a Care Coordinator who can help with resources, transportation, or to find a doctor for your care.

### Who can enroll with a Maternity Care Program?

If you are pregnant and qualify for Alabama Medicaid, you must enroll with a Primary Contractor for your maternity care, unless you live in the 15 counties not served by a Primary Contractor. The 15 counties not served by a Primary Contractor are Autauga, Bullock, Butler, Crenshaw, Elmore, Lowndes, Montgomery, Pike, Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe, and Washington. If you live in any of these counties, you may go to any Medicaid enrolled doctor or nurse midwife for your maternity care.

#### Women in this group include:

- Those certified for Medicaid using the Modified Adjusted Gross Income (MAGI) rules for pregnant women (includes group formerly known as SOBRA)
- Refugees
- Supplemental Security Income (SSI) eligible women
- Disable women of any age who are not on Medicaid
- Parents/caretaker relative of children under age 19) adults receiving what was once known a Medicaid for Low Income Families or MLIF)
- Children under age 19
- People receiving Transitional/Extended Medical Assistance

#### Women who may not have to participate in a Maternity Care Program include:

- Disabled women who receive only optional State supplements
- Children in foster care
- Children in the custody of the Department of Youth Services
- People who have both Medicare and Medicaid
- People who live in a long-term care facility such as a nursing home
- People on home and community-based waivers



- People using hospice services
- People in the Health Insurance Premium Payment (HIPP) Program
- People who get limited or no Medicaid coverage (e.g., some non-citizens who are only eligible for emergency services, or patients who get short-term hospital eligibility)

## Leaving or changing from The MOM Care Program

If you move to a county not served by **The MOM Care Program**, you will need to contact Medicaid to change your address as soon as possible so that the district you move to can bill Medicaid for your maternity care. You can call Medicaid toll-free at 1-800-362-1504 or talk to your Care Coordinator or worker about how to change your address and/or county code.

## Important Things to Know

### How we will tell you about any changes

We will try to keep you informed about any changes that will affect your health care. We will do this by keeping this handbook, our website, and any letters we send to you up-to-date. If there is a big change - such as a change in your status, benefits, services, or places you go for care; we will tell you about it at least 30 days before the change takes place. If you have questions about **The MOM Care Program** or anything related to your maternity health care, call **The MOM Care Program** at **(251) 415-8585**.

## What Are My Rights?

Medicaid is a voluntary program. This means that you agree to be part of Medicaid and to follow Medicaid's rules. As an Enrollee of **The MOM Care Program**, this also means you have the right:

1. To be treated with respect, dignity, and privacy
2. To get services without being treated differently due to race, national origin, religion, sex, age, mental or physical disability, or the need for health care services
3. To ask for and receive oral interpretation services, written translations, or information related to your care in alternative formats at no charge
4. To have your personal information (oral, written, and/or electronic) in your medical record kept private

5. To ask for and receive a copy of your medical record as required under state law and correct it if it is wrong
6. To file a Complaint or Grievance if you're not happy with **The MOM Care Program**, or the care you have received from your doctor or another provider
7. To file an Appeal if you disagree with a decision made by **The MOM Care Program**;
8. To request a Fair Hearing if you disagree with the decision made during an Appeal process
9. To receive information about what services are covered by Medicaid and the **The MOM Care Program**.
10. To receive notice of any significant change, as defined by the state, in the information specified in the enrollee handbook at least 30 days before the intended effective date of the change.

## **Your right to Medical Care**

1. To pick or change doctors from the list of doctors in the **MOM Care** Provider Network
2. To be able to get in touch with your doctor, or a person chosen by your doctor, at any time
3. To get care right away if you have a medical emergency
4. To go to any doctor or clinic for birth control or Family Planning Services
5. To be told what your illness or medical problem is and what the doctor or provider thinks is the best way to treat it
6. To ask any questions you need to understand your illness or treatment and to be given answers in a way that you can understand
7. To decide about your health care and to give permission before the start of any treatment or surgery
8. To ask for and receive a second opinion
9. To not be forced to decide about any medical care, treatment, or surgery
10. To refuse any treatment
11. To be told about available treatment options and alternatives presented in a manner appropriate to the enrollee's condition and ability to understand
12. To participate in decisions about your health care
13. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation

## **Your right to stay with **The MOM Care Program****

You cannot be forced to leave or be removed from **The MOM Care Program** because:

- Your health gets worse
- You already have a medical problem (i.e., a pre-existing condition)
- Your medical treatment costs a lot of money

- The way you use your services
- You have a mental health, alcohol, or drug abuse condition
- Your special needs make you act in a disruptive or uncooperative way, unless it seriously affects **The MOM Care Program's** ability to provide services to you or other patients
- You do not follow your doctor's plan of care
- You filed a complaint or appeal about a decision we made, or
- You asked to change doctors

## What Are My Duties?

Medicaid is a voluntary program. This means that you agree to be part of Medicaid and to follow Medicaid's rules. As a **MOM Care Program** enrollee, this also means you have the duty:

1. To follow the rules for Medicaid and **The MOM Care Program.**
2. To read this handbook and other papers we send you to learn how to use **The MOM Care Program** and Medicaid to get health care
3. To schedule your appointments, including the appointment after you deliver your baby, and arrive on time
4. To call your doctor's office and tell them if you must cancel or come late to your appointment
5. To give as many facts as you can to help your doctor or other health care provider take care of you, such as all the medicine you take
6. To ask any questions you need to understand your illness or treatment
7. To carefully consider all the facts you need to know before giving permission for a procedure or treatment
8. To follow the plans and instructions for care that you agreed on with your doctor
9. To be courteous, kind and cooperative with your doctor and his/her office staff, and the employees of **The MOM Care Program.**
10. To tell your doctor or other provider about any insurance you have
11. To tell Medicaid and **The MOM Care Program** of any family changes such as new address, marriage, divorce, birth, income or other insurance coverage
12. To report any suspected fraud, waste and/or abuse

## Fraud, Waste and Abuse

**The MOM Care Program** works with the government to stop fraud, waste and abuse. Fraud is when recipients and/or providers cheat the system. The person(s) who cheats might receive a benefit that is illegal or not allowed. To be accused of

Medicaid fraud, there must be proof of illegal services or payments.

Abuse is when actions of the recipient or provider cause unnecessary cost to the Medicaid program.

### **Examples of Recipient Fraud or Abuse**

- Forging or altering a prescription
- Allowing someone else to use your Medicaid ID card
- Failure to keep your Medicaid ID card safe
- Seeking and receiving too many drugs, services, or supplies
- Scheming with providers to get services or supplies
- Lying about, or hiding, facts to get or keep Medicaid.

### **Examples of Provider Fraud or abuse**

- Billing for services or equipment that the recipient did not receive
- Charging recipients for services that are covered by Medicaid
- Double billing or other illegal practices
- Submitting false diplomas or licenses to qualify as a Medicaid provider
- Ordering tests, prescriptions, or procedures that the recipient does not need
- Accepting a fee or a portion of a fee for a Medicaid recipient referral
- Failing to repay or arrange for the repayment of identified overpayments
- Physical, mental, emotional, or sexual abuse of a recipient

Please let us know if you or someone you know suspects Medicaid fraud or abuse.

**The MOM Care Program** will look into the information you give us and will keep your name private. If you don't mind being contacted, you can leave your name and phone number.

**Contact us by phone, email or postal mail:**

**Phone: (251) 415-8585**

**Website: [www.usahealthsystem.com/momcare](http://www.usahealthsystem.com/momcare)**

**Email: [seschete@health.southalabama.edu](mailto:seschete@health.southalabama.edu)**

**Postal Mail: 1714 Center Street, Mobile AL. 36604**

**Medicaid Fraud & Abuse Hotline:** 1-866-452-4930 (toll-free call) or write to Program Integrity Division, Alabama Medicaid Agency, PO Box 5624, Montgomery, AL 36103-5624. You do not have to give your name.

## Enrollee Services

### Call Center

If you have a question or need help with anything about **The MOM Care Program** or your care, you can call **The MOM Care Program** from 8:00 A.M. until 5:00 P.M. Central Standard Time, Monday through Friday. Enrollees who are deaf or do not hear well and have the right equipment can call our TTY number at **1-800-735-2962** for help.

#### **This call center is set up to:**

- Help you choose or change the doctor who will deliver your baby
- Send you a list of providers who have agreed to see Medicaid Enrollees
- Answer questions or listen to any concerns about your pregnancy
- Send forms or written materials
- Help you file a Grievance (also called a Complaint) or an Appeal
- Tell you what you need to do to change your address or county in which you live
- Help you find a Care Coordinator
- Send you an Enrollee Handbook in a language other than English

If you have an urgent need, follow the instructions given to you by your doctor or midwife. **IF YOU HAVE AN EMERGENCY, CALL 9-1-1.**

### Website

You can also get information on **The MOM Care Program** from our website at **[www.usahealthsystem.com/momcare](http://www.usahealthsystem.com/momcare)**

The website includes:

- List of doctors and midwives who deliver babies for **The MOM Care Program**
- How to contact your Care Coordinator
- Links to helpful information about Medicaid
- Resources to help you make informed choice

## Your Medicaid ID Card

**It is your duty to keep your Medicaid ID card safe.**

### **What you use your Medicaid ID card for:**

- Your Medicaid ID card is used every time you go to the doctor or to get medical services.
- Your doctor or other provider may also ask for a photo ID like a driver's license.

### **If you lose or damage your Medicaid ID card:**

1. Call Medicaid's Recipient Call Center at 1-800-362-1504 to request a new Medicaid ID card.
  - Only the person listed on the account may call.
  - Have your name, date of birth, and address ready.
2. Go online to My Medicaid at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) and request a new Medicaid ID card.
  - On the main page, find "My Medicaid" under the "Recipients" drop down menu or look for the button on the lower right-hand corner of Medicaid's website home page.
  - If you do not have a username and password, you must create one first.
  - Enter your username and password:
    - Go to "Medicaid Card" at the top of the screen
    - Select "Get a New Card"
    - Select the reason for the request (Ex: Lost or stolen)
    - Select "Confirm"
    - A new window will pop up on the website for you to confirm your request for a new card

Local Medicaid offices do not issue new Medicaid ID cards. Your new Medicaid ID card will arrive in the mail 2 to 4 weeks after the date of the request. If you need a Care Coordinator to guide you through this process, contact **The MOM Care Program**.

## Covered Services

### **Maternity Services provided by The MOM Care Program include:**

- Prenatal Services
  - Lab and X-ray Services
- Physician and Nurse Midwife Services

- Delivery Services
- Postpartum Care (mother's medical care after the baby is born)
- Care Coordination

You must show your Medicaid ID card before you receive any service.

For Medicaid to pay for your maternity care, you must go only to the doctors and other providers that have agreed to see **The MOM Care Program** enrollees, unless there is an emergency. This is called a Provider Network. You can find a list of these doctors and other providers on our website at [www.usahealthsystem.com/momcare](http://www.usahealthsystem.com/momcare) or by calling **(251) 415-8585** and requesting a paper copy of the list be mailed to you.

If you go to a doctor or place who is not part of **The MOM Care Program** Provider Network for your maternity care, or if you do not enroll with **The MOM Care Program**, you may have to pay for the visit or service.

### **Services that are covered by Medicaid for Maternity Care Enrollees**

Most women covered by Alabama Medicaid while they are pregnant will also have full Medicaid coverage that may qualify them to receive other Medicaid health care benefits. Full Medicaid coverage includes maternity services and regular medical services offered to most other Medicaid recipients.

**The MOM Care Program** does not provide all the services you can get as an Enrollee, only those services related to your pregnancy. Some services are covered separately by Medicaid and not by **The MOM Care Program**. The services may include the following:

- Behavioral and Mental Health Services
  - Mental Illness Rehabilitative Services provided by Community Mental Health Centers (Centers must be operated by 310 Boards certified by and under contract with the Alabama Department of Mental Health)
  - Psychiatric Hospital Services
  - Psychiatric Services
  - Psychology Services
- Certified Registered Nurse Anesthetist and Nurse Practitioner Services
- Children's Specialty Clinic Services
- Chiropractic Services *(Covered only for recipients under age 21 because of an EPSDT screening)*
- Dental Services *(Covered for recipients under age 21)*
- Durable Medical Equipment
- Emergency Services
  - Post-Stabilization Services
- Eye Care Services

- Family Planning Services
- Federally Qualified Health Centers (FQHC) Services
- Hearing Services (*Covered only for recipients under age 21 as a result of an EPSDT screening*)
- Home and Community-Based Services
- Home Health Services
- Hospice Services
- Hospital Services: Inpatient Hospital Care
- Hospital Services: Outpatient Hospital Care
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Services
- Laboratory Services
- Mental Illness Rehabilitative Services if provided by:
  - Department of Human Resources (DHR)
  - Department of Youth Services (DYS)
  - Alabama Department of Rehabilitative Services (ADRS)
    - Children's Rehabilitation Service (CRS)
    - Alabama's Early Intervention System (EI)
- Non-emergency transportation covered by the Alabama Department of Mental Health for mental health services at Community Mental Health Centers
- Nursing facility and nursing facility ventilator services
- Organ transplants
- Physician Administered Drugs
- Physician Services
- Podiatry Services (*Covered only for recipients under age 21 as a result of an EPSDT screening*)
- Prescription drugs
- Preventive health education
- Private Duty Nursing Services (*Covered only for recipients under age 21 as a result of an EPSDT screening*)
- Public Health case management services
- Public Health clinic services
- Public Health family planning services
- Prosthetic and Orthotic Devices
- Radiology (X-ray) Services
- Renal Dialysis (Outpatient)
- Rural Health Clinic Services
- State Laboratory services
- Substance abuse Rehabilitative Services
  - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - Smoking cessation products
- Referrals to specialists
- Targeted case management services



- Therapy Services (*Covered only for recipients under age 21 as a result of an EPSDT screening*)
  - Occupational Therapy
  - Speech Therapy
  - Physical Therapy
- Transportation Services
  - Emergency Ambulance
  - Air Transportation
  - Non-emergency transportation
- Well Child Checkup program (also known as EPSDT screening)

If you need a ride to get any of these services, call the Alabama Medicaid Agency Non-Emergency Transportation (NET) program at 1-800-362-1504 to arrange for a ride or talk with your Care Coordinator.

### **Services not covered by Medicaid or **The MOM Care Program****

- Cosmetic surgery
- Dental services for adults (age 21 or older)
- Braces, dentures or bridgework, gold caps or crowns, or periodontal or gum surgery
- Hearing services for adults (age 21 or older)
- Hospital meal trays or cots for guests
- TV or DVD machine rentals in hospital rooms
- Infertility services or treatments
- Recreational therapy or experimental treatments, supplies, equipment or drugs
- Speech and occupational therapy for adults (age 21 or older)
- Services or treatment if a person is not eligible for Medicaid
- Services for people who are in jail or in prison, except for inpatient services provided as a patient in a medical institution
- Sitter services
- Lactation consultation (contact WIC for assistance)
  - Electric breast pumps
- Doula services
- Any service not covered under Alabama's State Plan for Medical Assistance

## **Special Programs**

### **Care Coordination Program**

If you need help with resources, transportation, or finding a doctor for your maternity care, a Care Coordinator may be able to assist you. When you first enroll with **The**

**MOM Care Program**, we will find out more about your health needs. A Care Coordinator will make sure you have a physician or nurse midwife for your maternity care and will help with things like getting a ride to the doctor, make sure you know what to do in case of emergencies, and talk with you about how to stay healthy. Care Coordinators also make sure that everyone involved in your care knows about your health.

Call **The MOM Care Program** to find out how to enroll in our Care Coordination Program. A Care Coordinator is usually a social worker or a nurse. A contact card will be provided to you so you can know how to get in touch with her. You have the right to ask that any visits or meetings with the Care Coordinator be held at a place that is good for you, such as your home, a hospital, a doctor's office, or the Care Coordinator's office.

### **Health Home Program**

If you have one or more chronic health conditions or a mental health condition, talk to your Care Coordinator about how you can get extra help to live a healthy life through the Health Home Program. This is a free service that goes along with the other care you get from **The MOM Care Program** and Medicaid. There are different types of Health Home Services that may be available to you. Some examples might be learning how to take care of health problems at home or getting help at home after a hospital stay.

To qualify for these Health Home Services you must have, or be at risk of having, certain health problems. These include Asthma, Diabetes, Cancer, COPD, HIV, mental health conditions, substance abuse disorders, transplant need, Sickle cell Anemia, BMI over 25, heart disease, or Hepatitis C.

You are not required to accept services through the Health Home Program. If you qualify, you can decide if you want the extra services or not. If you think you qualify for Health Home services, call **The MOM Care Program** to find out more.

### **Well-Child Checkup Program (EPSDT)**

It is very important for you to choose a doctor to take care of your baby after he or she is born. Medicaid will pay for these visits. The Well-Child Checkup Program provides screenings that will help keep your child healthy. If you are under age 21, you may qualify for these services as well.

Medicaid will also pay for many different types of care such as medical, vision, hearing and behavior screenings, and follow-up care. If medically necessary, Medicaid also pays for some services to treat mental and emotional health issues and substance abuse. If an issue is found during a screening, your child's doctor can refer you to a specialist for more testing. Medicaid may also pay for a ride to get this care. Call 1-800-362-1504 to set up a ride.

There are some services that are limited only to recipients under age 21 as a result of a screening.

These include:

- Chiropractic Services
- Private Duty Nursing Services
- Podiatry Services
- Therapy Services
  - Occupational Therapy
  - Speech Therapy
  - Physical Therapy

If you need additional information about Medicaid's Well Child Checkup Program, contact the Alabama Medicaid Agency by calling 1-800-362-1504 or go to Medicaid's website at: <http://www.medicaid.alabama.gov>, click on "Programs" at the top of the page and then click on "EPSDT" under "Medical Services." You can also ask your Care Coordinator.

## Wellness Programs

If you smoke and want to stop smoking, Medicaid can help. Medicaid will pay for drugs to help you stop smoking and help you get connected to the Quitline. The Quitline is a free service offered by the Alabama Department of Public Health for people who want to stop smoking. If you are pregnant and need to talk to your doctor or nurse midwife about how to stop smoking, Medicaid will pay for these visits. Talk to your Care Coordinator about how to get these services.

Also **The MOM Care Program** can help you with other wellness programs such as **WIC, Help Me Grow Program, Cribs for Kids Program, Car Seat for Kids Program, Breastfeeding support groups and additional case management programs.**

## Co-Payments

You may be asked to pay a small part of the cost for some of the medical services you receive. Medicaid will pay the rest. Providers cannot charge any more than the co-payment amounts listed in the table below.

Service	Co-Payment
Doctor Visits	\$1.30 to \$3.90 for each visit
Visits to a nurse practitioner	\$1.30 to \$3.90 for each visit
Eye Care (Optometric) visit	\$1.30 to \$3.90 for each visit
Visits to health care centers or rural health clinics	\$1.30 to \$3.90 for each visit

Inpatient Hospital	\$50 each time you are admitted
Outpatient Hospital	\$3.90 per visit
Medical equipment	\$1.30 to \$3.90 for each item
Medical Supplies and Appliances	65 cents to \$3.90 for each item
Ambulatory Surgical Centers	\$3.90 per visit

You do not have to pay a co-payment if you are:

- Pregnant and receiving care related to your pregnancy
- Under 18 years of age
- Receiving family planning services
- A Native American Indian with an active user letter from the Indian Health Services (IHS)

Co-payments are not charged for certain services such as case management, chemotherapy, emergencies, family planning, mental health and substance abuse treatment, preventive health education, outpatient physical therapy, radiation treatment or kidney dialysis

### **Costs not covered by Medicaid:**

Medicaid recipients may not be billed for any amount above what Medicaid pays for a covered service.

Recipients may be billed for non-covered services or services for which Medicaid will not pay; including anything over the benefit limit (e.g., an extra pair of glasses or filling out forms for school or sports not requested at the time of service).

Providers are asked to tell recipients before non-covered services are provided if there will be a charge.

### **Optional or extra benefits offered by The MOM Care Program**

- **Cribs for Kids Program, based on eligibility**
- **Car Seats for Kids Program, based on eligibility**

## Special Circumstances

### Service limits based on religious or moral grounds

As a health care company **The MOM Care Program** works to make sure you receive high, quality care. The MOM Care Program has no limits on services due to moral or religious objections.

If The MOM Care Program stops providing a service due to moral or religious objections, you will be notified in the writing 30 days prior to the effective date of this change.

If you need a service that The MOM Care Program cannot provide due to these objections, you may call the Alabama Medicaid Agency's toll-free number 1-800-362-1504 to find out how to access those services.

## Your Delivering Healthcare Professional (DHCP)

Your doctor or nurse midwife who will provide your maternity care is called your Delivering Healthcare Professional (DHCP). One of the first things you do when you start with **The MOM Care Program** is pick the person or group that will take care of you during your pregnancy and deliver your baby.

Your doctor or nurse midwife will be the main person you go to for your maternity health care. You have the right to get in touch with your doctor or nurse midwife about maternity health problems 24 hours a day, 7 days a week. **Always** call your doctor or nurse midwife before going to the Emergency Room (ER) unless you have a real emergency. **IF YOU HAVE AN EMERGENCY, CALL 9-1-1!**

### What your doctor or nurse midwife will do for you:

- Provide your prenatal, delivery, and postpartum care
- Arrange for a qualified person to answer after-hours calls if the doctor or nurse midwife cannot respond
- Help you find a specialist if needed
- Order and help set up special tests or care if needed
- Prescribe medical equipment and supplies if needed
- Know you and your health needs

### Choosing or changing your doctor or nurse midwife:

When you enroll with **The MOM Care Program**, you have the right to pick or change a doctor or nurse midwife from a list of family doctors, OB/GYNs, nurse midwives, or groups who have signed up with **The MOM Care Program**. In some cases, a

specialist may be chosen as your DHCP. Let us know if you have a special health concern and or if you think you may need a specialist to be your DHCP. For Medicaid to pay for your maternity care, you must go to a doctor or nurse midwife signed up with **The MOM Care Program** or maternity care. **To see a maternity care doctor or nurse midwife that is not signed up with The MOM Care Program, it must be approved ahead of time.** If you need to see a doctor for reasons other than your maternity care, or if you need help finding a doctor, talk with your Care Coordinator.

**To get a list of family doctors, OB/GYNs, nurse midwives and groups who have agreed to see Enrollees, you can:**

- Go online to [www.usahealthsystem.com/momcare](http://www.usahealthsystem.com/momcare) and click on “**MOM Care Providers,**” or
- Call **The MOM Care Program at (251) 415-8585** and ask to have a list mailed to you.

**Here is what you need to know about choosing a doctor or nurse midwife for your maternity care:**

- You will be asked to say which doctor or midwife you want on the “Agreement to Receive Care/Release of Information Form.” You will be given a copy of this form to keep.
- You will be told in writing about the medical professionals who will be involved in your care.
- If you do not want to choose a doctor or nurse midwife on the day you enroll with **The MOM Care Program**, you must call back **within five (5) business days** to choose one.
- If you do not tell us your doctor or nurse midwife choice **within five (5) business days**, we will choose one for you based upon where you live, if you have special health care needs, and what doctors you have seen in the past (if they are in **The MOM Care Program** Provider Network.
- We will send you a letter to tell you which doctor or nurse midwife has been assigned to you.
- We will tell your doctor or nurse midwife that you have chosen them for your maternity care.

## Here is what you need to know about changing your doctor or nurse midwife:

- You may change your doctor or nurse midwife for any reason within the first 90 days of enrolling with **The MOM Care Program**.
- If you want to leave or change your doctor or nurse midwife after the first 90 days, you must have a very good reason. You must write **The MOM Care Program** a letter explaining the reason why you want to change.

## How to Get Care

### Appointments

When you need maternity care, call your doctor or nurse midwife first. He or she knows about your pregnancy and has your records in the office. If you have health problems that happen after normal business hours or over the weekends, find out what your doctor or nurse midwife wants you to do before you go to the ER, another doctor, or another clinic. It may be best for you to come to the doctor's office instead of the Emergency Room. Always call your doctor before you go to the Emergency Room unless it is a real emergency. **If you have a real emergency, call 9-1-1!** You can always call your Care Coordinator for questions about your maternity care services. The numbers are in the front of this book.

If you need medical care while you are pregnant, call your regular doctor for an appointment. Write down the day and time or put it in your phone or on a calendar to remind you. If you need help to set up a ride for your visit, contact **The MOM Care Program** and your Care Coordinator will assist you. If you cannot come for the visit, call and cancel so someone else can have your time.

### There are different types of appointments.

While you are pregnant most of your visits will be for routine pregnancy care. Other types of appointments you may have while on Medicaid include routine well care, routine sick care, or urgent care.

**Routine pregnancy care** is normal prenatal care most women receive while they are expecting a baby.

**Routine well care** is planned medical care or check-ups done from time to time. These visits help maintain or improve your health. Examples of this are well-child check-ups, regular check-ups to check your blood sugar if you are diabetic, or an annual check-up for women.

**Routine sick care** is when you have a health problem that needs to be seen in the medical office but can wait a short time. Routine sick care would be visits for things like a rash, a dull pain that won't go away, a cold, back aches, or a sore throat.

**Urgent care** is when you have a health problem that needs to be seen right away but is not an emergency. Urgent care would be visits for things like a bad ear and/or stomachache, small cuts or injuries, or too much vomiting in a short time.

## **You must go to **The MOM Care Program** Provider Network for your maternity care.**

When you enroll with **The MOM Care Program**, you must go to doctors and other providers that have agreed to see **The MOM Care Program** maternity patients unless there is an emergency. This is called a Provider Network. You can find a list of these doctors and other providers on our website at

**[www.usahealthsystem.com/momcare](http://www.usahealthsystem.com/momcare)** or by calling **(251) 415-8585**. A paper directory can also be mailed to you. To request a list, call **(251) 415-8585**.

If you go to a doctor or place who is not part of **The MOM Care Program** Provider Network for maternity care, or if you do not enroll with **The MOM Care Program**, you may have to pay for the visit or service.

### **This rule does not apply if:**

- You have an emergency and need to go to the Emergency Room
- You are getting care to keep your health stable after a visit to the ER (called post stabilization services)
- You are going for family planning services
- You are seeking care not related to your pregnancy

### **If you have an emergency:**

- Emergencies are when you have a sudden, serious medical problem that could cause death, lasting damage, or injury to your or your unborn baby's health if not treated right away.



- If you think you have an emergency, go to the nearest hospital or Emergency Room for emergency care. Emergency services do not have to be approved ahead of time.
- If you have an emergency, you can go to a hospital that is not in **The MOM Care Program's** Provider Network. This also applies to any care needed to keep your health stable after a visit to the ER. If you need help to go to the hospital, call 9-1-1 or an ambulance.
- Always be ready for an emergency by carrying your Medicaid ID card with you.
- If you are not sure if it is an emergency, call your doctor or nurse midwife.

**Emergencies might be things like:**

- Unable to breathe, not able to talk
- Vaginal bleeding
- Bleeding that won't stop
- Strong stomach pain or cramping that does not stop
- Extreme dizziness or fainting
- Very high fever
- Strong chest pain that won't go away
- A bad cut, broken bone, or a burn
- Seizures that cause someone to pass out
- Not being able to move your arms or legs
- A person who will not wake up
- Drug overdose
- Vomiting and cannot keep food or liquids down

**These problems can usually wait until your doctor can see you in the office:**

- Sore throat
- Colds and coughing
- Lower back pain
- Ear ache
- Small cuts and bruising
- Headache, unless it is very bad and like you have never had before

**When you are away from home**

If you become sick while you are away from home you should:

- **Go to the ER or call 9-1-1 if it is a real emergency.**

- If it is an urgent issue related to your pregnancy, call your doctor or nurse midwife.
- If it is an urgent, but not life-threatening problem not related to your pregnancy, call your regular doctor or clinic.

## **Out-of-state services**

Most of the time, you will get your services in the state of Alabama. However, there are certain times when you can get care from an out-of-state provider. In almost all cases this care must be approved ahead of time.

### **Out-of-state services may be covered if:**

- You have an emergency during the time you are not in Alabama
- It would be harmful to have you travel back to Alabama for treatment
- An out-of-state medical provider is in **The MOM Care Program's** Provider Network and is within 30 miles of Alabama
- The care you need is not available in the state of Alabama.

## **Getting to Your Appointments**

### **Medicaid's Non-Emergency Transportation ("NET") Program**

If you don't have a way to get to your health care visits, you may be able to get help through Medicaid's Non-Emergency Transportation ("NET") Program. This includes rides in cars, buses and other vehicles when it is not an emergency. You can call **The MOM Care Program** to get help with setting up a ride as soon as you make your appointment. You can also call Medicaid's toll-free number at 1-800-362-1504 to request Medicaid to pay for a ride.

#### **To get help with a ride:**

- You must be going for a service covered by Medicaid and not have another way to get there

#### **Someone can ride with you if:**

- You are a child under age 21, or
- You have a disability and need help to get the service, such as opening doors, pushing a wheelchair, or reading or speaking for you

#### **To request a ride to your health care visits through Medicaid's NET Program:**

- Call Medicaid's toll-free number at 1-800-362-1504 to speak with someone about the Medicaid NET Program. It is better to call at least five (5) days before

- the ride is needed, but you can call up until the time of the appointment and one (1) day after the appointment.
- When you call, the operator will ask you for information about your need for a ride and to make sure you are covered by Medicaid. This information will be used to decide if Medicaid can pay for your ride.
- The NET Program Hotline is open from 8:00 A.M. to 4:00 P.M., Monday through Friday, except on major state holidays.
- If your request is approved, Medicaid will send you a payment through the Electronic Benefits Transfer (EBT) process. You will receive money loaded onto your EBT Card once your request is processed. You can use it like other EBT Cards to make purchases or get cash back to pay for your ride.
- For more information about Medicaid's NET Program, go to Medicaid's website at [http://medicaid.alabama.gov/content/4.0\\_Programs/4.5\\_Transportation.aspx](http://medicaid.alabama.gov/content/4.0_Programs/4.5_Transportation.aspx) and look for "Non-Emergency Transportation."

## Specialty Care / Referrals

### Specialty Care

A specialist is a doctor who gives care for certain health care needs. For example, a doctor who helps take care of women having complicated or high-risk pregnancies is known as a Maternal-Fetal Medicine Specialist.

If you need to see a specialist for your maternity care, **The MOM Care Program** will work with your doctor or nurse midwife to set up an appointment. If you need specialty care for a non-maternity illness or condition, you will need to contact that specialist directly and find out if they will accept your Medicaid coverage before making the appointment.

#### There are two exception(s):

- Visits with a Medicaid enrolled provider for family planning services (i.e., birth control) regardless of whether the provider is in **The MOM Care Provider Network**. Once you are eligible for Plan First, family planning services must be provided by a Plan First provider.
- Visits to a woman's health doctor (OB-GYN) for family planning services or for an annual checkup.

**Remember:** Except as noted as above, you must go to a doctor or provider that has agreed to see **The MOM Care Program** Medicaid recipients for **The MOM Care Program** to pay for your maternity care.

## Second Opinions

Many times it is hard to know what to do about a health problem. Before starting a treatment plan you have the right to ask for a second opinion from another doctor. If you want a second opinion, talk directly to your doctor or call **The MOM Care Program** and we'll help arrange this for you.

## When Services Must Be Approved Ahead of Time

Most of the time **The MOM Care Program** does not need to approve a visit to your doctor, nurse midwife or a specialist, if you are going to a **The MOM Care Program** Network Provider.

If you are going for non-maternity services (services not related to your pregnancy), there are some services and visits that must be approved ahead of time such as high-tech radiology services, PET scans, and MRIs.

If these services are not approved ahead of time, Medicaid may not pay for the service. Your doctor's office will help you if you need one of these services.

## Other Health Insurance

Many people on Medicaid also have other health insurance. When you apply for Medicaid you must tell your Medicaid worker about any other health insurance that covers you or your children. Having other health insurance will not keep you from qualifying for Medicaid.

If you have other health insurance or are on the Health Insurance Premium Payment (HIPP) Program, you must use the doctors, hospitals, and drug stores approved by that health insurance company and follow any rules they have. Tell your doctor, drug store, or other medical provider about your other health insurance. They must file for your other health insurance benefits first. Then they can file Medicaid for the part your other health insurance does not pay.

If you have any changes to your health insurance you must tell Medicaid. Go to Medicaid's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov), click on "Recipients" at the top of the page. Next, click on "Update Health Insurance Information". You will see a form that you can fill out. Let us know if you need help to do this.

### **You can also call one of these numbers:**

- If your last name starts with A through H – call 334-242-5249
- If your last name starts with I through P – call 334-242-5280
- If your last name starts with Q through Z – call 334-242-5254

Non-custodial parents of children on Medicaid may be required to provide health insurance for their child through their jobs. When this happens, employers of non-custodial parents must give custodial parents insurance cards and other information needed to file claims with that health insurance. To learn more, contact your county Department of Human Resources (DHR) office.

If you expect to get money from an insurance company or a lawsuit, you must tell Medicaid by calling 1-877-252-8949. This includes any money awarded by a court, an out-of-court settlement, or money paid to you for medical expenses. If Medicaid paid your medical bills, make sure Medicaid is paid back first before you settle any claims with insurance companies or in court.

## **Grievances and Appeals\***

*\*This is a general overview of your right to file a Grievance and/or an Appeal. All rights and the applicable procedures are fully set forth in Alabama Medicaid Agency Administrative Code Rule No. 560-X-45-.07 in Chapter 45 and Rule No. 560-X-3-.01 through 560-X-3-.07 in Chapter 3, which can be found on the Medicaid Agency website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov). Click on the “Resources” tab and then “Administrative Code” in dropdown menu.*

**The MOM Care Program** wants you to be pleased with your doctor or nurse midwife and the medical care you receive. You, or someone who has your written permission to speak for you, have the right to ask for a review of a decision that has been made about your treatment, care, services, equipment, or supplies. This is done in one of two ways: 1) a Grievance (also called a Complaint) or 2) an Appeal.

### **You need to know:**

- No one can take any action against you because you filed a Grievance or Appeal.
- You will not lose Medicaid because you filed a Grievance or Appeal.

- If you need help with understanding a letter sent to you, or help with filing a Grievance or an Appeal, **The MOM Care Program** can help you. Call **The MOM Care Program** at **251-415-8585** with any questions you may have.
- You, or someone who has your written permission to speak for you, can file your Grievance or Appeal orally or in writing. The forms to do this are in the back of this book.

## What is a Grievance?

If you are not satisfied with your care or services you can file a Grievance (also called Complaint) at any time.

### Examples of a Grievance include:

- Your rights as an enrollee were not respected (see Enrollee Rights, **page 5-7**)
- You are asked to wait too long for an appointment or service
- You feel you did not get the care, service, or supplies you expected

### If you have a Grievance:

You, or someone who has your written permission to speak for you, can file your Complaint. This may be done orally or in writing.

- First, try to work out the problem by talking directly with your doctor or the person with whom you have the Complaint.
- If this does not fix the problem, call us at **251-415-8585** OR
- Fill out and send a Complaint form. This form is Appendix A in this handbook. The mailing address for this form is MOM Care Program 1714 Center Street Mobile, AL. 36604

If you need help filing a Grievance or an Appeal, or if you need to request auxiliary aids and interpreter services, let us know. **The MOM Care Program** will help you with this process.

### Next steps

- **The MOM Care Program** will let you know that your Grievance has been received within five (5) business days of receiving it.
- If your Grievance deals with an urgent or immediate action, it will be acted on within 48 hours.
- The Grievance shall be resolved within ten (10) business days of receipt.
- **The MOM Care Program** will answer your Grievance in writing within 20 business days.

- If an adverse decision is made, the Adverse Benefit Determination Notice will be mailed to you at least 10 calendar days before your services are stopped or decreased (except in the cases of fraud).
- If an adverse determination is made, **The MOM Care Program** will explain that to you in an Adverse Benefit Determination Notice.
- If **The MOM Care Program** does not act on your Grievance, or if an adverse decision is made about your Grievance or Complaint, you have the right to an Appeal.
- A request for an Appeal may be filed with **The MOM Care Program** within 60 days from the date of the adverse decision made by **The MOM Care Program**.

## What is an Appeal?

You can ask **The MOM Care Program** to review any adverse decision made about your medical care upon which you do not agree. This is called an Appeal. **The MOM Care Program** will tell you about any decision made about your medical care during your Appeal in an Appeal Notification letter.

### You have the right to:

- Ask that your health care services keep going during any step of the Appeal process.
- Request your Appeal either orally or in writing.
- Request a Fair Hearing from Medicaid if you are not satisfied with the result of your Appeal.
- File your request for a Fair Hearing with the Alabama Medicaid Agency within 60 days from the date the Appeal notification letter was mailed to you by **The MOM Care Program**.

During each step in the Appeal process, you or someone who has your written permission to speak for you, have the right to present facts, ask, or answer questions. You may ask for a copy of your file or other documents used in the Appeal process before any decision is made on your Appeal. There is no charge for these documents.

### What if the Appeal is an emergency?

You have the right to ask that your Appeal be decided more quickly if your life or health is at risk. If this is the case, you will need to tell **The MOM Care Program** certain information in person, in writing, or by phone.

## What we need to know:

- Details about your emergency
- Details from others about your emergency
- Any facts or laws that you would like us to know

## Answering your emergency request for an Appeal

If your Appeal receives an approval to be expedited because of a health condition, your Appeal will be handled as quickly as possible, but no greater than 72 hours of receiving the Appeal. If your emergency request for an Appeal is not approved, then your Appeal will be handled in the appropriate amount of time stated for each step.

### Appeal to **The MOM Care Program**

The Appeal process begins by you requesting an Appeal to review any decision made about your medical care by **The MOM Care Program**. You, or someone who has your written permission to speak for you, may request an Appeal to **The MOM Care Program** either orally or in writing **within 60 calendar days** from the date listed on your Appeal Notification letter. Appeal forms are on **The MOM Care Program** website at [www.usahealthsystem.com/momcare](http://www.usahealthsystem.com/momcare) and also are included in this handbook, please reference Appendix D.

- You can either call, mail, or hand-deliver your Appeal request to **The MOM Care Program** at:

**The MOM Care Program**  
**1714 Center Street**  
**Mobile, AL. 36604**  
**(251)415-8585**

- If you request your Appeal orally or by telephone, you must also send a written copy of your request to **The MOM Care Program** at the address above **within three (3) calendar days** of the telephone call.
- **The MOM Care Program** will let you know in writing that we got your Appeal request **within five (5) calendar days** of receiving it.
- If you have any other facts about your appeal that you would like us to see, you can tell us in person, in writing, or by phone **within five (5) calendar days** of getting your Appeal request.
- If you do not agree with the decision we made, you may ask the Alabama Medicaid Agency for a Fair Hearing.



## How to Ask for a Medicaid Fair Hearing

If you do not agree with the decision made by the **The MOM Care Program** in the Appeal process, you may request a Fair Hearing of **The MOM Care Program's** decision to the Alabama Medicaid Agency.

**The MOM Care Program** will tell you how to file a request for a Fair Hearing to Medicaid. If you need help to understand a letter sent to you, or help to file for a Fair Hearing, **The MOM Care Program** can help you. Call **(251) 415-8585** with any questions you may have.

You, or someone who has your written permission to speak for you, may file your request for a Fair Hearing to Medicaid either orally or in writing. Fair Hearing Request forms are on The MOM Care Program website at [www.usahealthsystem.com/momcare](http://www.usahealthsystem.com/momcare) and also are included in this handbook, please reference Appendix E.

- You can either call, mail, or hand deliver your request for a Fair Hearing to Medicaid at:

Medicaid must receive your request for a Fair Hearing orally or in writing **within 60 calendar days** of the date of your Appeal notification letter mailed to you by the **The MOM Care Program**.

Alabama Medicaid Agency  
Office of General Counsel  
Hearings Coordinator  
501 Dexter Avenue  
P.O. Box 5624  
Montgomery, Alabama 36103-5624  
(334) 353-2905

If the hearing is not completed **within 60 days**, you will be notified of the reason for the delay. A final decision will be made **within 90 days** from the date of request for a hearing.

## Appeal to Circuit Court

If you do not agree with Medicaid's Fair Hearing decision, you may file an appeal to the Circuit Court in the county where you live or the county where you received services.

## **Notice of Privacy Practices**

**Please see attached University Privacy Notice  
Appendix C**

### **Advance Directives: Deciding About Your Health Care**

If you are 19 or older, the law says you have the right to decide about your medical care. If you are very sick or badly hurt, you may not be able to say what medical care you want. If you have an advance directive, your doctor and family will know what medical care you want if you are too sick or hurt to talk or make decisions.

#### **What is an advance directive?**

An advance directive is used to tell your doctor and family what kind of medical care you want if you are too sick or hurt to talk or make decisions. If you do not have one, certain members of your family will have to decide on your care.

You must be at least 19 years old to set up an advance directive. You must be able to think clearly and make decisions for yourself when you set it up. You do not need a lawyer to set one up, but you may want to talk with a lawyer before you take this important step. Whether or not you have an advance directive, you have the same right to get the care you need.

#### **Types of advance directives:**

In Alabama you can set up an Advance Directive for Health Care. The choices you have include:

- A living will is used to write down ahead of time what kind of care you do or do not want if you are too sick to speak for yourself.
- Pick a proxy to sign a durable power of attorney for health care. The person you pick does not need to be a lawyer.

You can choose to have any or all of these advance directives: living will, proxy and/or durable power of attorney for health care.

Hospitals, home health agencies, hospices and nursing homes usually have forms you can fill out if you want to set up a living will, pick a proxy, or set up a durable power of attorney for health care.

If you have questions, you should ask your own lawyer or call the Alabama Department of Senior Services for help.

**When you set up an advance directive:**

Be sure and sign your name and write the date on any form or paper you fill out. Talk to your family and doctor now so they will know and understand your choices. Give them a copy of what you have signed. If you go to the hospital, give a copy of your advance directive to the person who admits you to the hospital.

**What do I need to decide?**

You will need to decide if you want treatments or machines that will make you live longer even if you will never get better. An example of this is a machine that breathes for you.

Some people do not want machines or treatments if they cannot get better. They may want food and water through a tube or pain medicine. With an advance directive, you decide what medical care you want.

**Talk to your doctor and family now.**

The law says doctors, hospitals and nursing homes must do what you want or send you to another place that will. Before you set up an advance directive, talk to your doctor ahead of time. Find out if your doctor is willing to go along with your wishes. If your doctor does not feel he or she can carry out your wishes, you can ask to go to another doctor, hospital, or nursing home.

Once you decide on the care you want or do not want, talk to your family. Explain why you want the care you have decided on. Find out if they are willing to let your wishes be carried out.

Family members do not always want to go along with an advance directive. This often happens when family members do not know about a patient's wishes ahead of time or if they are not sure about what has been decided. Talking with your family ahead of time can prevent this problem.

**You can change your mind any time.**

As long as you can speak for yourself, you can change your mind any time about what you have written down. If you make changes, tear up your old papers and give copies of any new forms or changes to everyone who needs to know.

**For help or more information:**

Alabama Department of Senior Services – 1-800-243-5463

**For Alabama law and sample advance directive form:**

The "Natural Death Act" of Alabama, Chapter 8A of Title 22 of the Code of Alabama (1975)

Appendix A

**MOM Care  
Maternity Care Program  
Grievance Form**

Beneficiary Name: _____	Medicaid Number: _____	Date Filed: _____
Originating Source of Complaint: _____	Care Coordinator: _____	Date Resolved: _____
Forwarded to MOM Care <input type="radio"/> Yes <input type="radio"/> No	Received by: _____	Date: _____
Date Forwarded: _____	_____	

Level I Grievance: I, \_\_\_\_\_, a qualified participant in the MOM Care Program, wish to file a grievance regarding the following:

Statement of Incident or Problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

Action Taken To Resolve Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

The action detailed above **HAS** \_\_\_\_\_, **HAS NOT** \_\_\_\_\_ resolved my complaint to my satisfaction.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

I understand that if the MOM Care Administrative Representative was unable to resolved this Grievance, then it is forwarded to the Grievance Committee for Level II review and resolution within (15) working days (receipt of the grievance by the MOM Care to notification of the resolution to the beneficiary.)

## The MOM Care Program Authorized Representative Designation

Patient Full Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Medicaid Number: \_\_\_\_\_

**PATIENT IS A MINOR CHILD OR IS PHYSICALLY OR MENTALLY INCAPACITATED:**

The following classifications are in order of priority. Please check the applicable classification:

1. \_\_\_\_ A court-appointed guardian or a guardian appointed by a person legally authorized to appoint a guardian under the statute.
2. \_\_\_\_ An agent appointed by the patient in accordance with an Advance Directive, Living Will and/or a Durable Power of Attorney for health care.
3. \_\_\_\_ Spouse of patient (including common law spouse).
4. \_\_\_\_ Son or daughter nineteen (19) years or older of the patient.
5. \_\_\_\_ Parent of the patient.    ☐ Mother    ☐ Father
6. \_\_\_\_ Brother or sister aged nineteen (19) or older of the adult patient.
7. \_\_\_\_ Any one of the patient's surviving adult relatives who are of the next closest degree of kinship to the patient, Specifically, I am the \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

By check one of the above, I hereby certify that I am the legally authorized representative of the named minor child or incapacitated person and to my knowledge, there is no person with a higher classification, I thereby am authorized to receive or to request medical records on behalf of the above named person.

**PATIENT IS DECEASED:**

1. \_\_\_\_ Executor/administrator of the estate
2. \_\_\_\_ Family member or other who was involved in care or payment of care of the decedent prior to death.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

By checking on of the above, I hearby certify and I am the executor or administrator of the estate or was involved in the care or payment for care of the decedent prior to death. I thereby am authorized to receive or to request medical records on behalf of the above named person.

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, & Zip Code \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

# USA HEALTH

USA HOSPITALS • USA PHYSICIANS GROUP • USA MITCHELL CANCER INSTITUTE

• USA PAT CAPPS COVEY ALLIED HEALTH PROFESSIONS • UNIVERSITY OF SOUTH ALABAMA HEALTHCARE AUTHORITY

## PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**

**This Privacy Notice covers an Organized Health Care Arrangement (“OHCA”) known as USA Health, made up of the entities listed on the last page of this Notice.**

**The effective date of this notice is January 1, 2018.**

### **OUR PLEDGE REGARDING HEALTH INFORMATION:**

We understand that health information about you is personal and are committed to protecting your health information. Health information is your health history, symptoms, test results, diagnosis, treatment, and claims and payment history. We create a record of the care and services you receive within USA Health. The record is needed in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all records pertaining to your health care in possession by USA Health.

This notice will tell you about the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

### **We are required by law to:**

- Make sure that your health information is protected
- Give you this notice of our legal duties and privacy practices with respect to your health information
- Follow the terms of the USA Health Privacy notice

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways that we may use and disclose your health information. Not every use or disclosure in a category will be listed.

1. **General Uses and Disclosures.** Under the Privacy Rules, we are permitted to use and disclose your health information for the following purposes, without obtaining your permission or authorization:
  - ◆ **Treatment:** We can use and disclose your health information to provide medical treatment or services. For example, we may disclose your health information to your primary care provider, consulting providers and to other health care personnel who have a need for such information for your care and treatment.
  - ◆ **Payment:** We can use and disclose your health information for the purposes of determining coverage, billing and payment. For example, a bill sent to your insurance company may include information that identifies you, your diagnoses, procedures and supplies used in your treatment.
  - ◆ **Health Care Operations:** We can use and disclose your health information for our health care operations. These include but are not limited to: quality assurance, auditing, licensing, credentialing and for educational purposes. For example, we can use your health information to internally assess our quality of care provided to patients.
  - ◆ **Uses and Disclosures Related to OHCA:** The health care providers participating in the OHCA and listed in this Notice will share your health information with each other, as necessary to carry out treatment, payment and health care operations related to the OHCA.
  - ◆ **As Required By Law:** We may use and disclose your health information when required to do so by law, including, but not limited to: reporting abuse, neglect and domestic violence; in response to judicial and administrative proceedings; in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises or of a death that may be the result of criminal conduct.

- ◆ **Public Health Activities:** We may disclose your health information for public health reporting, including, but not limited to: child abuse and neglect; reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.
- ◆ **Abuse and Neglect:** We may disclose your health information to a local, state or federal government authority, if we have a reasonable belief of abuse, neglect or domestic violence.
- ◆ **Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ◆ **Judicial and Administrative Proceedings:** We may disclose your health information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.
- ◆ **Law Enforcement Purposes:** We may disclose your health information to law enforcement officials when required to do so by law.
- ◆ **Coroners, Medical Examiners and Funeral Directors:** We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release your health information to funeral directors as necessary to carry out their duties.
- ◆ **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety, or that of others, or for the safety and security of the correctional institution.
- ◆ **Threat to Health or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- ◆ **Specialized Government Functions:** If you are a member of the U.S. Armed Forces, we may release your health information as required by military command authorities. We may also disclose your health information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations.
- ◆ **Workers' Compensation:** We can release your health information to your employer to the extent necessary to comply with Alabama law relating to workers' compensation or other similar programs.
- ◆ **Appointment Reminders/Treatment Alternatives:** We may use and disclose health information to contact you as a reminder of an appointment for treatment or medical care. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- ◆ **Marketing:** We may use or disclose your health information to make a marketing communication to you that occurs in a face-to-face encounter with us or which concerns a promotional gift of nominal value provided by us.
- ◆ **Fundraising:** We may use or disclose your health information to make a fundraising communication to you, for the purpose of raising funds for our own benefit. Included in such fundraising communications will be instructions describing how you may ask not to receive future communications.
- ◆ **Business Associates:** We may disclose your health information to business associates who provide services to us. Our business associates are required to protect the confidentiality of your health information.
- ◆ **Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process where certain safeguards are in place to ensure the privacy and protection of your health information.
- ◆ **Organ and Tissue Donation:** If you are an organ donor, we may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ◆ **Hospital Directory:** Unless you object, we may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as priest or minister, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your health information.
- ◆ **Other Uses and Disclosures:** In addition to the reasons outlined above, we may use and disclose your health information for other purposes permitted by the Privacy Rules. For example, if reasonable precautions are taken to minimize the chance that others who may be nearby accidentally overhear your health information, the following practices are permissible under the Privacy Rules, because they are considered incidental disclosures: health care staff may orally coordinate services at hospital nursing stations; nurses or other health care professionals may discuss a patient's condition over the phone with the patient, a provider, or a family member; a health care professional may discuss lab test results with a patient or other provider in a joint treatment area; a physician may discuss a patient's condition or treatment regimen in the patient's semi-private room; health care professionals may discuss a patient's condition during training rounds, other training settings and for training purposes; a pharmacist may discuss a prescription with a patient over the pharmacy counter, or with a physician or the patient over the phone.

2. **Uses and Disclosures, Which Require You the Opportunity to Verbally Agree or Object.** Under the Privacy Rules, we are permitted to use and disclose your health information: (i) for the creation of facility directories, (ii) to disaster relief agencies, and (iii) to family members, close personal

friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your health information.

**3. Uses and Disclosures, Which Require Written Authorization.** We can use your health information for purposes other than the categories listed above with your written authorization. For example, disclosures that constitute a sale of your protected health information will only be done with your written authorization. In addition, in order to disclose your health information to a company for marketing purposes, we must obtain your authorization. Under the Privacy Rules, you may revoke your authorization at any time. The revocation of your authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your health information; the authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or your health information was obtained as a part of a research study and is necessary to maintain the integrity of the study. Other uses and disclosures not described in this Privacy Notice will only be made with your written authorization.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

- ◆ **Right to Inspect and Copy:** Upon written request, you have the right to inspect and copy your own health information contained in a designated record set, maintained by or for us. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you. However, we are not required to provide you access to all the health information we maintain. For example, this right of access does not extend to psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding. Where permitted by the Privacy Rules, you may request that certain denials to inspect and copy your health information be reviewed. If you request a copy or summary of explanation of your health information, we may charge you a reasonable fee for copying costs, including the cost of supply and labor, postage and any other associated costs in preparing the summary of explanation.
- ◆ **Right to Access Electronic Health Record:** If we maintain your health information in an electronic health record we are required to make that record available to you (or another person or entity designated by you) in an electronic format upon your written request.
- ◆ **Right to Request an Amendment of Your Health Information:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment of your health information as long as the information is kept by or for USA Health. We may deny your request if we determine you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not health information maintained by or for us; is health information that you are not permitted to inspect or copy; or we determine the health information is accurate and complete. We will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement, and a description of how you may file a complaint.
- ◆ **Right to an Accounting of Disclosures of Your Health Information:** You have the right to receive an accounting of disclosures of your health information made by us within six (6) years prior to the date of your request. This is a list of disclosures we made of health information about you. The first list you request within a twelve (12) month period is free. For additional lists, we may charge you the cost of providing the list.
- ◆ **Right to Request Restrictions on the Use and Disclosure of Your Health Information:** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment and health care operations, as well as disclosures to persons involved in your care or the payment for your care, like a family member or close friend. We are not required to agree to your request unless all of the following conditions apply: you request that your health information not be disclosed to your health plan; the purpose of the disclosure is not related to treatment; and the health care services to which the health information applies have been paid for out-of-pocket in full. Except as provided for herein or in unusual circumstances or when otherwise required by law, it is our general policy not to agree to such requests. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- ◆ **Right to Alternative Communications:** You have the right to receive confidential communications of your health information by a different means or at a different location than currently provided. For example, you may request that we only contact you at home or by mail. We will accommodate all reasonable requests.
- ◆ **Right to Receive Notification of a Breach of Your Unsecured Health Information:** You have a right to, and will be notified if there is a breach of your unsecured health information.
- ◆ **Right to a Paper Copy of this Privacy Notice:** You have the right to a paper copy of this notice, even if you have agreed to receive this notice electronically.

If you want to exercise any of these rights, other than "Right to Inspect and Copy" or "Right to Access Electronic Health Record" please contact the USA Health Office of HIPAA Compliance at (251) 470-5802.

To exercise the "Right to Inspect and Copy" or "Right to Access Electronic Health Record" please contact the facility as listed below. Your request will only apply to the facility you contact. All requests must be submitted to us in writing.

USA Medical Center - (251) 471-7350  
USA Children's & Women's Hospital – (251) 415-1642  
USA Hospitals Business Office – (251) 434-3505  
USA Physicians Group – (251) 434-3711

USA Health Care Authority (HCA) - (251) 378-6232  
USA Mitchell Cancer Institute- (251) 445-9675  
USA Pat Capps Covey Allied Health Professions -(251) 445-9378



Date of Birth: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**BY SIGNING BELOW, I HEREBY ACKNOWLEDGE  
RECEIPT OF THIS PRIVACY NOTICE.**

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Patient's Representative

\_\_\_\_\_  
Printed Name of Patient's Representative (if applicable)

\_\_\_\_\_  
Representative's Relationship to Patient (if applicable)

=====

After a good faith attempt to obtain an Acknowledgement of receipt, the patient or representative refused or was unable to sign the Privacy Notice for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of USA Health Representative

\_\_\_\_\_  
Date

**The effective date of this notice is January 1, 2018.**

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the notice currently in effect in all our locations and on the web at <http://www.usahealthsystem.com/>

## **CONTACT INFORMATION AND HOW TO REPORT A PRIVACY RIGHTS VIOLATION**

If you believe your privacy rights have been violated or that we have violated our own privacy practice, you may file a complaint with us. You may also file a complaint with the Secretary of the U. S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

To file a complaint with the USA Health, contact Linda Hudson, USA Chief HIPAA Compliance Officer, at (251) 470-5802.

As part of our OHCA, the following entities provide services at the following locations and are covered by this Privacy Notice. In addition, there may be other health care providers who provide services at these locations that are not employees of USA, but are part of the USA Health OHCA and are covered by this Privacy Notice.

### **University of South Alabama Hospitals**

USA Medical Center, 2451 Fillingim Street, Mobile, AL 36617

USA Children's & Women's Hospital, 1700 Center Street, Mobile, AL 36604

### **University of South Alabama Mitchell Cancer Institute**

USA Mitchell Cancer Institute, 1660 Springhill Avenue, Mobile, 36604; MCI Survivorship and Community Service, USA Main Campus, 307 N. University Blvd, Technology and Research Park, Bldg. IV (CCCB), Mobile, AL 36688; USA Mitchell Cancer Institute Kilborn Clinic, 1047 Fairhope Ave, Fairhope, AL 36532; USA Mitchell Cancer Institute Radiation Oncology Clinic, 1660 Springhill Avenue, Mobile, AL 36604

### **University of South Alabama Physicians Group**

USA Medical Center Campus – 2451 Fillingim Street and 575 Stanton Road: Cardiology Specialists, Interventional Radiology Specialists, Internal Medicine Specialties, Surgical Specialties, Pathology Specialists, Radiology, Stanton Road Clinic, Stroke Center

USA Children's & Women's Campus – 1601 Center Street, 1700 Center Street: Obstetrics & Gynecology, Pediatric Surgical Specialties

USA Strada Patient Care Center – 1601 Center Street: Center for Women's Health, Diagnostic Maternal Fetal Medicine, Developmental and Behavioral Pediatrics, Fertility Center, Neurosurgical Specialists, Neurology Specialist, Children's Specialty Center, Radiology, Surgical Oncology, Plastic & Reconstructive Surgery, Orthopaedic Rehabilitation Center, Orthopaedic Surgery, Children's Medical Center, Midtown Pediatrics, Pediatric Healthy Life Center, Children's Specialty Center

USA Springhill Campus – 1504 Springhill Avenue: Family Medicine Center

USA Mitchell Cancer Institute Campus – 1660 Springhill Avenue: Surgical Oncology

USA Main Campus – 75 S. University Boulevard, University Commons, Suite 6000-A and 307 North University Boulevard, TRP Building III, Suite 1200: University Physicians Group and Medical Specialties, Digestive Health Center

### **Satellite Clinics:**

Thomas Hospital: 188 Hospital Drive, Fairhope, AL: OB/GYN

Chatom Clinic: Chatom, Alabama: 14634 St. Stephens Avenue, Suite B, Chatom, AL: OB/GYN

Jackson Medical Center: 227 Hospital Drive, Jackson, AL: OB/GYN

Bayview Professional Associates: 1015 Montlimar Dr., Ste A210, Mobile, AL 36609: Psychiatry

### **University of South Alabama Health Care Authority**

Mobile Diagnostic Center: 6701 Airport Blvd, Suite 101-A, Mobile, AL 36608

West Mobile Primary Care: 2423 Schillinger Road, Suite 103, Mobile, AL 36695

Urogynecology of Southern Alabama, 1601 Center Street, Mobile, AL 36604

### **USA Pat Capps Covey Allied Health Professions**

Speech and Hearing Center, 5721 USA Drive North

Physical Therapy Clinic, 5721 USA Drive North

Radiological Sciences Clinic, 5721 USA Drive North

\* USA Psychology Clinic is part of the USA Health OHCA but is not covered by this Privacy Notice.

**The MOM Care Program  
Appeal and Permission to Disclose Health  
Information Form**

Patient Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medicaid Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Item of service you wish to appeal: ☐ Claims/payment denial ☐ Benefit dispute ☐ Choice of different physician

☐ Other: \_\_\_\_\_

I do not agree with the determination decision because:

\_\_\_\_\_  
\_\_\_\_\_

I wish to authorize the disclosure of information to the: The MOM Care Program (251)415-8585 located at 1714 Center Street Mobile, Alabama 36604

Information to be disclosed include, but not limited to, Medicaid Records, Care Coordination records, and billing information.

The reason for this disclosure of my Protected Health Information is an appeal against a decision made under the complaint and grievance procedure.

The expiration for this authorization is: \_\_\_\_/\_\_\_\_/\_\_\_\_ **OR** when a particular event takes place (list event)  
mm dd yy

---

***I understand that if I do not state an expiration date or event that is authorization will expire one year from the date of my signature.***

By signing this form, I give my permission to disclose or release the information stated above from my file on this form for the purpose(s) listed above. I understand that any additional disclosures will require that I complete a new permission form.

I understand that any documents, or records released could potentially be re-disclosed by the above person or class of persons. I also understand that this disclosure of information does not apply to any of my information that is re-disclosed by that party listed above.

I understand that treatment, payment, enrollment or eligibility for benefits does not depend on my signing this form.

I understand that I have a right to revoke (cancel) this authorization at any time. I understand that I must provide you a written request to revoke this authorization. I also understand that any revocation of this authorization shall not affect any disclosures made prior to receipt and process of my written revocations.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness' Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

## The MOM Care Program Fair Hearing Request Form

A fair hearing is a face-to-face hearing by an impartial State Hearing Office at a time and place reasonable convenient for the complainant and attended by the complainant or her authorized representatives who may call witnesses or examine witnesses called by other.

Patient Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medicaid Number: \_\_\_\_\_

Current Mailing Address  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

Items or service you wish to request a Fair Hearing for : ☐ Claims/payment denial  
☐ Benefit dispute ☐ Choice of different physician ☐ Other: \_\_\_\_\_

I do not agree with the appeal decision because:  
\_\_\_\_\_  
\_\_\_\_\_

List any restrictions for attending the Fair Hearing:  
(Put an X in days or times you cannot attend)

	M	T	W	TH	F
AM	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____

Provider Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail this Fair Hearing form and any supporting documentation to:

Alabama Medicaid Agency  
PO Box 5624  
Montgomery, AL. 36103-5624  
Attn: Office of General Counsel Hearing Coordinator

**OR** Hand Deliver to:

Alabama Medicaid Agency  
501 Dexter Avenue  
Montgomery, AL. 36104  
Attn: Office of General Counsel Hearing Coordinator