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 Maternity Care Eligibility Questions: 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
Alabama Medicaid Agency
Maternity Care Program (MCP)
Steps Ahead Enrollee Handbook

Table of Contents

Introduction ........................................... 6
Notice of Non-Discrimination ....................... 7
Medicaid Maternity Care Program ................. 10
Leaving or Changing MCP .......................... 11
Important Things to Know .......................... 11
Rights and Duties .................................. 11
Fraud, Waste and Abuse ............................ 14
Enrollee Services .................................... 15
Your Medicaid ID card ............................. 16
Covered Services .................................... 17
Special Programs .................................... 20
Co-Payments ........................................ 22
Special Circumstances ............................... 24
Your Delivering Health Care Professional ......... 24
How to Get Care .................................... 26
Specialty Care / Referrals .......................... 30
When Care Must Be Approved Ahead of Time ..... 31
Other Health Insurance ............................. 31
Grievances and Appeals ............................ 32
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>How We Use and Protect Your Information</td>
<td>37</td>
</tr>
<tr>
<td>Advance Directives</td>
<td>41</td>
</tr>
<tr>
<td>Complaint/Grievance Form</td>
<td>44</td>
</tr>
<tr>
<td>Appeal Form</td>
<td>45</td>
</tr>
<tr>
<td>Personal Representative Form</td>
<td>46</td>
</tr>
</tbody>
</table>
Introduction to Steps Ahead

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

<table>
<thead>
<tr>
<th>Blount</th>
<th>Cullman</th>
<th>Shelby</th>
<th>Walker</th>
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<td>Chilton</td>
<td>Jefferson</td>
<td>St. Clair</td>
<td>Winston</td>
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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.

Steps Ahead Delivering Hospitals

- Brookwood Baptist Medical Center
- Cullman Regional Medical Center
- Medical West Hospital
- Princeton Baptist Medical Center
- Shelby Baptist Medical Center
- St. Vincent’s Hospital
- Grandview Medical Center
- UAB Hospital
- Walker Baptist Medical Center

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.

Notice of Non-Discrimination

Discrimination is against the law.

Steps Ahead complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Steps Ahead 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, fax, or email at:

Steps Ahead
ATTENTION: Civil Rights Coordinator
417 20th Street North, Suite 1100, Birmingham, AL 35203
(205) 558-7405 or 1-877-997-8377
(205) 933-1235
Email Address: stepsahead@uabmc.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:
Steps Ahead 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.

Steps Ahead 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
- Written information in other formats such as large print, audio, or electronic formats.

If you need these services, contact Steps Ahead at (205) 558-7405 or 1-877-997-8377.

If you need an interpreter:

Español
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-997-8377 (TTY: 1-(800) 548-2546).

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1-877-997-8377 (TTY: 1-(800) 548-2546).

한국어 (Korean)

Tiếng Việt (Vietnamese)

إِن تَعْلَمُوْنَ لغةً أَيْمًا فَلَا نَظّرُ إِلَّا عَلَى الْأَمْكَنَّ: مِّنْهَا شَفَهَاتٌ أَلْبَاءٌ وَنَخْلُصُ الْمَلِكِ مِنْهَا (Arabic)
(إِن تَعْلَمُوْنَ لغةً أَيْمًا فَلَا نَظّرُ إِلَّا عَلَى الْأَمْكَنَّ)
تُحْمَلُ أَمْكَنَّ (Arabic)
(إِن تَعْلَمُوْنَ لغةً أَيْمًا فَلَا نَظّرُ إِلَّا عَلَى الْأَمْكَنَّ)

Deutsch (German)

Français (French)
ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-877-977-8377 (TTY: 1-(800) 548-2546).

ગુજરાતી (Gujarati)
ઘનાંકના છો તમે ગુજરાતી બોલતા છો, તો શિક્ષણ વસ્તુ સમાચાર લેખાઓ તમારા માટે ઉપલબ્ધ છ. કોલ કરો 1-877-977-8377 (TTY: 1-(800) 548-2546).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga serbisyo ng
If you are pregnant and qualify for Alabama Medicaid, you must enroll with a Primary Contractor. The 15 counties not served by a Primary Contractor are:

10

You will receive maternity care services through Steps Ahead network of doctors, care coordinators, and other resources. Steps Ahead will be providing these services during your pregnancy.

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. Steps Ahead will be providing these services during your pregnancy.

You will receive maternity care services through Steps Ahead 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
- Disabled 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 Pro-
gram 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 Steps Ahead**

If you move to a county not served by Steps Ahead, 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 Steps Ahead or anything related to your maternity health care, call Steps Ahead at (205) 558-7405 or 1-877-997-8377.

**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
Steps Ahead, 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 Steps Ahead, 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 Steps Ahead;
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 Steps Ahead
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 Steps Ahead 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 Steps Ahead

You cannot be forced to leave or be removed from Steps Ahead 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 Steps Ahead 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 Steps Ahead enrollee, this also means you have the duty:
1. To follow the rules for Medicaid and Steps Ahead
2. To read this handbook and other papers we send you to learn how to use Steps Ahead 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 Steps Ahead
10. To tell your doctor or other provider about any insurance you have
11. To tell Medicaid and Steps Ahead 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**

Steps Ahead 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.

Steps Ahead 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: (205) 558-7405 or 1-877-997-8377
Email: stepsahead@uabmc.edu
Postal Mail: 417 20th Street North, Suite 1100
Birmingham, AL 35203

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 Steps Ahead or your care, you can call (205) 558-7405 or 1-877-997-8377 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 1-800-548-2546 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 [Steps Ahead](http://www.steapsaheadprogram.com) from our website at www.steapsaheadprogram.com

*The website includes:*

• List of doctors and midwives who deliver babies for [Steps Ahead](http://www.steapsaheadprogram.com)
• How to contact your Care Coordinator
• Links to helpful information about Medicaid
• Resources to help you make informed choices

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**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 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 **Steps Ahead**.

**Covered Services**

*Maternity Services provided by Steps Ahead 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 **Steps Ahead** 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.stepsaheadprogram.com or by calling (205) 558-7405 or 1-877-997-8377 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 **Steps Ahead**’s Provider Network for your maternity care, or if you do not enroll with **Steps Ahead**, 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.

*Steps Ahead* 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 *Steps Ahead*. 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 Steps Ahead**

• 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 **Steps Ahead**, 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 **Steps Ahead** 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 **Steps Ahead** 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 **Steps Ahead** 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.

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.
<table>
<thead>
<tr>
<th>Service</th>
<th>Co-Payment</th>
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<tbody>
<tr>
<td>Doctor Visits</td>
<td>$1.30 to $3.90 for each visit</td>
</tr>
<tr>
<td>Visits to a nurse practitioner</td>
<td>$1.30 to $3.90 for each visit</td>
</tr>
<tr>
<td>Eye Care (Optometric) visit</td>
<td>$1.30 to $3.90 for each visit</td>
</tr>
<tr>
<td>Visits to health care centers or rural health clinics</td>
<td>$1.30 to $3.90 for each visit</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$50 each time you are admitted</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$3.90 per visit</td>
</tr>
<tr>
<td>Medical equipment</td>
<td>$1.30 to $3.90 for each item</td>
</tr>
<tr>
<td>Medical Supplies and Appliances</td>
<td>65 cents to $3.90 for each item</td>
</tr>
<tr>
<td>Ambulatory Surgical Centers</td>
<td>$3.90 per visit</td>
</tr>
</tbody>
</table>

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.
Special Circumstances

Service limits based on religious or moral grounds

As a health care company Steps Ahead works to make sure you receive high, quality care. However, Steps Ahead has no limits on services due to moral or religious objections.

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

If you need a service that Steps Ahead 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 Steps Ahead 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 Steps Ahead, 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 **Steps Ahead**. 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 **Steps Ahead** for maternity care. **To see a maternity care doctor or nurse midwife that is not signed up with Steps Ahead, 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.stepsaheadprogram.com and click on **Steps Ahead** Directory under Members,
- Call **Steps Ahead** (205) 558-7405 or 1-877-997-8377 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 **Steps Ahead**, 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 **Steps Ahead**’s 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 Steps Ahead.
• 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 Steps Ahead 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 Steps Ahead 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 Steps Ahead Provider Network for your maternity care.

When you enroll with **Steps Ahead**, you must go to doctors and other providers that have agreed to see **Steps Ahead** 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.stepsaheadprogram.com or by calling (205) 558-7405 or 1-877-997-8377. A paper directory can also be mailed to you. To request a list, call (205) 558-7405 or 1-877-997-8377.

If you go to a doctor or place that is not part of **Steps Ahead** Provider Network for maternity care, or if you do not enroll with **Steps Ahead**, 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 **Steps**
Ahead’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 Steps Ahead’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 Steps Ahead 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 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, Steps Ahead 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 Steps Ahead 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 Steps Ahead Medicaid recipients for
Steps Ahead 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 Steps Ahead and we’ll help arrange this for you.

When Care Must Be Approved Ahead of Time

Most of the time Steps Ahead does not need to approve a visit to your doctor, nurse midwife or a specialist, if you are going to a Steps Ahead 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, 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. Click on the “Resources” tab and then “Administrative Code” in dropdown menu.

**Steps Ahead** 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 Ap-
• If you need help with understanding a letter sent to you, or help with filing a Grievance or an Appeal, **Steps Ahead** can help you. Call **Steps Ahead** at (205) 558-7405 or 1-877-997-8377 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 11);
• 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 (205) 558-7405 or 1-877-997-8377 OR
• Fill out and send a Complaint form. This form is on our website at www.stepsaheadprogram.com by clicking on **Steps Ahead** Provider Forms or on page 42 of this handbook. The mailing address is on the form.

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

**Next steps**

• **Steps Ahead** 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.

- **Steps Ahead** 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, **Steps Ahead** will explain that to you in an Adverse Benefit Determination Notice.

- If **Steps Ahead** 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 **Steps Ahead** within 60 days from the date of the adverse decision made by **Steps Ahead**.

**What is an Appeal?**

You can ask **Steps Ahead** to review any adverse decision made about your medical care upon which you do not agree. This is called an Appeal. **Steps Ahead** 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 **Steps Ahead**.

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 **Steps Ahead** 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 Steps Ahead

The Appeal process begins by you requesting an Appeal to review any decision made about your medical care by Steps Ahead. You, or someone who has your written permission to speak for you, may request an Appeal to Steps Ahead either orally or in writing within 60 calendar days from the date listed on your Appeal Notification letter. Appeal forms are on Steps Ahead website at www.stepsahead-program by clicking on Steps Ahead Provider Forms or on page 43 of this handbook.

• You can either call, mail, or hand-deliver your Appeal request to Steps Ahead at:

  417 20th Street North, Suite 1100
  Birmingham, AL 35203
  (205) 558-7405 or 1-877-997-8377

• If you request your Appeal orally or by telephone, you must also send a written copy of your request to Steps Ahead at the address above within three (3) calendar days of the telephone call.
• Steps Ahead 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 Steps Ahead 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 Steps Ahead in the Appeal process, you may request a Fair Hearing of Steps Ahead’s decision to the Alabama Medicaid Agency.

Steps Ahead 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, Steps Ahead can help you. Call (205) 558-7405 or 1-877-997-8377 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.

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 Steps Ahead.

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

  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

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 program.
- 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.

Your 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 you 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.

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)
COMPLAINT/GRIEVANCE PROCESSING FORM

We wish to provide you with the best obstetrical care possible through the Medicaid Maternity Care Program and to help you resolve any problems you may experience. You have the right to file a complaint/grievance with your Care Coordinator at any time. The Care Coordinator will attempt to resolve your grievance. If you are not satisfied with the action taken by the Care Coordinator, your grievance will be escalated to an appeal and will be forwarded to the Grievance Committee. The Committee will then review your appeal and let you know what action has been taken to resolve it.

Please complete the following information:

Part I: To be completed by the Recipient.

<table>
<thead>
<tr>
<th>Name: (First, Last, MI)</th>
<th>Social Security #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>Zip:</td>
</tr>
<tr>
<td>Phone #:</td>
<td>DCHIP:</td>
</tr>
</tbody>
</table>

Please describe the complaint, problem, or grievance and how you would like it resolved:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Recipient Signature          Date          Care Coordinator          Date

Part II: To be completed by the Care Coordinator.

Action Taken:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Has the action resolved your complaint? □ Yes □ No Elevated to appeal? □ Yes □ No

Recipient Signature          Date

□ Action Taken by telephone signature not available

Date Sent to Steps Ahead: ____________________________

PLEASE SEND THIS COMPLETED FORM TO:

Medicaid Maternity Care Program
PO Box 55947 BIRMINGHAM, AL 35255-5947 OR FAX TO 205-933-1235

44
APPEAL FORM

We wish to provide you with the best obstetrical care possible through the Medicaid Maternity Care Program and to help you resolve any problems you may experience. You have the right to file a complaint/grievance with your Care Coordinator at any time. If you are not satisfied with the action taken by the Care Coordinator, your grievance will be escalated to an appeal and will be forwarded to the Grievance Committee. The Committee will then review your appeal and let you know what action has been taken to resolve it.

Please complete the following information:

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<thead>
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<td>Street Address:</td>
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<td>Phone #:</td>
<td>DCHP:</td>
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Please describe in detail why your complaint/grievance determination should be over turned:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Recipient Signature __________________________ Date __________________________

Care Coordinator __________________________ Date __________________________

Part II: Review by Grievance Committee

Action Taken:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Recipient Signature __________________________ Date __________________________

☐ Action Taken by telephone signature not available

Care Coordinator Signature __________________________ Date __________________________

Date Sent to Steps Ahead: __________________________

PLEASE SEND THIS COMPLETED FORM TO:
Medicaid Maternity Care Program
PO Box 55947 BIRMINGHAM, AL 35255-5947 OR FAX TO 205-933-1235
**Personal Representative Attestation Form**

**Section 1. Recipient Information**

<table>
<thead>
<tr>
<th>Recipient Name:</th>
<th>Recipient Social or Medicaid #:</th>
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<table>
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<tr>
<th>Recipient Date of Birth:</th>
<th>Recipient Address:</th>
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**Section 2. Personal Representative Information**

<table>
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<th>Personal Representative Name:</th>
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<tr>
<th>Personal Representative Address:</th>
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<tr>
<th>Personal Representative Phone #:</th>
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Check below to indicate Personal Representative’s relationship to Recipient:

- Court-Appointed Power of Attorney/Guardian (please attach POA/Guardianship documentation)
- Parent
- Brother/Sister
- Spouse
- Son/Daughter over Age 19
- Next of Kin over Age 19
- Other. Please list _______________

**Section 3. Personal Representative Attestation**

By signing below, I, __________________________ (“Personal Representative”) attest to be __________________________’s (“Recipient”) legal Personal Representative. I attest that I have primary responsibility to act and make decisions on Recipient’s behalf related to Recipient’s health care. This includes the ability to act on Recipient’s behalf related to health insurance coverage, including but not limited to: making health insurance coverage elections; choosing and changing providers; accessing eligibility, enrollment and claims information; filing complaints/grievances; and any other Recipient rights or responsibilities under the health plan. (Please note that a separate form may be required to file an appeal).

I understand my obligation to notify Steps Ahead in writing immediately if my responsibility as Recipient’s Personal Representative changes in the future.

<table>
<thead>
<tr>
<th>Personal Representative’s Signature:</th>
<th>Date:</th>
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