

Steps Ahead



Member Handbook



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Steps Ahead
Delivering Hospitals in District 5

Brookwood Medical Center

Cullman Regional Medical Center

Medical West Hospital

Princeton Baptist Medical Center

Shelby Baptist Medical Center

St. Vincent's Hospital

St. Vincent's East Hospital

Grandview Medical Center

UAB Hospital

Walker Baptist Medical Center



What is the Steps Ahead Maternity Care Program?

This program is for women who plan to use Medicaid to pay for the costs of their prenatal care. Prenatal care means going to a doctor or clinic for medical care while you are pregnant. This program follows the rules made by the Alabama Medicaid Agency. We make sure there are doctors, clinics and hospitals to take care of you during your pregnancy. These are called your **health care providers**.

If you live in one of the counties listed below, you must sign up to be a part of the Steps Ahead Maternity Care Program. You will then be allowed to pick a health care provider to take care of you during your pregnancy.

Steps Ahead District 5

| | | | |
|---------|-----------|-----------|---------|
| Blount | Cullman | Shelby | Walker |
| Chilton | Jefferson | St. Clair | Winston |

How do I sign up?

You must complete an enrollment form. If you do not sign up to be in the program (fill out an enrollment form), **Medicaid will not pay for your medical care.**

What if I do not want to be in the program?

The Alabama Medicaid Agency says that every pregnant woman who has Medicaid must be a part of the Maternity Care Program. If you do not want to be in the program, you will be responsible for paying the cost of your care. **Medicaid will not pay for your care.**

What does Medicaid pay for?

Medicaid will cover **all of the medical costs for you to have your baby**. This means that Medicaid will cover your prenatal visits, your hospital stay, your lab work, and your medically indicated ultrasounds (pictures which show your baby's growth).

What if I do not have Medicaid now?

Then you should apply for Medicaid. You can apply for Medicaid at www.insurealabama.org. A Steps Ahead Care Coordinator can assist you in this process.

You may go ahead and sign up for the program. You must follow all the Medicaid Maternity Program rules. If you are not approved for Medicaid, then **you must pay for the costs of all medical services you receive from any health care provider**.

Can I have other Medical Insurance besides Medicaid?

Yes, you may have other medical insurance and still have Medicaid. However, you must tell the Steps Ahead Maternity Care Program and your health care provider about your insurance, even if you think it will not pay for your pregnancy. If you are under 25 and your parent has insurance on you, you must tell the Medicaid Maternity Program, even when the insurance does not provide pregnancy benefits. If you do not let someone know about your insurance, when it comes time to bill Medicaid for your medical care, Medicaid will not pay your claim. **Help us help you, by giving us all your insurance information** even if it has been cancelled, or if it does not cover your maternity medical care!

Managed Care

If you are covered by a managed care plan such as Health Springs, VIVA Health, Champus or United Health Care, you must use the

providers required by your plan. Medicaid can grant you permission not to participate in the Medicaid Maternity Care Program.

Patient 1st

If you are in Patient 1st and your primary care provider is a Steps Ahead provider, you may continue with this provider. If you need more information about this, talk to your Care Coordinator. After your baby is born, you must sign up your baby with a Patient 1st provider, so your baby will get regularly scheduled medical check-ups and immunizations. Baby check-ups need to be done when:

- Baby is 1-2 weeks old
- Baby is 2, 4 and 6 months old for baby shots
- Baby is 9 and 12 months old

Who is my Care Coordinator?

A Care Coordinator is either a social worker or a nurse who will work with you during your pregnancy. She is part of your health care team that includes your doctor, nurse or midwife. The Care Coordinator will help you sign up for the Steps Ahead Maternity Care Program and tell you how the program works. The Care Coordinator will work with you if you need help with getting a ride or other services such as food for your baby (WIC). She will also answer your questions about Medicaid or the Steps Ahead Maternity Care Program. When it is close to time for you to deliver, your Care Coordinator will tell the hospital when to expect you and make sure you are signed up to deliver at the hospital.

What if I want to change my health care provider?

Medicaid will allow you to change your health care provider in the first 90 days after you enroll or after that if there is a good reason. You must speak to your Care Coordinator before you change providers.

Remember, if you think you want to change your doctor or clinic, **call your Care Coordinator** or the Steps Ahead Medicaid Maternity Program office at (877) 997-8377 **before changing providers.**

Will my baby have Medicaid?

Yes, as long as you report your baby's name and birthdate to Alabama Medicaid then your baby will be enrolled in Patient 1st. If you are a TANF recipient, you will need to call your DHR worker to let them know your baby has been born. Your Care Coordinator will be able to tell you all about these Medicaid services for your baby.

What is a postpartum exam?

Your body goes through many changes when you have a baby. Your health care provider will want to see you around 4-6 weeks after you have your baby to be certain your body is returning to normal. This is called a postpartum exam (after birth). This is a very important time for you. You want to give your body time to recover, so you can enjoy your baby. This is also the time to decide on the type of birth control you plan to use if you have not already started on some type of birth control. You will be eligible for Medicaid through the month that ends at least 60 days after your baby is born (about 2 months). Medicaid will pay for your birth control during this time. After that, you may qualify for a Medicaid program called Plan First that will pay for birth control.

What if I have a complaint about my care?

This program wants you to be pleased with the care you get. If you are not satisfied, you should let your Care Coordinator know. She will try to help you solve your problem or complaint. If she is not able to help you solve the problem, she will help you fill out a complaint form that will be sent to the program's office. Your complaint will be treated in a private and confidential manner.

What if I have an emergency?

Your health care provider (your doctor or nurse) will tell you what to do if you have a medical problem that occurs after the office or clinic is closed. Your provider will give you after hour's telephone numbers and will also tell you when to call them or when to go to the hospital. Always try to call your health care provider before you go to the hospital and always go to the hospital where you are supposed to have your baby. If you go to another hospital and your condition is not a true emergency, you may have to pay the bill.

Patient Rights and Duties under the Maternity Care Program

You have the **Right**:

- To get good medical care for your pregnancy close to where you live.
- To get care during your pregnancy regardless of your overall health, your past medical history or any health problems you have now.
- To have care or treatments explained to you ahead of time and to refuse any care or treatment you do not want or that goes against your religious or personal beliefs.
- To decide about the care you get during your pregnancy and to give your permission before the start of treatment or surgery.
- To be told about any treatments that are proper for your condition in a way that you can understand.
- To know about all of the people who will be taking care of you during your pregnancy.
- To get care that is free of any restraint or action that is meant to force you to do something, punish you, or to get even with you.

- To get emergency care from any hospital if you have a real emergency. A real emergency is when you have a health problem that can cause lasting injury or death to you or your unborn baby.
- To choose where you want to get medical care for your baby.
- To choose what kind of birth control you want and where you want to get it.
- To be treated with respect, dignity and privacy.
- To have your medical records kept private.
- To get a copy of your medical record and to ask that the record be changed if it is not correct.
- To sign an Advance Directive saying what kind of care you want if you are too sick or hurt to decide about your care.
- To donate your organs if you die.
- To file a grievance or complaint if you are not satisfied with your care, how you were treated, or if your rights were not respected and you want action taken to solve the problem.

Filing a grievance:

- ✓ You have the right to have someone to talk with you about how you feel.
- ✓ Call the person who signed you up with the maternity care program or write a letter explaining why you are not pleased. Give the letter to that person or mail it to Medicaid, P.O. Box 5624, Montgomery, Alabama 36103-5624.
- ✓ Medicaid will still pay for your pregnancy care if you were on Medicaid at the time you filed the grievance.
- ✓ If there is no action within 10 working days, you have the

right to file an appeal to ask that someone else look into your complaint.

- ✓ You have the right to an interpreter if you do not understand English or if you have any type of speaking or hearing disability.
- ✓ If you need help to file a grievance, call your Care Coordinator or the toll free number for the district where you live.
- ✓ If your grievance is against the doctor that you picked, you may choose another doctor.

You have the **Duty:**

- To go to doctors and hospitals in your area that you have agreed to see for pregnancy care. Your Care Coordinator will show you a list of all doctors and hospitals in your area and you will choose a doctor and hospital.
- To go to all of your appointments. If you have a problem getting to your appointment, your Care Coordinator will help you with getting transportation.
- To follow the directions you get from your doctor or nurse for your pregnancy. You also have the duty to follow the plan of care that you and your Care Coordinator set up to help you have a healthy baby.
- To meet with your Care Coordinator and let her know if anything about you or your pregnancy changes.
- To report to the Care Coordinator if you move, if you're Medicaid changes, or if you miscarry the baby.
- To take only the medicine that your doctor has told you to take. This includes over the counter medicine like aspirin, Tylenol, Tums, etc.
- To have a healthy lifestyle and to eat right.

- Not to smoke cigarettes or use drugs.
- To notify the Medicaid office worker of the birth of your baby.

Agreement to Receive Care

- I have been told that I can change my mind about this choice within 90 days for any reason.
- I have been told that I have the right to change my mind about who gives me care at any time there is good reason.
- I agree to go to doctors, clinics, hospitals and other places for care that are set up for me while I am pregnant and after my baby is born.
- I agree to follow the plan of care that has been set up for me by my doctor, midwife or other person who provides my care.
- I have been told that a real emergency is when I have a health problem that can cause death or lasting injury to my unborn baby or to me.
- I have been told what my rights and responsibilities are under the Medicaid Maternity Care Program.
- I have been told what I need to do if I have a problem that I cannot solve on my own.
- I have reported other insurance that I have.
- I have had the chance to ask questions about anything that I did not understand and to have my questions answered in a manner in which I understand.
- I give my permission to Steps Ahead and any and all subcontractors, to perform tests and procedures necessary for my maternity care unless I have a religious or moral belief that prevents me from giving my permission. I give my permission for the release of my health information to providers for treatment purposes or to help with my care.

I give my permission for the release of any information including medical records acquired in the course of my enrollment, treatment, or examination to the Alabama Medicaid Agency, my insurance company, or other entities as is necessary for reimbursement purposes.

You are a part of a team:

We wish to provide you with the best prenatal care possible, please help us by doing these things:

- Keep All Appointments! Come for all medical check-ups as recommended, at least as follows: (once a month for the first 6 months; every 2 weeks in the 7th and 8th months; and every week in the 9th month)
- Attend Prenatal/Parenting classes, if offered.
- Take prenatal vitamins with folic acid regularly as suggested.
- Take prescription medicines as ordered by your doctor.
- Come for your postpartum exam 4-6 weeks after birth.
- With your Care Coordinator's help, set up your delivery at the hospital at least one month before the baby is due.
- Call your Care Coordinator if you cannot keep an appointment and ask for help if you need a ride.

Patient Satisfaction Surveys

We want to be sure you are happy and satisfied with the care you get. We may ask you to fill out a survey. If asked to complete one, please be as honest as you can in your answers. We want to do the right thing so let us know what you think!

Federal Rules That Medicaid Recipients Take to Prevent Fraud and Abuse of the Program

These steps include:

- Keeping their Medicaid identification card in a safe place
- Not selling, loaning or altering their Medicaid card in order to obtain services for others
- Following the rules for Medicaid and the doctor's/clinic's office
- Telling Medicaid about third party insurance or payments
- Notifying Medicaid of any changes in income, living arrangements or resources

Cases of suspected fraud, abuse or misuse by recipients are investigated by the Alabama Medicaid Agency. Recipients who are proven to have abused or misused the Medicaid programs may be required to repay the agency for any misspent funds and/or may be suspended from the program for at least one year and until full restitution is made.

Reporting Fraud and Abuse

Recipients may report suspected fraud, abuse or misuse of the Alabama Medicaid program by calling or writing the Agency's Program Integrity Division.

To call: 1-866-452-4930 (Toll-free call)

To write: Program Integrity Division, PO Box 5624, Montgomery, AL 36103-5624

A person reporting suspected fraud and abuse is not required to give his/her name. Any information provided is kept confidential.

Alabama Maternity, Inc. Notice of Health Information Practices for Steps Ahead Members

This notice tells how medical information about you may be used and shared and how you can get access to this information. Please review it carefully.

Our Pledge About Medical Information: This notice tells about the health information practices of Alabama Maternity, Inc. (AMI), the company that offers the Steps Ahead Program through its agreement with the Alabama Medicaid Agency. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice will tell you about the ways in which we may use and share medical information about you. We also describe your rights and certain obligations we have about the use and sharing of medical information. We are required by law to: (1) make sure that medical information that identifies you is kept private, (2) give you this notice of our legal duties and privacy practices with respect to medical information about you, and (3) follow the terms of the notice that is currently in effect.

How We May Use And Disclose Medical Information About You. The following categories describe different ways that we use and share medical information. Not every use or disclosure in a category will be listed. Any other uses and disclosures will be made only with your written authorization.

- **For Treatment and Treatment Alternatives.** For example, we may give medical information about you to your doctor for your treatment by him or use your medical information to tell you about health-related benefits or services that may be of interest to you.
- **For Payment.** For example, we may use and share medical information about you to process claims for covered health care services, to coordinate benefits with other benefit plans, to pursue recoveries from third parties, or to give eligibility information to a health care provider.
- **For Health Care Operations.** For example, we may use and share medical information about you to conduct quality assessment and improvement activities, to engage in care coordination

or case management, and to manage, plan or develop AMI's business.

- **Individuals Involved in Your Care or Payment for Your Care.** For example, we may share medical information about you with a friend or family member who is involved in your medical care or with payment for your health care and with your personal representatives appointed by you or designated by applicable law.
- **Business Associates.** There are some services provided by AMI through contracts with business associates. Examples include consultants, accountants, and lawyers. When services are contracted, we may give your health information to our business associate so that they can perform the job we've asked them to do. We require the business associate to appropriately protect your health information.
- **Medicaid.** AMI may give to the Alabama Medicaid Agency, its designees, or other regulatory agencies claims history, enrollment information, and other similar information.
- **As Required By Law.** We will share medical information about you when required to do so by federal, state or local law.
- **Certain Marketing Activities.** We may use medical information about you to forward promotional gifts of nominal value, to communicate with you about services offered by AMI, to communicate with you about case management and care coordination and to communicate with you about treatment alternatives.
- **Other Permitted Uses and Disclosures:**
 - To public health or legal authorities charged with preventing or controlling disease, injury, or disability.
 - To a governmental agency authorized to oversee the health care system or government programs.
 - To comply with legal proceedings, such as a court or administrative order or subpoena.
 - To law enforcement officials for law enforcement purposes as required by law.
 - To a coroner, medical examiner, or funeral director about a deceased person.
 - To an organ procurement organization in limited circumstances.
 - For research purposes in limited circumstances.
 - To avert a serious threat to your health or safety or the health or safety of others.

- To appropriate military authorities, if you are a member of the armed forces.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes and so they may provide protection of the President or other authorized persons or foreign heads of state or conduct special investigations.
- To workers' compensation or similar programs providing benefits for work-related injuries or illness.
- To the correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

You're Rights Regarding Medical Information About You. You may make a written request to the Privacy Officer at the address at the end of this notice to do one or more of the following concerning your medical information we maintain:

- **Right to Inspect and Copy** medical information that may be used to make decisions about your care. In limited cases AMI does not have to agree to your request. We may charge a fee for the costs of copying, mailing or other supplies.
- **Right to Amend** if you feel that medical information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by AMI. You must provide a reason that supports your written request. We may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information we keep; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.
- **Right to an Accounting of Disclosures.** This is a list of the disclosures we made of medical information about you. Your written request must state a time period not longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions** or limitation on the medical information we use or share about you for treatment, payment or



health care operations. You also have the right to request a limit on the medical information we share about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. In your written request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications** with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate reasonable requests to the extent possible. Your request must specify how or where you wish to be contacted.
- **Right to Revoke Authorization** to use or disclose your medical information except to the extent that action has already been taken in reliance on your authorization.
- **Right to a Paper Copy of This Notice.** You may ask us to give you a paper copy of this notice at any time.

Changes To This Notice. We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If we make a material change to this notice, AMI will send a new notice to all persons covered by AMI at that time. **The currently effective notice will be posted on the Steps Ahead web site at stepsaheadprogram.com at all times.**

For More Information Or To Report A Problem. If you have questions or would like additional information, you may contact AMI's Privacy Officer at 417 20th Street North, Suite 1100, Birmingham, AL 35203 or by telephone at (205) 558-7439. For TTY services, please call the Alabama Relay Service at 1-800-548-2546. Office hours are Monday-Friday, 8:00 a.m. – 5:00 p.m. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer in writing at the address above or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.



Important Phone Numbers

My health care provider is: _____

Telephone #: _____

The date and time of my appointment is: _____

My Care Coordinator is: _____

Telephone #: _____



**The Steps Ahead
Maternity Care Program**

telephone number is
(205) 558-7405 or 1-877-997-8377.

Please call us if you have any questions.

Other Important Numbers

For help with:

Medicaid Agency: 1-800-362-1504

Medicaid Transportation: 1-800-362-1504

Patient 1st: 1-800-362-1504

Alabama Tobacco Quit Line: 1-800-784-8669 (quit now)

Runaway Switchboard: 1-800-621-4000