Maternity Services of District 11, LLC

Small Wonders Program

ENROLLEE HANDBOOK
Frequent Contact Information

Maternity Services of District 11, LLC
Small Wonders Program
1-800-503-2259

Alabama Medicaid Agency – 1-800-362-1504

District Medicaid Office/Opelika – (334) 741-5800

Barbour County Health Department/Eufaula – (334) 687-4808
Barbour County Health Department/Clayton – (334) 775-8324
Chambers County Health Department – (334) 756-0758
Lee County Health Department – (334) 745-5765
Macon County Health Department – (334) 727-1800
Russell County Health Department – (334) 297-0251

Barbour County Department of Human Resources – (334) 775-2000
Chambers County Department of Human Resources – (334) 864-4000
Lee County Department of Human Resources – (334) 737-7778
Macon County Department of Human Resources – (334) 725-2100
Russell County Department of Human Resources – (334) 214-5780

East Alabama Mental Health – 1-800-815-0630

Family Resource Center – (334) 749-8400
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The goal of the Small Wonders Program of Maternity Services of District 11, LLC is to improve pregnancy outcomes with decreased infant morbidity and mortality rates. This is accomplished by providing improved access to early prenatal care and implementing a system of coordinated care. The Small Wonders Program provides case management for Medicaid eligible maternity clients residing in Barbour, Chambers, Lee, Macon, and Russell counties.

Professional case managers conduct an in-depth psychosocial assessment and coordinate services of patients including physician appointments, childbirth classes and the Women, Infants, and Children (WIC) program. Assistance with transportation is arranged when needed and other resource referrals are made when applicable. The Small Wonders Program postpartum patients receive a hospital encounter following delivery to discuss postpartum physician appointments, contraceptive information and further counseling as necessary.

The Small Wonders Program implements the contract, awarded by the Alabama Medicaid Agency, to care for all pregnant Medicaid/SOBRA eligibility clients in District Eleven.

The Small Wonders Program’s primary role is subcontracting for services from participating hospitals, physicians, anesthesiologists, radiologists, and care coordinators. Associated administrative duties include billing and quality assurance activities.

The ultimate goal of the program is to improve pregnancy outcomes by providing a system of coordinated obstetrical care.
Discrimination is against the law.

The Small Wonders Program of Maternity Services of District 11, LLC complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Small Wonders Program does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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

Small Wonders Program
Maternity Services of District 11, LLC
ATTENTION: Civil Rights Coordinator
P.O. Box 189
Auburn, Alabama 36831-0189
(334) 826-0238
donna.taylor@eamc.org

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

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

Complaint forms are available online at https://www.hhs.gov/sites/default/files/civil-rights-complaint-form-0945-0002-exp-04302019.pdf.
If you need information in a different language or format:

The Small Wonders Program provides free aids and services to people with disabilities to communicate with us. These include:

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

The Small Wonders Program also provides free language services to people whose primary language is not English, such as:

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

If you need these services, contact the Small Wonders Program at 1-877-503-2259.

If you need an interpreter: 1-800-503-2259

Español
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-503-2259 (TTY: 1-(877) 503-2259).

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1-877-503-2259 (TTY: 1-(877) 503-2259).

한국어 (Korean)

Tiếng Việt (Vietnamese)

لعربية (Arabic)
رقم هاتف ملحوظة: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-000-1000 الص سم والليك:
Deutsch (German)

Français (French)

ગુજરાતી (Gujarati)
પાણા: જો તમે ગુજરાતી બોલતા હો, તો તમને એક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છ. કોલ કરો 1-877-503-2259 (TTY: 1-(877) 503-2259).

Tagalog

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-503-2259 (TTY: 1-(877) 503-2259). पर कॉल करें।

Laotian
โปรแกรม: ถ้าคุณพูดภาษาลาว ท่านจะพบว่าบริการบริการทางบัญชีส่วนบุคคล ได้รับการจัดทำ โดยไม่เสียค่า โปรดติดต่อ 1-877-503-2259 (TTY: 1-(877) 503-2259).

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-503-2259 (TTY: 1-(877) 503-2259).

Português (Portuguese)

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

**Alabama Medicaid Maternity Care Program**

Alabama Medicaid offers services to help pregnant women get the medical care they need to have a healthy baby. In most counties, pregnant Medicaid recipients enroll with a Maternity Care Program to get prenatal care, delivery, post-partum care and care coordination services. The Small Wonders Program of Maternity Services of District 11, LLC will be providing these services during your pregnancy.

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

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

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

**Women in this group include:**

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

Women who may not have to participate in a Maternity Care Program include:
- Disabled women who receive only optional State supplements
- Children in foster care
- Children in the custody of the Department of Youth Services
- People who have both Medicare and Medicaid
- People who live in a long-term care facility such as a nursing home
- People on home and community-based waivers
- People using hospice services
- People in the Health Insurance Premium Payment (HIPP) Program
- People who get limited or no Medicaid coverage (e.g., some non-citizens who are only eligible for emergency services, or patients who get short-term hospital eligibility)

Leaving or changing from Small Wonders Program

If you move to a county not served by the Small Wonders Program of Maternity Services of District 11, LLC, you will need to contact Medicaid to change your address as soon as possible so that the district you move to can bill Medicaid for your maternity care. You can call Medicaid toll-free at 1-800-362-1504 or talk to your Care Coordinator or worker about how to change your address and/or county code.

Important Things to Know

How we will tell you about any changes

We will try to keep you informed about any changes that will affect your health care. We will do this by keeping this handbook, our website, and any letters we send to you up-to-date. If there is a big change - such as a change in your status, benefits, services, or places you go for care; we will tell you about it at least 30 days before the change takes place. If you have questions about the Small Wonders Program or
anything related to your maternity health care, call the Small Wonders Program at 1-800-503-2259.

## What Are My Rights?

Medicaid is a voluntary program. This means that you agree to be part of Medicaid and to follow Medicaid’s rules. As an Enrollee of the Small Wonders Program of Maternity Services of District 11, LLC, this also means you have the right:

1. To be treated with respect, dignity, and privacy
2. To get services without being treated differently due to race, national origin, religion, sex, age, mental or physical disability, or the need for health care services
3. To ask for and receive oral interpretation services, written translations, or information related to your care in alternative formats at no charge
4. To have your personal information (oral, written, and/or electronic) in your medical record kept private
5. To ask for and receive a copy of your medical record as required under state law and correct it if it is wrong
6. To file a Complaint or Grievance if you’re not happy with the Small Wonders Program, or the care you have received from your doctor or another provider
7. To file an Appeal if you disagree with a decision made by the Small Wonders Program;
8. To request a Fair Hearing if you disagree with the decision made during an Appeal process
9. To receive information about what services are covered by Medicaid and the Small Wonders Program
10. To receive notice of any significant change, as defined by the state, in the information specified in the enrollee handbook at least 30 days before the intended effective date of the change.

### Your right to Medical Care

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

Your right to stay with the Small Wonders Program of Maternity Services of District 11, LLC

You cannot be forced to leave or be removed from the Small Wonders Program because:

- Your health gets worse
- You already have a medical problem (i.e., a pre-existing condition)
- Your medical treatment costs a lot of money
- The way you use your services
- You have a mental health, alcohol, or drug abuse condition
- Your special needs make you act in a disruptive or uncooperative way, unless it seriously affects the Small Wonders Program 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 Small Wonders Program enrollee, this also means you have the duty:

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

Fraud, Waste and Abuse

The Small Wonders Program of Maternity Services of District 11, LLC works with the government to stop fraud, waste and abuse.

Fraud is when recipients and/or providers cheat the system. The person(s) who cheats might receive a benefit that is illegal or not allowed. To be accused of Medicaid fraud, there must be proof of illegal services or payments.

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

Examples of Recipient Fraud or Abuse

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

Examples of Provider Fraud or abuse

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

Please let us know if you or someone you know suspects Medicaid fraud or abuse. The Small Wonders Program will look into the information you give us and will keep your name private. If you don’t mind being contacted, you can leave your name and phone number.

Contact us by phone, email or postal mail:

Phone: 1-877-503-2259

Email: donna.taylor@eamc.org

Postal Mail: P.O. Box 189, Auburn, AL 36831-0189

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

Enrollee Services

Call Center

If you have a question or need help with anything about the Small Wonders Program of Maternity Services of District 11, LLC or your care, you can call 1-877-503-2259 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 1-877-503-2259 for help.

This call center is set up to:

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

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

**Website**

You can also get information on the Small Wonders Program of Maternity Services of District 11, LLC from our website at [https://www.eamc.org/services/maternity-care-program/](https://www.eamc.org/services/maternity-care-program/)

The website includes:

- List of doctors and midwives who deliver babies for the Small Wonders Program
- 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](http://www.medicaid.alabama.gov) and request a new Medicaid ID card.
On the main page, find “My Medicaid” under the “Recipients” drop down menu or look for the button on the lower right-hand corner of Medicaid’s website home page.

If you do not have a username and password, you must create one first.

Enter your username and password:
- Go to “Medicaid Card” at the top of the screen
- Select “Get a New Card”
- Select the reason for the request (Ex: Lost or stolen)
- Select “Confirm”
- A new window will pop up on the website for you to confirm your request for a new card

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

**Covered Services**

**Maternity Services provided by the Small Wonders Program include:**
- Prenatal Services
  - Lab and X-ray Services
- Physician and Nurse Midwife Services
- Delivery Services
- Postpartum Care (mother’s medical care after the baby is born)
- Care Coordination

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

For Medicaid to pay for your maternity care, you must go only to the doctors and other providers that have agreed to see Small Wonders Program enrollees, unless there is an emergency. This is called a Provider Network. You can find a list of these doctors and other providers on our website at https://www.eamc.org/services/maternity-care-program/ or by calling 1-877-503-2259 and requesting a paper copy of the list be mailed to you.

If you go to a doctor or place who is not part of the Small Wonders Program’s Provider Network for your maternity care, or if you do not enroll with the Small Wonders Program, you may have to pay for the visit or service.
**Services that are covered by Medicaid for Maternity Care Enrollees**

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

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

- Behavioral and Mental Health Services
  - Mental Illness Rehabilitative Services provided by Community Mental Health Centers (Centers must be operated by 310 Boards certified by and under contract with the Alabama Department of Mental Health)
  - Psychiatric Hospital Services
  - Psychiatric Services
  - Psychology Services
- Certified Registered Nurse Anesthetist and Nurse Practitioner Services
- Children’s Specialty Clinic Services
- Chiropractic Services *(Covered only for recipients under age 21 because of an EPSDT screening)*
- Dental Services *(Covered for recipients under age 21)*
- Durable Medical Equipment
- Emergency Services
  - Post-Stabilization Services
- Eye Care Services
- Family Planning Services
- Federally Qualified Health Centers (FQHC) Services
- Hearing Services *(Covered only for recipients under age 21 as a result of an EPSDT screening)*
- Home and Community-Based Services
- Home Health Services
- Hospice Services
- Hospital Services: Inpatient Hospital Care
- Hospital Services: Outpatient Hospital Care
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) Services
- Laboratory Services
- Mental Illness Rehabilitative Services if provided by:
  - Department of Human Resources (DHR)
  - Department of Youth Services (DYS)
  - Alabama Department of Rehabilitative Serves (ADRS)
- Children’s Rehabilitation Service (CRS)
- Alabama’s Early Intervention System (EI)
- Non-emergency transportation covered by the Alabama Department of Mental Health for mental health services at Community Mental Health Centers
- Nursing facility and nursing facility ventilator services
- Organ transplants
- Physician Administered Drugs
- Physician Services
- Podiatry Services *(Covered only for recipients under age 21 as a result of an EPSDT screening)*
- Prescription drugs
- Preventive health education
- Private Duty Nursing Services *(Covered only for recipients under age 21 as a result of an EPSDT screening)*
- Public Health case management services
- Public Health clinic services
- Public Health family planning services
- Prosthetic and Orthotic Devices
- Radiology (X-ray) Services
- Renal Dialysis (Outpatient)
- Rural Health Clinic Services
- State Laboratory services
- Substance abuse Rehabilitative Services
  - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - Smoking cessation products
- Referrals to specialists
- Targeted case management services
- Therapy Services *(Covered only for recipients under age 21 as a result of an EPSDT screening)*
  - Occupational Therapy
  - Speech Therapy
  - Physical Therapy
- Transportation Services
  - Emergency Ambulance
  - Air Transportation
  - Non-emergency transportation
- Well Child Checkup program (also known as EPSDT screening)

If you need a ride to get any of these services, call the Alabama Medicaid Agency Non-Emergency Transportation (NET) program at 1-800-362-1504 to arrange for a ride or talk with your Care Coordinator.
Services not covered by Medicaid or the Small Wonders Program

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

Special Programs

Care Coordination Program
If you need help with resources, transportation, or finding a doctor for your maternity care, a Care Coordinator may be able to assist you. When you first enroll with the Small Wonders Program, we will find out more about your health needs. A Care Coordinator will make sure you have a physician or nurse midwife for your maternity care and will help with things like getting a ride to the doctor, make sure you know what to do in case of emergencies, and talk with you about how to stay healthy. Care Coordinators also make sure that everyone involved in your care knows about your health.

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

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

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

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

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

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

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

These include:
- Chiropractic Services
- Private Duty Nursing Services
- Podiatry Services
• Therapy Services
  o Occupational Therapy
  o Speech Therapy
  o 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](http://www.medicaid.alabama.gov), click on “Programs” at the top of the page and then click on “EPSDT” under “Medical Services.” You can also ask your Care Coordinator.

**Wellness Programs**

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

Also, the Small Wonders Program can help you with other wellness programs such as

- **Plan First/Family Planning Referrals**
- **COIIN (Collaborative Improvement and Innovation Network) Referrals for Interconception Care (ICC)** - The intent of this referral is to ensure that the recipient transitions to the primary care physician for follow up which will promote healthier outcomes for any future pregnancies.
- **Health Home Referrals**

### 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>
</tr>
</thead>
<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>Service</td>
<td>Cost</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------------------------------</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.

**Optional or extra benefits offered by the Small Wonders Program:**

Diabetic counseling by a registered dietician or certified diabetes educator
Service limits based on religious or moral grounds

As a health care company, the Small Wonders Program of Maternity Services of District 11, LLC works to make sure you receive high, quality care. The Small Wonders Program has no limits on Medicaid covered services due to moral or religious objections.

If the Small Wonders Program 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 the Small Wonders Program cannot provide due to such an objection, you may call the Alabama Medicaid Agency’s toll-free number 1-800-362-1504 to find out how to access those services.

Your Delivering Healthcare Professional (DHCP)

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

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

What your doctor or nurse midwife will do for you:

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

When you enroll with the Small Wonders Program, you have the right to pick or change a doctor or nurse midwife from a list of family doctors, OB/GYNs, nurse midwives, or groups who have signed up with the Small Wonders Program. In some cases, a specialist may be chosen as your DHCP. Let us know if you have a special health concern and or if you think you may need a specialist to be your DHCP.

For Medicaid to pay for your maternity care, you must go to a doctor or nurse midwife signed up with the Small Wonders Program for maternity care. **To see a maternity care doctor or nurse midwife that is not signed up with the Small Wonders Program, it must be approved ahead of time.** If you need to see a doctor for reasons other than your maternity care, or if you need help finding a doctor, talk with your Care Coordinator.

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

- Go online to [https://www.eamc.org/services/maternity-care-program/](https://www.eamc.org/services/maternity-care-program/) and click on “Small Wonders Program District 11 Providers,” or
- Call the Small Wonders Program at 1-877-503-2259 and ask to have a list mailed to you.

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

- You will be asked to say which doctor or midwife you want on the “Agreement to Receive Care/Release of Information Form.” You will be given a copy of this form to keep.

- You will be told in writing about the medical professionals who will be involved in your care.

- If you do not want to choose a doctor or nurse midwife on the day you enroll with the Small Wonders Program, you must call back **within five (5) business days** to choose one.

- If you do not tell us your doctor or nurse midwife choice **within five (5) business days**, we will choose one for you based upon where you live, if you have special health care needs, and what doctors you have seen in the past (if they are in the Small Wonders Program’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 the Small Wonders Program.

• If you want to leave or change your doctor or nurse midwife after the first 90 days, you must have a very good reason. You must write the Small Wonders Program of Maternity Services of District 11, LLC a letter explaining the reason why you want to change.

How to Get Care

Appointments

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

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

There are different types of appointments.

While you are pregnant most of your visits will be for routine pregnancy care. Other types of appointments you may have while on Medicaid include routine well care, routine sick care, or urgent care.
**Routine pregnancy care** is normal prenatal care most women receive while they are expecting a baby.

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

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

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

**You must go to the Small Wonders Program of Maternity Services of District 11, LLC Provider Network for your maternity care.**

When you enroll with the Small Wonders Program, you must go to doctors and other providers that have agreed to see the Small Wonders Program maternity patients unless there is an emergency. This is called a Provider Network.

You can find a list of these doctors and other providers on our website at [https://www.eamc.org/services/maternity-care-program/](https://www.eamc.org/services/maternity-care-program/) or by calling 1-877-503-2259. A paper directory can also be mailed to you. To request a list, call 1-877-503-2259.

If you go to a doctor or place who is not part of the Small Wonders Program’s Provider Network for maternity care, or if you do not enroll with the Small Wonders Program, you may have to pay for the visit or service.

**This rule does not apply if:**

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

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

- If you think you have an emergency, go to the nearest hospital or Emergency Room for emergency care. Emergency services do not have to be approved ahead of time.

- If you have an emergency, you can go to a hospital that is not in the Small Wonders Program’s Provider Network. This also applies to any care needed to keep your health stable after a visit to the ER. If you need help to go to the hospital, call 9-1-1 or an ambulance.

- Always be ready for an emergency by carrying your Medicaid ID card with you.

- If you are not sure if it is an emergency, call your doctor or nurse midwife.

Emergencies might be things like:

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

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

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

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

• **Go to the ER or call 9-1-1 if it is a real emergency.**
• If it is an urgent issue related to your pregnancy, call your doctor or nurse midwife.
• If it is an urgent, but not life-threatening problem not related to your pregnancy, call your regular doctor or clinic.

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

Out-of-state services may be covered if:

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

### Getting to Your Appointments

**Medicaid’s Non-Emergency Transportation (“NET”) Program**

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

**To get help with a ride:**

• You must be going for a service covered by Medicaid and not have another way to get there
Someone can ride with you if:

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

To request a ride to your health care visits through Medicaid’s NET Program:

- Call Medicaid’s toll-free number at 1-800-362-1504 to speak with someone about the Medicaid NET Program. It is better to call at least five (5) days before the ride is needed, but you can call up until the time of the appointment and one (1) day after the appointment.

- When you call, the operator will ask you for information about your need for a ride and to make sure you are covered by Medicaid. This information will be used to decide if Medicaid can pay for your ride.

- The NET Program Hotline is open from 8:00 A.M. to 4:00 P.M., Monday through Friday, except on major state holidays.

- If your request is approved, Medicaid will send you a payment through the Electronic Benefits Transfer (EBT) process. You will receive money loaded onto your EBT Card once your request is processed. You can use it like other EBT Cards to make purchases or get cash back to pay for your ride.

- For more information about Medicaid’s NET Program, go to Medicaid’s website at [http://medicaid.alabama.gov/content/4.0_Programs/4.5_Transportation.aspx](http://medicaid.alabama.gov/content/4.0_Programs/4.5_Transportation.aspx) and look for “Non-Emergency Transportation.”

Specialty Care / Referrals

**Specialty Care**

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

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

There are two exception(s):

- Visits with a Medicaid enrolled provider for family planning services (i.e., birth control) regardless of whether the provider is in the Small Wonders Program Provider Network. Once you are eligible for Plan First, family planning services must be provided by a Plan First provider.

- Visits to a woman’s health doctor (OB-GYN) for family planning services or for an annual checkup.

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

Second Opinions

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

When Services Must Be Approved Ahead of Time

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

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

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

Other Health Insurance

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

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

If you have any changes to your health insurance you must tell Medicaid. Go to Medicaid’s website at www.medicaid.alabama.gov, 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.

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

You need to know:

- No one can take any action against you because you filed a Grievance or Appeal.
- You will not lose Medicaid because you filed a Grievance or Appeal.
- If you need help with understanding a letter sent to you, or help with filing a Grievance or an Appeal, the Small Wonders Program can help you. Call the Small Wonders Program at 1-877-503-2259 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 9);
- 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 1-877-503-2259 OR
• Fill out and send a Complaint form. This form is on our website at https://www.eamc.org/services/maternity-care-program/ or on page 37 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. The Small Wonders Program will help you with this process.

Next steps
• The Small Wonders Program will let you know that your Grievance has been received within five (5) business days of receiving it.
• If your Grievance deals with an urgent or immediate action, it will be acted on within 48 hours.
• The Grievance shall be resolved within ten (10) business days of receipt.
• The Small Wonders Program will answer your Grievance in writing within 20 business days.
• If an adverse decision is made, the Adverse Benefit Determination Notice will be mailed to you at least 10 calendar days before your services are stopped or decreased (except in the cases of fraud).
• If an adverse determination is made, the Small Wonders Program will explain that to you in an Adverse Benefit Determination Notice.
• If the Small Wonders Program does not act on your Grievance, or if an adverse decision is made about your Grievance or Complaint, you have the right to an Appeal.
• A request for an Appeal may be filed with the Small Wonders Program within 60 days from the date of the adverse decision made by the Small Wonders Program.

What is an Appeal?

You can ask the Small Wonders Program to review any adverse decision made about your medical care upon which you do not agree. This is called an Appeal. The Small Wonders Program will tell you about any decision made about your medical care during your Appeal in an Appeal Notification letter.
You have the right to:

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

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

What if the Appeal is an emergency?
You have the right to ask that your Appeal be decided more quickly if your life or health is at risk. If this is the case, you will need to tell the Small Wonders Program certain information in person, in writing, or by phone.

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

Answering your emergency request for an Appeal
If your Appeal receives an approval to be expedited because of a health condition, your Appeal will be handled as quickly as possible, but no greater than 72 hours of receiving the Appeal. If your emergency request for an Appeal is not approved, then your Appeal will be handled in the appropriate amount of time stated for each step.
The Appeal process begins by you requesting an Appeal to review any decision made about your medical care by the Small Wonders Program. You, or someone who has your written permission to speak for you, may request an Appeal to the Small Wonders Program either orally or in writing within 60 calendar days from the date listed on your Appeal Notification letter. Appeal forms are on the Small Wonders Program website at https://www.eamc.org/services/maternity-care-program/ or on page 38 of this handbook.

- You can either call, mail, or hand-deliver your Appeal request to Small Wonders Program at:

  P.O. Box 189
  Auburn, AL  36831-0189
  1-877-503-2259

- If you request your Appeal orally or by telephone, you must also send a written copy of your request to the Small Wonders Program at the address above within three (3) calendar days of the telephone call.
- The Small Wonders Program will let you know in writing that we got your Appeal request within five (5) calendar days of receiving it.
- If you have any other facts about your appeal that you would like us to see, you can tell us in person, in writing, or by phone within five (5) calendar days of the Small Wonders Program 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 Small Wonders Program in the Appeal process, you may request a Fair Hearing of the Small Wonders Program’s decision to the Alabama Medicaid Agency.

The Small Wonders Program will tell you how to file a request for a Fair Hearing to Medicaid. If you need help to understand a letter sent to you, or help to file for a Fair Hearing, the Small Wonders Program can help you. Call 1-800-503-2259 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 Small Wonders Program.

- 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**

**Organizational Notice**

The Small Wonders Program of Maternity Services of District 11, LLC understands that medical information about your health is personal. We are committed to protecting medical information about you. The Small Wonders Program adheres to East Alabama Medical Center's Privacy Practices. (see page 41).
The Alabama Medicaid Agency’s Notice of Privacy Practices may be found on their website at:
http://www.medicaid.alabama.gov/content/11.0_Recipient/11.2_Privacy.aspx

**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)
Maternity Services of District 11, LLC
Small Wonders Program
Complaint/Grievance Form

We wish to provide you the best care possible through the Small Wonders Program and to help resolve any problems that may arise. You have the right to file a grievance (complaint) with your Care Coordinator at any time during your pregnancy. The Care Coordinator will attempt to resolve your grievance to your satisfaction. If you are not satisfied by the action taken you have the right to file an appeal (see Appeal form) and it will be forwarded to the Grievance Committee.

Please complete the following information:

<table>
<thead>
<tr>
<th>Name (First, Last, MI):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Medicaid Number:</td>
<td></td>
</tr>
<tr>
<td>Care Coordinator:</td>
<td></td>
</tr>
</tbody>
</table>

I, __________________________, a qualified participant of the Medicaid Maternity Care Program, wish to file a grievance/complaint regarding the following:

Statement of the Incident/Problem/Complaint:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
___________________________________________________________________________________________

_________________________________   _________      _________________________________    _________
Recipient Signature                                          Date              Care Coordinator Signature                          Date

Action taken to resolve my grievance (to be completed by the Care Coordinator):
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
___________________________________________________________________________________________

The action detailed above HAS_______ or HAS NOT _______ resolved my grievance/complaint to my satisfaction.

_________________________________   _________      _________________________________    _________
Recipient Signature                                          Date              Care Coordinator Signature                          Date

PLEASE SEND COMPLETED FORM TO:  SMALL WONDERS PROGRAM
P.O. BOX 189, AUBURN, AL 36831-0189 OR FAX TO: (334) 826-0238
Maternity Services of District 11, LLC
Small Wonders Program
Appeal Form

We wish to provide you the best care possible through the Small Wonders Program of Maternity Services of District 11, LLC and to help resolve any problems that may arise. The Appeal process begins by you requesting an Appeal to review any decision made about your medical care by Small Wonders Program. The appeal will be reviewed by the Grievance Committee. Per Medicaid policy, the appeal will be reviewed and resolution made no longer than 30 calendar days from the day the Small Wonders Program received the appeal. If your appeal is an emergency, it will be expedited and resolved no longer than 72 hours after it is received in our office.

Please complete the following information:

Name (First, Last, MI):
Address:
Phone Number:
Medicaid Number:
Care Coordinator:

I, ________________ _____________________________, a qualified participant of the Medicaid Maternity Care Program, wish to file an appeal regarding the grievance filed on ________________ (date).

Statement explaining the reason for your dissatisfaction with decision made (please attach any additional documents you would like reviewed by the Grievance Committee):

__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

______________________
Recipient Signature

Date

______________________
Received by

Date

PLEASE SEND COMPLETED FORM TO: SMALL WONDERS PROGRAM
P.O. BOX 189, AUBURN, AL 36831-0189 OR FAX TO: (334) 826-0238

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Grievance and Appeal information was reviewed by the Grievance Committee on _________________. The following members were present: _______________________________________________________
_____________________________________________________________________________________

After review and consideration by the Grievance Committee, the following recommendation and ruling has been made to resolve the grievance:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

_________________________________________________________  
Date      Grievance Committee Representative

I, ________________________________ (Grievant), understand that the above ruling is biding and that I will abide by the committee's recommendations. If I am not satisfied with the ruling, I understand that the remaining option to resolve the grievance is to file an appeal with the Alabama Medicaid Agency for an administrative fair hearing.

Date      Recipient Signature

PLEASE SEND COMPLETED FORM TO: SMALL WONDERS PROGRAM  
P.O. BOX 189, AUBURN, AL 36831-0189 OR FAX TO: (334) 826-0238
Maternity Services of District 11, LLC  
Small Wonders Program  
Authorized Representatives Form

A recipient, authorized representative, or a provider acting on behalf of the recipient, with the recipient’s written consent, can request an appeal, file a grievance or request a state fair hearing to Maternity Services of District 11, LLC Small Wonders Program.

To authorize someone to act on your behalf when filing a grievance, appeal or requesting a state fair hearing please complete the information below.

<table>
<thead>
<tr>
<th>Medicaid Recipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: (First, MI, Last)</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Medicaid ID Number:</td>
</tr>
</tbody>
</table>

Recipient Signature:__________________________  Date:________________

<table>
<thead>
<tr>
<th>Authorized Representative Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (First, MI, Last):</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

Representative’s Signature:__________________________  Date:________________

**Effective Date:** Your Authorized Representative will become effective as of the date Maternity Services of District 11, LLC Small Wonders Program receives this fully completed and signed form.

**Right to Revoke:** This appointment of a representative will remain in effect until such time it is revoked by you in writing.

**Questions:** Please direct any questions to Maternity Services of District 11, LLC Small Wonders Program at P.O. Box 189, Auburn, AL 36831-0189. Toll-free number: (877) 503-2259 Fax: (334) 826-0238
PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE EFFECTIVE DATE OF THIS PRIVACY NOTICE IS APRIL 14, 2003, AS AMENDED ON MARCH 1, 2013.

East Alabama Medical Center, East Alabama Medical Center Skilled Nursing Facility, and Emergency Medical Services ("Facilities", “us” or “we”) are part of an organized health care arrangement ("OHCA") that is made up of those persons or entities that are listed on the last page of this Notice. This Privacy Notice is a joint notice that covers the functions of the OHCA and any health care professional working with the Facilities.

We are required under the federal health care privacy rules (the "Privacy Rules"), to protect the privacy of your health information, which includes information about your health history, symptoms, test results, diagnoses, treatment, and claims and payment history (collectively, "Health Information"). We are also required to provide you with this Privacy Notice regarding our legal duties, policies and procedures to protect and maintain the privacy of your Health Information. We are required to follow the terms of this Privacy Notice unless (and until) it is revised. We reserve the right to change the terms of this Privacy Notice and to make the new notice provisions effective for the Health Information that we maintain and use, as well as for any Health Information that we may receive in the future. Should the terms of this Privacy Notice change, we will make a revised copy of the notice available to you. Revised Privacy Notices will be available at our Facilities for individuals to take with them and we will post a copy of revised Privacy Notices in a prominent location in our Facilities. This Privacy Notice will also be posted and made available electronically on our website.

PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION.

1. General Uses and Disclosures. Under the applicable law, we are permitted to use and disclose your Health Information for the following purposes, without obtaining your permission or Authorization:

   · Treatment. We are permitted to use and disclose your Health Information in the provision and coordination of your healthcare. For example, we may disclose your Health Information to your primary healthcare provider(s), consulting providers, and to other
health care personnel who have a need for such information for your care and treatment.

· **Payment.** We may use and disclose your Health Information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or other third party, including determining the applicability of any health insurance coverage. For example, a bill sent to your insurance company may include information that identifies you, your medical information, and the procedures and supplies used in your treatment.

· **Healthcare Operations.** East Alabama Health Care Authority is a health care authority organized according to the laws of the State of Alabama and is also a hybrid entity as that term is defined by 45 CFR 164.504(a). It owns and operates the Facilities, as well as the following health care providers or entities; East Alabama Psychiatric Services; Auburn Primary Care; Medical Oncology Services; Camellia Place; Magnolia Place; Azalea Place; Oak Park; Unity Wellness Center; HomeMed; Primary Medicine Associates; EAMC Eye Clinic; East Alabama Heart & Vascular; East Alabama Orthopaedics and Sports Medicine; Endocrinology and Metabolism of East Alabama and operates Auburn University Medical Clinic. The different healthcare providers of East Alabama Health Care Authority may share your Health Information with East Alabama Health Care Authority for its health care operation purposes described in this notice. We are permitted to use and disclose your Health Information for our health care operations, including, but not limited to: quality assurance, auditing, licensing or credentialing activities, and for educational purposes. For example, we can use your Health Information to internally assess our quality of care provided to patients.

· **Uses and Disclosures Related to the OHCA Functions.** The health care providers and entities participating in the OHCA and listed in this Notice will share your Health Information with each other, as necessary to carry out treatment, payment and health care operations relating to the OHCA.

· **Uses and Disclosures Required by Law.** We may use and disclose your Health Information when required to do so by law, including, but not limited to reporting abuse, neglect and domestic violence, in response to judicial and administrative proceedings, in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises.

· **Public Health Activities.** We may disclose your Health Information for public health reporting, including, but not limited to reporting child abuse and neglect; reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying person(s) who may have been exposed to a disease.

· **Abuse and Neglect.** We may disclose your Health Information to a local, state, or federal government authority if we have a reasonable belief of abuse, neglect or domestic violence.
· **Regulatory Agencies.** We may disclose your Health Information to a healthcare oversight agency for activities authorized by law, including, but not limited to, licensure investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights. certain private health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights.

· **Judicial and Administrative Proceedings.** We may disclose your Health Information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.

· **Law Enforcement Purposes.** We may disclose your Health Information to law enforcement officials when required to do so by law.

· **Coroners, Medical Examiners, Funeral Directors.** We may disclose your Health Information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your Health Information to funeral directors, as necessary, to carry out their duties.

· **Organ Donation.** We may disclose your Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissues.

· **Research.** Under certain circumstances, we may disclose your Health Information to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your Health Information.

· **Threats to Health and Safety.** We may use or disclose your Health Information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.

· **Specialized Government Functions.** We may disclose your Health Information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations. We may also disclose your Health Information to authorized federal officials for the provision of protective services to the President of the United States or to foreign heads of state or to conduct related investigations. If you are a member of the U.S. Armed Forces, we may disclose your Health Information as required by military command authorities.

· **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Health Information to the correctional institution or law enforcement official, where such information is necessary for the
institution to provide you with healthcare; to protect your health or safety, or the health or safety of others; or for the safety and security of the correctional institution.

- **Workers' Compensation.** We may disclose your Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses without regard to fault.

- **Fundraising.** We may use or disclose your Health Information to make a fundraising communication to you for the purpose of raising funds for our own benefit. With each fundraising communication, we will provide you with an opportunity to elect not to receive any further fundraising communication. We will also make reasonable efforts to ensure that if you opt out of such communications you are not sent future fundraising communications. We may also use, or disclose to a business associate or to an institutionally related foundation, the following Health Information for the purpose of raising funds for our own benefit: (a) demographic information relating to you, including your name, address, other contact information, age, gender, and date of birth; (b) the dates of healthcare provided to you; (c) the department or area of service that provided you treatment; (d) your treating physician; (e) outcome information; and (f) your health insurance status.

- **Marketing.** We may use or disclose your Health Information to make a marketing communication to you that occurs in a face-to-face encounter with us or which concerns a promotional gift of nominal value provided by us.

- **Refill Reminders, Care Coordination, Alternative Therapies.** We may provide you with refill reminders about a drug or biologic that is currently being prescribed for you, but only if any financial remuneration received by us in exchange for making the communication is reasonably related to our cost of making the communication. Except where we receive financial remuneration in exchange for making the communication, we may communicate with you for the following treatment and healthcare operations purposes: (a) for your treatment including case management or care coordination, or to direct or recommend alternative treatments, therapies, healthcare providers, or settings of care; (b) to describe a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits, including communications about a healthcare provider network or health plan network; replacement of or enhancements to, a health plan; and or (c) for case management or care coordination, contacting of individuals with information about treatment alternatives, and related functions to the extent these activities are not considered treatment.

- **Business Associates.** We may disclose your Health Information to business associates who provide services to us. Our business associates are required to protect the confidentiality of your Health Information.

- **Other Uses and Disclosures.** In addition to the reasons outlined above, we may use and disclose your Health Information for other purposes permitted by the Privacy Rules.
2. Uses and Disclosures Which Require Patient Opportunity to Verbally Agree or Object. Under the Privacy Rules, we are permitted to use and disclose your Health Information: (a) for the creation of facility directories, (b) to disaster relief agencies, and (c) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your Health Information.

3. Uses and Disclosures Which Require Written Authorization. As required by applicable law, all other uses and disclosures of your Health Information (not described above) will be made only with your written permission, which is called an Authorization. For example:

- **Psychotherapy Notes.** If we maintain psychotherapy notes, we must obtain your Authorization for any use or disclosure of such psychotherapy notes, except: to carry out the following treatment, payment, or health care operations: (a) use by the originator of the psychotherapy notes for treatment; (b) use or disclosure by us for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (c) use or disclosure by us to defend ourselves in a legal action or other proceeding brought by you.

- **Certain Marketing Purposes.** If we receive financial remuneration in exchange for making a marketing communication we must obtain your Authorization for any use or disclosure of protected health information other than a face-to-face communication made by us to you, or for a promotional gift of nominal value provided by us.

- **Sale of Health Information.** We must obtain your Authorization for any sale of your Health Information and such Authorization will state that the disclosure will result in our receiving remuneration.

4. Revoking Your Authorization. You may revoke your Authorization in writing at any time. The revocation of your Authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your Health Information; if the Authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or where your Health Information was obtained as part of a research study and is necessary to maintain the integrity of the study.

**PATIENT RIGHTS.**

You have the following rights concerning your Health Information:

1. **Right to Receive Written Notification of a Breach of Your Unsecured Health Information.** You have the right to receive written notification of a breach of your unsecured Health Information if it has been accessed, used, acquired, or disclosed in a manner not permitted by the Privacy Rules, which compromises the security or privacy of your Health Information. We will provide this notification by first-class mail or, if necessary, by such other substituted forms of
communication allowable by law or you may request in writing to receive a notification of a breach by electronic mail.

2. Right to Inspect and/or Copy Your Health Information From The Facilities. Upon written request to East Alabama Medical Center, you have the right to inspect and copy your own Health Information contained in a designated record set maintained by or for the Facilities. A “designated record set” contains medical and billing records and any other records that we use for making decisions about you. However, we are not required to provide you access to all the Health Information that we maintain. For example, this right of access does not extend to psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding. Where permitted by the Privacy Rules, you may request that we review certain denials to inspect and copy your Health Information. Instead of copies, we can provide you with a summary of your Health Information if you agree to the form and cost of such summary. If you request a paper copy or summary explanation of your Health Information, we may charge you a reasonable fee for copying costs, postage, and any other costs associated with preparing the summary or explanation. Instead of paper copies, if your Health Information is maintained in an electronic health record, you may request that we provide the information in electronic form to either you or to a designated third-party if such designation is clear, conspicuous, and specific. We may charge you a reasonable cost-based fee for an electronic copy, which shall not exceed our labor costs in responding to the request. We may, in some cases, deny your request to inspect and copy your Health Information and will notify you in writing of the reasons for our denial and provide you with information regarding your rights to have our denial reviewed. In order to obtain copies of your Health Information maintained by other covered functions of East Alabama Health Care Authority other than the Facilities, you should direct your written request directly to the particular covered function.

3. Right to Request Restrictions on the Use and Disclosure of Your Health Information From The Facilities. You have the right to request restrictions on the use and disclosure of your Health Information for treatment, payment and healthcare operations. We will consider, but do not have to agree to, such requests. However, we must agree to restrict a disclosure of Health Information about you to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the Health Information pertains solely to a healthcare item or service for which you, or someone other than the health plan on your behalf, has paid in full. In order to request restrictions on the use and disclosure of your Health Information maintained by other covered functions of East Alabama Health Care Authority other than the Facilities, you should direct your written request directly to the particular covered function.

4. Right to Request an Amendment of Your Health Information From The Facilities. You have the right to request an amendment of your Health Information. We may deny your request if we determine that you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not Health Information maintained by or for us; is Health Information that you are not permitted to inspect or copy; or we determine that the information is accurate and complete. If we disagree with your requested amendment, we will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement, and a description of how you may file a complaint. In order to request an amendment of your Health Information maintained by other covered functions of East Alabama Health Care Authority other than the Facility, you should
direct your written request directly to each particular covered function.

5. Right to an Accounting of Disclosures of Your Health Information From The Facilities.
You have the right to receive an accounting of disclosures of your Health Information made by us. With respect to Health Information contained in paper form, our accounting will not include: disclosures related to treatment, payment or healthcare operations; disclosures to you; disclosures based upon your Authorization; disclosures to individuals involved in your care; incidental disclosures; disclosures to correctional institutions or law enforcement officials; disclosures for facility directories; disclosures that are part of a Limited Data Set; or disclosures that occurred prior to April 14, 2003 or as otherwise allowed by the Privacy Rules. With respect to Health Information contained in an electronic health record, unless otherwise specified by law, the accounting will not contain disclosures made to you upon your request; based upon your Authorization; to individuals involved in your care; or as allowed by law. You may request an accounting of applicable disclosures made by us within six (6) years prior to the date of your request for Health Information stored in paper form and made within three (3) years prior to the date of your request (but not for any disclosures made prior to implementation of our electronic health records system) for Health Information stored in an electronic health record. If you request an accounting more than once in a 12-month period, we may charge you the reasonable cost-based expenses incurred to comply with your additional request. In order to request an accounting of disclosures of your Health Information disclosed by other covered functions of East Alabama Health Care Authority other than the Facilities, you should direct your written request directly to each particular covered function.

6. Right to Alternative Communications From The Facilities.
You have the right to receive confidential communications of your Health Information by a different means or at a different location than currently provided. Such requests must be in writing. For example, you may request that we only contact you at home or by mail. In order to request confidential communications of your Health Information from other covered functions of East Alabama Health Care Authority other than the Facilities, you should direct your written request directly to each particular covered function.

7. Right to Receive a Paper Copy of this Privacy Notice.
You have the right to receive a paper copy of this Privacy Notice upon request, even if you have agreed to receive this Privacy Notice electronically.

If you want to exercise any of these rights, please contact our Privacy Officer. All requests must be submitted to us in writing on a designated form (which we will provide to you), and returned to the attention of our Privacy Officer at the address below.

CONTACT INFORMATION AND HOW TO REPORT A PRIVACY RIGHTS VIOLATION.
If you want to exercise any of these rights, have any questions, or feel that your privacy rights have been violated, please contact us. All requests must be submitted to us in writing and returned to the address below.

Address: East Alabama Medical Center
Attn: Privacy Officer
2000 Pepperell Parkway
Opelika, Alabama 36801
Telephone: (334) 528-1815

Fax: (334) 528-2161

If you believe that your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with our Privacy Officer. You may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services. Our Privacy Officer can provide you with the address.

The following health care providers may provide services to you as part of our organized health care arrangement and are covered by this Privacy Notice: Physicians; Dentists; Podiatrists; Optometrists; Allied Health Professionals; Physical, Occupational, Respiratory and Speech Therapists and Assistants; Rehabilitation Attendants; Dietary Consultants; Nurses; Home Care Nurses; Nursing Home Nurses; Medical Physicist; Psychologists and Social Workers; Recreational Therapists, Psycho-therapists, Psychiatric Nurses, Mental Health Associates; Hospice Workers; Pharmacists; Medical Equipment Suppliers; Diagnostic Providers; Physician Assistants; and Lab Technicians and Providers. These individuals may not be employees of East Alabama Medical Center and East Alabama Skilled Nursing Facility. The following locations are part of this organized health care arrangement:

East Alabama Medical Center
2000 Pepperell Parkway
Opelika, Alabama 36801

East Alabama Medical Center Skilled Nursing Facility
2000 Pepperell Parkway
Opelika, Alabama 36801

Auburn Diagnostic Imaging
1527 Professional Parkway
Auburn, AL 36830

Pre-Surgery Registration & Laboratory Outreach
121 N. 20th Street # 22
Opelika, AL 36801

Emergency Medical Services
2000 Pepperell Parkway
Opelika, Alabama 36801

Rehab Works - Opelika
2450 Village Professional Drive
Opelika, Alabama 36801

East Alabama Medical Center Prenatal Clinic
1910 Waverly Parkway
Opelika, Alabama 36801