



ambetter.[®]

Preventive Services Guide

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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

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. *Note: This is an overall guide to preventive care, but not all-inclusive.*

Throughout this document the following acronyms are 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 benefits (including screening tests, counseling, and immunizations/vaccines). The federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover preventive care services, when provided by network providers, without cost sharing to members. Preventive care services include: evidence based items or services that have in effect a rating of "A" or "B" in the current recommendations of the USPSTF, immunizations for routine use in children, adolescents and adults that have in effect a recommendation from the ACIP, with respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the HRSA and with respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the HRSA.

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^{1, 2, 4, 5}	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	Every 1-3 years, depending on risk factors		Annually	
Cancer Screenings¹	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Colorectal Cancer Screening	Patients at high risk for colorectal cancer due to family history or physical factors			Screening for men and women age 50-75 for colorectal cancer Fecal occult blood test/fecal immunochemical test annually; or fecal DNA testing (Cologuard) every 3 years; or flexible sigmoidoscopy every 5 years; or colonoscopy every 10 years	
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				
	Mammograms are covered once per year. High risk or necessary follow-up mammograms may require an additional annual visit.**				
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)	Clinical testicular exam at each health maintenance visit and monthly self-exam				
Other Recommended Screenings¹	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 (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 your healthcare provider				
Diabetes Screening (Type 2)			Screening in adults aged 35 - 70 who are overweight or obese		
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 Screening¹	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.				
Tuberculosis screening: adults	Screenings recommended for latent tuberculosis infection in persons who are at increased risk for infection				
Immunizations^{1, 2, 4, 5}	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Influenza Vaccine (Flu)	Annually				
Tetanus, Diphtheria, Pertussis (TD/Tdap)	Ages 19+: Tdap vaccines once (can substitute 1-time dose for Td booster), then boost with Td every 10 years (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. HPV is for age 26 and under, if not previously vaccinated. Note: For adults ages 27 through 45 years, the public health benefit of HPV vaccination in this age range is minimal; shared clinical decision-making is recommended because some persons who are not adequately vaccinated might benefit.			
Shingles Vaccine				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) (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, 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 Checkups¹	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 Screenings¹	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				Screening for men and women age 50-75 for colorectal cancer Fecal occult blood test/fecal immunochemical test annually; or fecal DNA testing (Cologuard) every 3 years; or flexible sigmoidoscopy every 5 years; or colonoscopy every 10 years	
	Patients at high risk for colorectal cancer – 1 screening every 2 years				
Gestational Diabetes Screening	For women 24 weeks pregnant or later				
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	Annual clinical breast exam and monthly self-exam				
	Mammograms are covered once per year. High risk or necessary follow-up mammograms may require an additional annual visit.**				
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				
Screening for Anxiety	Screening for anxiety in adolescent and adult women, including those pregnant or postpartum (clinical judgement should be used to determine screening frequency)				
Other Recommended Screenings¹	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 (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 <i>Screenings every 5 years or more at age 45 and older as healthcare provider suggest</i>				
Diabetes Screening (Type 2)				Screening in adults aged 35 - 70 who are overweight or obese	
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 Screening¹	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Sexually Transmitted Infections (<i>Chlamydia, Gonorrhea, Syphilis, and HPV 3</i>)	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.				
Hepatitis B	3 doses if risk factors are present (if you did not get as a child) (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 ¹	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			
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, 2, 4, 5}	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
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 covers vaccines under the preventive service benefit, without cost sharing, 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. When administered as a preventive breast imaging screening, digital breast tomosynthesis (known as 3-D mammography) is considered a covered preventive benefit. *Note: Diagnostic mammograms are covered, but not part of preventive care coverage. Please work with your provider, for additional information.***

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.

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 covers vaccines under the preventive service benefit, without cost sharing, 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. When administered as a preventive breast imaging screening, digital breast tomosynthesis (known as 3-D mammography) is considered a covered preventive benefit. *Note: Diagnostic mammograms are covered, but not part of preventive care coverage. Please work with your provider, for additional information.***

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: 711).

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: Ambetter from Home State Health, Attn: Grievance & Appeals, 11720 Borman Drive, Maryland Heights, MO 63146, 1-855-650-3789 (TTY: 711), 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>.



FROM



home state health.

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Home State Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-855-650-3789 (TTY: 711).
Chinese:	如果您·或是您正在協助的對象·有關於 Ambetter from Home State Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話·請撥電話 1-855-650-3789 (TTY: 711)。
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Home State Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-855-650-3789 (TTY: 711).
Serbo-Croatian:	Ako Vi, ili neko kome pomažete, imate pitanja u vezi Ambetter from Home State Health, imate pravo na besplatnu pomoć i informaciju na sopstvenom jeziku. Ukoliko želite da pričate sa prevodiocem, pozovite broj 1-855-650-3789 (TTY: 711).
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Home State Health hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-855-650-3789 (TTY: 711) an.
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Home State Health، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-855-650-3789 (TTY: 711).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Home State Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-855-650-3789 (TTY: 711)로 전화하십시오.
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Home State Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-855-650-3789 (TTY: 711).
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Home State Health, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-855-650-3789 (TTY: 711).
Tagalog:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Home State Health के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-855-650-3789 (TTY: 711) पर कॉल करें।
Pennsylvania Dutch:	Vann du, adda ebbah's du am helfa bisht, ennichi questions hott veyyich Ambetter from Home State Health, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. Fa shvetza mitt ebbah diveyya, kawl 1-855-650-3789 (TTY: 711).
Persian:	اگر شما، یا کسی که به او کمک می کنید سوالی در مورد Ambetter from Home State Health دارید، از این حق برخوردارید که کمک و اطلاعات را بصورت رایگان به زبان خود دریافت کنید. برای صحبت کردن با مترجم با شماره 1-855-650-3789 (TTY: 711) تماس بگیرید.
Cushite:	Yoo sii ykn namaa gargaaraa jirtuu wa'ee Ambetter from Home State Health irra gaaffi qabaatan ta'ee gargaarsaa fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana wajjiin dubadhuu, 1-855-650-3789 irra bilbilli (TTY: 711).
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Home State Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-855-650-3789 (TTY: 711).
Amharic:	እርስዎ ወይም እርስዎ የሚርዱት ሰው ስለ Ambetter from Home State Health ግብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ድጋፍ እንዲሁም መረጃ የማግኘት መብት አለዎት፤ አስተርጓሚ ለማነጋገር በ 1-855-650-3789 (TTY: 711) ይደውሉ፤