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# Preventive Services Guide

Effective January 1, 2020

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AMB18-MO-C-00243

# Ambetter Preventive Care Services

Preventive care services can help you take charge of your health so you and your primary care provider (PCP) can catch problems before they start. These services include checkups, tests and screenings based on your age, weight or medical history.

See the charts on the following pages for the preventive services included in your Ambetter health plan. At your annual wellness exam, ask your PCP if you need any screenings or tests. Together, you and your PCP can stay updated about any changes in your health.

If you have any questions, talk to your doctor. Or you can call us at the toll-free number listed on the back of your Ambetter ID card.

Ambetter Preventive Services Charts
Click on any of the links below to take you to the chart you would like to view:

1. Adult Preventive Services
2. Women's Preventive Services
3. Children's Preventive Services

BENEFIT CONSIDERATIONS

Before using this guideline, please check your member specific benefit plan document and any federal or state mandates, if applicable.

Throughout used:

- USPSTF: United States Preventive Services Task Force
- PPACA: Patient Protection and Affordable Care Act of 2010
- ACIP: Advisory Committee on Immunization Practices
- HHS: Health and Human Services
- HRSA: Health Resources and Services Administration

**Ambetter's Preventive Services Guidelines**

Preventive services include a broad range of services (including screening tests, counseling, and immunizations/vaccines). We have adopted the U.S. Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services (childhood and adolescent immunization schedule approved by: the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), adult immunization schedule approved by: the Advisory Committee on Immunization Practices (ACIP), the American College of Obstetricians and Gynecologists (ACOG),

To support your efforts and continuously improve the satisfaction of our members, we have adopted national practice parameters for disease management. Our goal in adopting national parameters is to help our members attain optimal quality of life. The parameters are provided to physicians for use as guidelines to assist them in clinical decision-making, and are not intended to be rigid standards.

**Adult Preventive Services**

**All members**: Annual wellness exams; all routine immunizations and vaccines recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC).

**All members at an appropriate age and/or risk status:** Counseling and/or screening for: colorectal cancer; elevated cholesterol and lipids; certain sexually transmitted diseases; HIV; depression; high blood pressure; diabetes. Screening and counseling for alcohol abuse in a primary care setting; tobacco use; obesity; diet and nutrition.

**Men's health**: Intervention services as part of a full physical exam or periodic check-up for the purpose of education or counseling on potential health concerns, including smoking cessation counseling. Screening for prostate cancer for men age 40 and older; screening for abdominal aortic aneurysm in men 65-75 years old (USPSTF recommends this for males 65-75 years old who have smoked).

| Routine Checkups | 18-29 years | 30-39 years | 40-49 years | 50-64 years | 65+ years |
|---|---|---|---|---|---|
| Wellness Exam includes personal history; blood pressure; body mass index (BMI); physical exam; preventive screening; and counseling | Annually for ages 18-21 | | | Annually | |
| | Every 1–3 years, depending on risk factors | | | | |

| Cancer Screenings | 18-29 years | 30-39 years | 40-49 years | 50-64 years | 65+ years |
|---|---|---|---|---|---|
| Colorectal Cancer Screening [1] | | | | Screening for men and women age 50-75 for colorectal cancer<br>Fecal occult blood test/fecal immunochemical test annually [2]; or fecal DNA testing (Cologuard) every 3 years;<br>or flexible sigmoidoscopy every 5 years [2]; or colonoscopy every 10 years [2] | |
| | Patients at high risk for colorectal cancer due to family history or physical factors [1] | | | | |
| Skin Cancer Screening | Periodic total skin exams every 3 years at the discretion of your healthcare provider | | Annual total skin exam at discretion of your healthcare provider | | |
| Breast Cancer Screening (Women) | Annual clinical breast exam and monthly self-exam | | | | |
| | | Mammogram screening recommended once every 2 years** | | | |
| Cervical Cancer Screening (Women) | Initial pap test every 3 years beginning at age 21; if 30 years or older, either a pap every 3 years alone or every 5 years screening with high-risk human papillomavirus (hrHPV) testing alone or every 5 years with hrHPV testing in combination with Pap (cotesting). Women 65 years and older may stop screening. | | | | |
| Testicular and Prostate Cancer (Men) [1] | Clinical testicular exam at each health maintenance visit and monthly self-exam | | | | |

| Other Recommended Screenings | 18-29 years | 30-39 years | 40-49 years | 50-64 years | 65+ years |
|---|---|---|---|---|---|
| Body Mass Index (BMI) | At the discretion of your healthcare provider in addition to your wellness exam<br>(can be screened annually for overweight and eating disorders, consult the CDC's growth and BMI charts) | | | | |
| Abdominal Aortic Aneurysm | | | | | Men between the ages of 65 to 75 that have ever smoked |
| Blood Pressure (Hypertension) | At every acute/nonacute medical encounter and at least once every 2 years | | | | |
| Cholesterol Screening | Every 5 years or more often at discretion of discretion of your healthcare provider | | | | |
| Diabetes Screening (Type 2) | | | Every 3 years or earlier if risk factors present | | |
| Bone Mass Density (BMD) Test (Women) | | | Consider your risk factors, discuss with your healthcare provider BMD testing for all post-menopausal women who have one or more risk factors for osteoporosis fractures | BMD test once, or more often at the discretion of your healthcare provider | |
| Hepatitis B Virus Infection Screening | Nonpregnant teens and adults who have a high risk for infection | | | | |

| Infectious Disease Screening | 18-29 years | 30-39 years | 40-49 years | 50-64 years | 65+ years |
|---|---|---|---|---|---|
| Sexually Transmitted Infections (Chlamydia, Gonorrhea, Syphilis, and HPV 3) | Annual screenings for sexually active patients under 25; annually for patients age 25 and over if at risk. HPV is for age 26 and under, if not previously vaccinated. [3] | | | | |
| Tuberculosis screening: adults | Screenings recommended for latent tuberculosis infection in persons who are at increased risk for infection | | | | |

| Immunizations [1]<br>*(Routine recommendation - Ask your PCP about immunizations you may need)* | 18-29 years | 30-39 years | 40-49 years | 50-64 years | 65+ years |
|---|---|---|---|---|---|
| Influenza Vaccine (Flu) | Annually | | | | |
| Tetanus, Diptheria, Pertussis (TD/Tdap) | Ages 19+: Tdap vaccines once *(can substitute 1-time dose for Td booster)*, then boost with Td every 10 years<br>*(if you are pregnant, talk to your doctor about getting a Tdap vaccine during 3rd trimester of every pregnancy to protect your baby from whooping cough (pertussis)* | | | | |
| Varicella Vaccine (Chicken Pox) | 2 doses for those 19 and older who have not received the vaccine and have not had chicken pox | | | | |
| Human Papillomavirus (HPV) | 3 doses may be administered to both males and females ages 19-26 with discretion from your healthcare provider | Annual screenings for sexually active patients under 25; annually for patients age 25 and over if at risk.<br>HPV is for age 26 and under, if not previously vaccinated. [3] | | | |
| Shingles Vaccine [2] | | | | 50 years and older | |
| Pneumococcal 13-Valent Conjugate (PCV13) | 1 time dose prior to age 65 | | | | 1 dose 65> if no evidence of prior immunization |
| Pneumococcal Polysaccharide (PPSV23) | 1 or 2 doses prior to age 65 | | | | 1 dose 65> if no evidence of prior immunization |
| Meningococcal Vaccine | 1 or more doses if not previously immunized, depending on risk factors and other indicator | | | | |
| Hepatitis A Vaccine | 2 doses if risk factors are present (if you did not get as a child) | | | | |
| Hepatitis B Vaccine | 3 doses if risk factors are present (if you did not get as a child)<br>(Pregnant women beginning at first prenatal visit. Consult with your healthcare provider) | | | | |
| Haemophilus Influenza Type B (Hib) | 1 or 3 doses if risk factors are present | | | | |
| Measles, Mumps, Rubella (MMR) | 1 or 2 doses for adults 19-25 without a history of infection or previous immunization | | | | |

## Women's Preventive Services

Screenings for women's health, including pregnancy-related preventive services, include: Well-woman visits, including preconception counseling and prenatal care, Pap tests and any cervical cancer screening tests including human papillomavirus (HPV), contraceptive methods and counseling, and screening and counseling for interpersonal and domestic violence.

| Routine Checkups | 18-29 years | 30-39 years | 40-49 years | 50-64 years | 65+ years |
|---|---|---|---|---|---|
| Wellness Exam includes personal history; blood pressure; body mass index (BMI); physical exam; preventive screening; and counseling | Annually for ages 18-21 | | | Annually | Annually |
| | Every 1-3 years, depending on risk factors | | | | |
| **Routine Screenings** | **18-29 years** | **30-39 years** | **40-49 years** | **50-64 years** | **65+ years** |
| Anemia Screening | Pregnant Women | | | | |
| Cervical Cancer Screening (Women) | Initial pap test every 3 years beginning at age 21; if 30 years or older, either a Pap every 3 years alone or every 5 years screening with high-risk human papillomavirus (hrHPV) testing alone or every 5 years with hrHPV testing in combination with Pap (cotesting). Women 65 years and older may stop screening. | | | | |
| FDA Approved Contraceptive Methods and Counseling | As prescribed by a healthcare provider for women with reproductive capability | | | | |
| Colorectal Cancer Screening [1] | | | | Screening for men and women age 50-75 for colorectal cancer<br>Fecal occult blood test/fecal immunochemical test annually [2]; or fecal DNA testing (Cologuard) every 3 years;<br>or flexible sigmoidoscopy every 5 years [2]; or colonoscopy every 10 years [2] | |
| | Patients at high risk for colorectal cancer due to family history or physical factors [1] | | | | |
| Gestational Diabetes Screening | For women 24 to 28 weeks pregnant, or those at high risk of developing gestational diabetes | | | | |
| Skin Cancer Screening | Periodic total skin exams every 3 years at discretion of your healthcare provider | | Annual total skin exam at discretion of your healthcare provider | | |
| Breast Cancer Screening [1] | Annual clinical breast exam and monthly self-exam | | | | |
| | | Mammogram screening recommended once every 2 years** | | | |
| Domestic and Interpersonal Violence Screening and Counseling | Recommended for all women with a routine screening and counseling by a network provider | | | | |
| Breast Feeding and Post-Partum Counseling, Equipment and Supplies | For women as part of pre/post-natal counseling for pregnant women, with rental or purchase of certain breast feeding equipment through approved vendors | | | | |
| **Other Recommended Screenings** | **18-29 years** | **30-39 years** | **40-49 years** | **50-64 years** | **65+ years** |
| Body Mass Index (BMI) | At the discretion of your healthcare provider in addition to your wellness exam<br>(can be screened annually for overweight and eating disorders, consult the CDC's growth and BMI charts) | | | | |
| Blood Pressure (Hypertension) | At every acute/nonacute medical encounter and at least once every 2 years | | | | |
| Cholesterol Screening | Women ages 20 to 45 years for lipid disorders if at increased risk for coronary heart disease<br>*Screenings every 5 years or more at age 45 and older as healthcare provider suggest* | | | | |
| Diabetes Screening (Type 2) | | | Every 3 years, beginning at age 45 or more often and beginning at younger age at the discretion of your healthcare provider | | |
| Bone Mass Density (BMD) Test (Women) | | | Consider your risk factors, discuss with your healthcare provider. BMD testing for all post-menopausal women who have one or more risk factors for osteoporosis fractures | BMD test once, or more often at the discretion of your healthcare provider | |
| **Infectious Disease Screening** | **18-29 years** | **30-39 years** | **40-49 years** | **50-64 years** | **65+ years** |
| Sexually Transmitted Infections *(Chlamydia, Gonorrhea, Syphilis, and HPV 3)* | Annual screenings for sexually active patients under 25; annually for patients age 25 and over if at risk.<br>HPV is for age 26 and under, if not previously vaccinated. [3] | | | | |
| Hepatitis B | 3 doses if risk factors are present (if you did not get as a child)<br>(Pregnant women beginning at first prenatal visit. Consult with your healthcare provider) | | | | |

## Children's Preventive Services

Includes annual well child visits, screening newborns for hearing problems, thyroid disease, phenylketonuria, sickle cell anemia, and standard metabolic screening panel for inherited enzyme deficiency diseases. Counseling for fluoride for

prevention of dental cavities; screening for major depressive disorders; vision; lead; tuberculosis; developmental/autism; counseling for obesity.

| Screening Tests | 0–1 year (Infancy) | 1–4 years (Early Childhood) | 5–11 years (Middle Childhood) | 12–17 years (Adolescence) |
|---|---|---|---|---|
| Well Baby Visits and Care (including cholesterol screening, height, weight, developmental milestones, and BMI) | Ages 1-2 weeks; and 1, 2, 4, 6, 9, and 12 months. Assess breastfeeding infants between 3–5 days of age | Ages 15, 18, and 24 months; and 3 and 4 years | Annually | Annually |
| Anemia | Once between ages 9-12 months | As needed at the discretion of your healthcare provider | | Starting at age 12, screen all non-pregnant adolescents for anemia every 5-10 years during well visit. Annually screen for anemia if at high risk |
| Blood Test for Lead | Initial screening between ages 9-12 months | Annually at ages 2 and 3 years, and again at 4 years if in areas of high risk | If never screened, prior to entry to kindergarten | |
| Urinalysis | | | Once at age 5 at the discretion of your healthcare provider | |
| Blood Pressure | | Annually beginning at age 3 | | |
| Hearing | Assess prior to discharge, or by 1 month | Audiometry at ages 4, 5, 6, 8, 10, 12, 15, and 17 | | |
| Vision | Assess prior to discharge, and by 6 months | Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, 15, and 17 screen for strabismus (lazy eye) between ages 3 and 5 years | | |
| Pap Smear (Females) | | | | Per ACS every 3 yrs. beginning at age 21 or as recommended by practitioner for abnormal findings |
| Chlamydia screening | | | | If sexually active and < 24 |
| Tests for Sexually Transmitted Diseases | Annual screenings for sexually active patients under 25; annually for patients age 25 and over if at risk. HPV is for age 26 and under, if not previously vaccinated [3] | | | |
| Testicular Exam (Males) | | | | Clinical exam and self-exam instruction annually beginning at age 15 |
| Congenital Hypothyroidism Screening | Newborns | | | |
| Critical Congenital Heart Disease Screening | Newborns before discharge from hospital | | | |
| Cholesterol/Lipid Disorders Screening | At-risk children 2-8 | | At-risk from 9 -11 | At-risk adolescents 12-18 |
| Tuberculin Test | Children and adolescents at risk | | | |
| Routine Eye Exam for Children | 1 visit annually | | | |
| Depression | | | | Ages 11 - 17 |
| **Immunizations [1]** | **0–1 year (Infancy)** | **1–4 years (Early Childhood)** | **5–11 years (Middle Childhood)** | **12–17 years (Adolescence)** |
| Hepatitis A | | 2 doses routinely recommended at 12–24 months, and high-risk children over 24 months | | |
| Hepatitis B | 2 doses routinely recommended at birth and ages 1–2 months | 1 doses 6–18 months | | |
| Diphtheria, Tetanus, Pertussis (DTaP) Tetanus, Diphtheria, and Acellular Pertussis (Tdap) *[Note: replaces Tetanus Diphtheria (Td)]* | 3 doses of DTaP routinely recommended at ages 2, 4, and 6 months | 1 dose at 15–18 months | 1 dose between 4–6 years | 1 dose of Tdap between ages 7-10 instead of Td vaccine if you do not know if your child has received these; also between ages 13–18 years who missed Td booster at 11–12 years |
| Polio Vaccine | 2 doses routinely recommended at ages 2 and 4 months | 1 dose recommended between 6–18 months | 1 dose between 4–6 years | |
| Haemophilus (Hib) | 3 doses routinely recommended at ages 2, 4, and 6 months | 1 dose between 12–15 months | | |
| Measles, Mumps, Rubella (MMR) | | 1 dose routinely recommended between 12–15 months | 1 dose between 4–6 years | |
| Varicella Vaccine (Chicken Pox) | | 1 dose routinely recommended between 12–15 months | 1 dose between 4–6 years | |
| Pneumococcal Vaccine | 3 doses routinely recommended at ages 2, 4, and 6 months | 1 dose between 12–15 months | | |
| Meningococcal Vaccine | | Certain high-risk group only. As needed at discretion of your healthcare provider | | 1 dose between ages 11–12 years; 1 dose at high school or college entry if not previously vaccinated |

| | | |
|---|---|---|
| Human Papillomavirus (HPV) | | 3 doses between ages 11–12 years for males and females; Any dose not administered at the recommended age, should be administered at a subsequent visit |
| Influenza Vaccine (Flu) | Annually for children 6 months of age and older | |
| Rotavirus | 3 doses at 2, 4, and 6 months | |

[1] Ambetter will cover additional preventive benefits when required by the state.
[2] Some immunizations are indicated for certain conditions, discuss with your provider what routine preventive care and immunizations are best for you.
[3] HPV is for age 26 and under if not previously vaccinated.
[4] Ambetter from Home State Health covers vaccines under their preventive service benefit when services are rendered by an in-network provider and/or pharmacy who administers these vaccines.
[5] Routine recommendation - ask your primary care provider (PCP) about immunizations you may need.

**Ambetter pays for breast cancer screening once a year starting at age 35. When administered as a preventive breast imaging screening, digital breast tomosynthesis (known as 3-D mammography) is considered a covered, preventive benefit.

**Coverage Limitations and Exclusions**

1. Services not covered under the preventive care benefit may be covered under another portion of the medical benefit plan.
2. Generally, the cost of drugs, medications, vitamins, supplements, or over-the-counter items is not eligible as a preventive care benefit. However, certain outpatient prescription medications, tobacco cessation drugs and/or over the counter items, as required by PPACA, may be covered under the preventive benefit. For details, please refer to the member-specific pharmacy plan administrator.
3. An immunization is not covered if it does not meet company Vaccine Policy requirements for FDA labeling (including age and/or gender limitations) and if it does not have definitive ACIP recommendations published in the CDC's Morbidity and Mortality Weekly Report (MMWR).
4. Examinations, screenings, testing, or immunizations are not covered when:
    a. required solely for the purposes of career, education, sports or camp, travel (including travel immunizations), employment, insurance, marriage or adoption, or
    b. related to judicial or administrative proceedings or orders, or
    c. conducted for purposes of medical research, or
    d. required to obtain or maintain a license of any type.
5. Services that are investigational, experimental, unproven or not medically necessary are not covered. Please see applicable Medical Policies (EOC, SOB, etc.) for details.
6. Breastfeeding equipment and supplies not listed in the Indications for Coverage section above. This includes, but is not limited to:
    a. Manual breast pumps and all related equipment and supplies.
    b. Hospital-grade breast pumps and all related equipment and supplies.
    c. Equipment and supplies not listed in the Covered Breastfeeding Equipment section above, including but not limited to:
        i. Batteries, battery-powered adaptors, and battery packs.
        ii. Electrical power adapters for travel.
        iii. Bottles which are not specific to breast pump operation. This includes the associated bottle nipples, caps and lids.
        iv. Travel bags, and other similar travel or carrying accessories.
        v. Breast pump cleaning supplies including soap, sprays, wipes, steam cleaning bags and other similar products.
        vi. Baby weight scales.
        vii. Garments or other products that allow hands-free pump operation.
        viii. Breast milk storage bags, ice-packs, labels, labeling lids, and other similar products.
        ix. Nursing bras, bra pads, breast shells, nipple shields, and other similar products.
        x. Creams, ointments, and other products that relieve breastfeeding related symptoms or conditions of the breasts or nipples.

The benefits within this document are currently effective unless otherwise noted. Always refer to your Schedule of Benefits to understand if there are any costs associated with your preventive care benefits. In addition to the services listed, you may have additional preventive care benefits covered under your Ambetter plan that may or may not be covered at 100%. Check your Schedule of Benefits for details on these additional preventive care benefits.

## ADDITIONAL PREVENTIVE SERVICES DETAILS

This Coverage Determination Guideline provides assistance in interpreting Ambetter preventive care services. When deciding coverage, the member specific benefit plan document must be referenced. This document is supplemental to your benefit plan document (e.g. Evidence of Coverage (EOC) and Schedule of Benefits (SOB), Member Handbook) and should not be used to guarantee coverage. Providers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply; members should refer back to the EOC for detailed coverage information, including the essential health benefit plan. Ambetter reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary This Coverage Determination Guideline is provided for informational purposes, your plan may not pay for all services and treatments in this guide. It does not constitute medical advice.

Note: Preventive services do not generally include services intended to treat an existing illness, injury, or condition. Benefits will be determined based on how the provider submits the bill. Claims must be submitted with the appropriate diagnosis and procedure code in order to be paid at the 100% benefit level. If during your preventive services visit you receive services to treat an existing illness, injury or condition, you may be required to pay a copay, deductible and/or coinsurance for those covered services.

**This information is intended as a reference tool for your convenience and is not a guarantee of payment.**

## Statement of Non-Discrimination

Ambetter from Home State Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter from Home State Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from Home State Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact Ambetter from Home State Health at 1-855-650-3789 (TTY/TDD 1-877-250-6113).

If you believe that Ambetter from Home State Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Grievance/Appeals Home State Health, 111720 Borman Drive, Maryland Heights, MO 63146 63017, 1-855-650-3789 (TTY/TDD 1-877-250-6113), Fax, 1-855-805-9812. You can file a grievance by mail, fax, or email. If you need help filing a grievance, Ambetter from Home State Health is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.



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## Declaración de no discriminación

Ambetter from Home State Health cumple con las leyes de derechos civiles federales aplicables y no discrimina basándose en la raza, color, origen nacional, edad, discapacidad, o sexo. Ambetter from Home State Health no excluye personas o las trata de manera diferente debido a su raza, color, origen nacional, edad, discapacidad, o sexo.

Ambetter from Home State Health:

- Proporciona ayuda y servicios gratuitos a las personas con discapacidad para que se comuniquen eficazmente con nosotros, tales como:
    - Intérpretes calificados de lenguaje por señas
    - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios de idiomas a las personas cuyo lenguaje primario no es el inglés, tales como:
    - Intérpretes calificados
    - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Ambetter from Home State Health a 1-855-650-3789 (TTY/TDD 1-877-250-6113).

Si considera que Ambetter from Home State Health no le ha proporcionado estos servicios, o en cierto modo le ha discriminado debido a su raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja ante: Grievance/Appeals Home State Health, 11720 Borman Drive, Maryland Heights, MO 63146, 1-855-650-3789 (TTY/TDD 1-877-250-6113), Fax, 1-855-805-9812. Usted puede presentar una queja por correo, fax, o correo electrónico. Si necesita ayuda para presentar una queja, Ambetter from Home State Health está disponible para brindarle ayuda. También puede presentar una queja de violación a sus derechos civiles ante la Oficina de derechos civiles del Departamento de Salud y Servicios Humanos de Estados Unidos (U.S. Department of Health and Human Services), en forma electrónica a través del portal de quejas de la Oficina de derechos civiles, disponible en *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, o por correo o vía telefónica llamando al: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Los formularios de queja están disponibles en *http://www.hhs.gov/ocr/office/file/index.html*.



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