



Welcome to the **community.**

Florida

Florida Healthy Kids

- Welcome
- Member Handbook
- Other Information

Welcome.

Welcome to UnitedHealthcare Community Plan.

Please take a few minutes to review this Member Handbook. We're ready to answer any questions you may have. Just call Member Services at **1-888-216-0015, TTY 711**, Monday – Friday 8:00 a.m. – 7:00 p.m. Eastern Time. You can also visit our website at **myuhc.com/CommunityPlan**.

About This Handbook

We want you to get the most from your child's health plan right away.

Start with these three easy steps:

1

Call your child's Primary Care Provider (PCP) and schedule a checkup.

Regular checkups are important for good health. Your child's PCP phone number should be listed on the member ID card that you recently received in the mail. If you don't know your child's PCP number, or if you'd like help scheduling a checkup, call Member Services at **1-888-216-0015, TTY 711**. We're here to help.

2

Take your child's Health Assessment. This is a short and easy way to get a big picture of your child's current lifestyle and health. This helps us match your child with the benefits and services available to you. You will soon receive a welcome phone call from us. We will call to explain all of your child's health plan benefits. We also will help you complete a survey about your child's health. This short survey helps us understand your child's needs so that we can serve you better. You can also visit our website and fill out the survey for your child online. See page 35.

3

Get to know your child's health plan. And be sure to keep this booklet handy, for future reference.

Contact Information

When you need help or more information, use these contacts and websites:

Help or Questions About	Call	Visit
<ul style="list-style-type: none"> • Status of your application. • Eligibility for Florida Healthy Kids. • Making payments. • When coverage starts. • Florida KidCare letters or emails you receive. 	<p>1-888-540-KIDS (5437) Weekdays 7:30 a.m. – 7:30 p.m. EST</p> <p>TTY 1-800-955-8771</p>	<p>floridakidcare.org</p>
<ul style="list-style-type: none"> • Whether a medical service, prescription medication, or device is covered. • Cost of a medical service, prescription medication, or device. • Network health care providers. • Preventive services. • Payment of a medical bill. • Appealing a service or claim denial. 	<p>1-888-216-0015, TTY 711 8:00 a.m. – 7:00 p.m. Eastern time Monday – Friday</p>	<p>myuhc.com/CommunityPlan</p>
<ul style="list-style-type: none"> • Information about dental benefits. 	<p>Your specific dental insurance company:</p> <p>Argus Dental Plan 1-888-978-9513</p> <p>DentaQuest, Inc. 1-800-964-7811</p> <p>MCNA Dental Plan 1-855-858-6262</p>	<p>Your dental insurance company’s website:</p> <p>argusdental.com/healthykids</p> <p>dentaquest.com/state-plans/regions/florida</p> <p>mcna.net/en/florida-healthy-kids</p>

Sending Documents

Important: Please do not send any medical bills or claims to the Florida Healthy Kids Corporation. If you need to send in a medical bill or claim, call Member Service at **1-800-216-0015, TTY 711**. When you send in any documents to Florida KidCare, write your family account number on the top of each page. You can find your family account number on any letters sent from Florida KidCare, or by logging into your online Florida KidCare account.

If you do need to submit income, identity, citizenship, or immigrant status documents to Florida KidCare, please submit them one of these ways:

Secure upload: Scan your documents as one of these file types: pdf, jpeg, jpg, png, tif, tiff or gif. Each file must be less than 10 MB. Log into your account at **www.floridakidcare.org** and click the green document upload button to upload documents to your account.

Email: Scan your documents as one of these file types: pdf, doc, ppt, jpeg, jpg, tif, tiff, txt, rtf, bmp or gif. Each file must be less than 10 MB, or possibly smaller, depending on your email service. Email your documents to **contactus@healthykids.org**.

Mail: Florida KidCare
P.O. Box 591
Tallahassee, FL 32302-0591

Fax: 1-866-867-0054

Making Premium Payments

When you need to make a premium payment, choose one of these ways:

Worry-free, automatic monthly payments:

AutoPay

1. Go to www.healthykids.org and log in to your secure account or create an account if you do not already have one.
2. Enter your debit card, credit card or bank account information.
3. Save your payment information. After your first AutoPay payment, your transaction fees will be covered for up to an entire year, saving you more than \$14!

One-time payments for a single month or multiple months of coverage:

Online

1. Visit www.healthykids.org and click the Pay Premium button.
2. Select the one-time payment option.
3. Enter your debit card, credit card or bank account information (transaction fee applies).

Phone

Call **1-888-540-KIDS (5437)** to make a payment with your debit or credit card (transaction fee applies).

Mail

1. Write your family account number on your check or money order.
2. Make it payable to "Florida KidCare."
3. Send your payment to:
Florida KidCare
P.O. Box 31105
Tampa, FL 33631-3105

In person

Visit www.fidelityexpress.com to find a location where you can make a cash payment.

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Getting Started: Program Basics

What Is Florida KidCare?

Florida KidCare is the state of Florida’s high-quality, low-cost health and dental insurance program for children. There are four Florida KidCare partners. Each partner provides insurance to different groups of children:

- The Florida Healthy Kids Corporation runs Florida Healthy Kids for children ages 5 through the end of age 18.
 - The Agency for Health Care Administration runs Medicaid for children from birth up to age 1 and MediKids for children ages 1 up to 4.
 - The Department of Health runs the Children’s Medical Services Managed Care Plan for children from birth up to age 19 with special health care needs.
 - The Department of Children and Families runs the Behavioral Health Network for children ages 5 up to 19.
-

What Is Florida Healthy Kids?

Florida Healthy Kids is health and dental insurance for children whose families meet certain income and other eligibility requirements. The health and dental insurance benefits are provided by insurance companies using a managed care model.

What Is Managed Care?

The goal of managed care is to provide high-quality health care at low costs. The Florida Healthy Kids insurance companies use many approaches to do this, but two of the main approaches are:

- Creating a provider network. Network doctors and other health care providers agree to certain rules, like how quickly the doctor must give enrollees an appointment or, if a specialist is needed, the doctor must refer enrollees to a network specialist. Except for emergencies, enrollees must see a network provider.
- Having rules about when and what kinds of services, supplies, devices, and other products are covered. Florida Healthy Kids insurance companies only pay for medically necessary services.

Is My Child's Insurance Company Florida Healthy Kids?

No. Your child's health insurance company is UnitedHealthcare Community Plan. UnitedHealthcare Community Plan is your primary source of information about the covered benefits and services available to your child.

When and How Can I Change Insurance Companies?

You can change insurance companies only at certain times and for certain reasons.

Log into your online account to change insurance companies during your child's first 90 days of enrollment or during your child's annual renewal period.

Call Florida KidCare at 1-888-540-KIDS (5437) to change companies if your child no longer lives in the plan's service area.

You may also call Florida KidCare to change companies for one of these reasons:

- Your child's doctor does not, because of moral or religious obligations, provide a service your child needs.
- Your child needs related services to be done at the same time and your child's primary care provider determines that receiving the services separately would subject your child to unnecessary risk, but not all related services are available in the plan's network.
- Your child has an active relationship with a health care provider who is not in the plan's network, but who is in the network of another subsidized plan in the area.
- The plan is no longer available in the area where your child lives.
- The Florida Healthy Kids Corporation requires the insurance company to take action to improve quality of care.
- Other reasons determined by the Florida Healthy Kids Corporation, including, but not limited to, lack of access to services or providers with the appropriate experience to provide care to your child.

Can I Pick Any of the Health Insurance Companies?

You can pick one of the health insurance companies available where you live. You can find out which insurance companies are available in your area using the interactive map at www.healthykids.org/benefits/providers/map.php, or by finding your county on the list on the next page.

Plans by County

ALACHUA

Aetna Better Health of Florida
Staywell Kids

BAKER

Staywell Kids
UnitedHealthcare Community
Plan

BAY

Aetna Better Health of Florida
Staywell Kids

BRADFORD

Aetna Better Health of Florida
Staywell Kids

BREVARD

Aetna Better Health of Florida
Amerigroup Community Care

BROWARD

Amerigroup Community Care
Staywell Kids

CALHOUN

Aetna Better Health of Florida
Staywell Kids

CHARLOTTE

Aetna Better Health of Florida
Staywell Kids

CITRUS

Aetna Better Health of Florida
Staywell Kids

CLAY

Staywell Kids
UnitedHealthcare Community
Plan

COLLIER

Staywell Kids
UnitedHealthcare Community
Plan

COLUMBIA

Aetna Better Health of Florida
Staywell Kids

DESOTO

Aetna Better Health of Florida
Staywell Kids

DIXIE

Aetna Better Health of Florida
Staywell Kids

DUVAL

Staywell Kids
UnitedHealthcare Community
Plan

ESCAMBIA

Aetna Better Health of Florida
Staywell Kids

FLAGLER

Staywell Kids
UnitedHealthcare Community
Plan

FRANKLIN

Aetna Better Health of Florida
Staywell Kids

GADSDEN

Aetna Better Health of Florida
Staywell Kids

GILCHRIST

Aetna Better Health of Florida
Staywell Kids

GLADES

Aetna Better Health of Florida
Staywell Kids

GULF

Aetna Better Health of Florida
Staywell Kids

HAMILTON

Aetna Better Health of Florida
Staywell Kids

HARDEE

Aetna Better Health of Florida
Amerigroup Community Plan

HENDRY

Aetna Better Health of Florida
Staywell Kids

HERNANDO

Aetna Better Health of Florida
Staywell Kids

HIGHLANDS

Aetna Better Health of Florida
Amerigroup Community Plan

HILLSBOROUGH

Aetna Better Health of Florida
Amerigroup Community Plan

Plans by County *(continued)*

HOLMES

Aetna Better Health of Florida
Staywell Kids

INDIAN RIVER

Aetna Better Health of Florida
Staywell Kids

JACKSON

Aetna Better Health of Florida
Staywell Kids

JEFFERSON

Aetna Better Health of Florida
Staywell Kids

LAFAYETTE

Aetna Better Health of Florida
Staywell Kids

LAKE

Aetna Better Health of Florida
Staywell Kids

LEE

Aetna Better Health of Florida
Staywell Kids

LEON

Aetna Better Health of Florida
Staywell Kids

LEVY

Aetna Better Health of Florida
Staywell Kids

LIBERTY

Aetna Better Health of Florida
Staywell Kids

MADISON

Aetna Better Health of Florida
Staywell Kids

MANATEE

Aetna Better Health of Florida
Amerigroup Community Plan

MARION

Aetna Better Health of Florida
Staywell Kids

MARTIN

Aetna Better Health of Florida
Staywell Kids

MIAMI DADE

Aetna Better Health of Florida
Amerigroup Community Plan
Staywell Kids

MONROE

Aetna Better Health of Florida
Amerigroup Community Plan
Staywell Kids

NASSAU

Staywell Kids
UnitedHealthcare Community
Plan

OKALOOSA

Aetna Better Health of Florida
Staywell Kids

OKEECHOBEE

Aetna Better Health of Florida
Staywell Kids

ORANGE

Aetna Better Health of Florida
Amerigroup Community Plan

OSCEOLA

Aetna Better Health of Florida
Amerigroup Community Plan

PALM BEACH

Aetna Better Health of Florida
Staywell Kids

PASCO

Aetna Better Health of Florida
Staywell Kids

PINELLAS

Aetna Better Health of Florida
Staywell Kids

POLK

Aetna Better Health of Florida
Amerigroup Community Plan

PUTNAM

Aetna Better Health of Florida
Staywell Kids

ST. JOHNS

Staywell Kids
UnitedHealthcare Community
Plan

ST. LUCIE

Aetna Better Health of Florida
Staywell Kids

SANTA ROSA

Aetna Better Health of Florida
Staywell Kids

Plans by County *(continued)*

SARASOTA

Aetna Better Health of Florida
Staywell Kids

SEMINOLE

Aetna Better Health of Florida
Amerigroup Community Plan

SUMTER

Aetna Better Health of Florida
Staywell Kids

SUWANNEE

Aetna Better Health of Florida
Staywell Kids

TAYLOR

Aetna Better Health of Florida
Staywell Kids

UNION

Aetna Better Health of Florida
Staywell Kids

VOLUSIA

Staywell Kids
UnitedHealthcare Community
Plan

WAKULLA

Aetna Better Health of Florida
Staywell Kids

WALTON

Aetna Better Health of Florida
Staywell Kids

WASHINGTON

Aetna Better Health of Florida
Staywell Kids

Can UnitedHealthcare Community Plan Disenroll My Child?

No, UnitedHealthcare Community Plan cannot disenroll your child directly.

If UnitedHealthcare Community Plan believes that your child is not eligible for Florida Healthy Kids, UnitedHealthcare Community Plan may ask the Florida Healthy Kids Corporation to review and verify your child's eligibility. When an eligibility review request is made, UnitedHealthcare Community Plan must include the reason why the child may not be eligible and how the information was obtained.

The Florida Healthy Kids Corporation will determine whether a child can remain enrolled.

How Do I Disenroll My Child From Florida Healthy Kids?

Call Florida KidCare at 1-888-540-KIDS (5437) and tell them you want to disenroll your child. Coverage ends at 11:59 p.m. on the last day of the month during which you call to cancel coverage. In other words, if you call on January 15 to cancel your child's coverage, your child will have coverage through January 31.

If I Cancel My Child's Coverage, Can My Child Enroll in Florida Healthy Kids Again Later? Do I Have to Reapply?

You may re-enroll your child in Florida Healthy Kids as long as eligibility requirements are met. Call Florida KidCare at 1-888-540-KIDS (5437) to find out if you need to go through the application process again and when your child's coverage can start.

What Florida Healthy Kids Covers and What It Costs

What services does the program cover?

Florida Healthy Kids covers important benefits like:

- Well-child visits.
- Office visits to your PCP (primary care provider).
- Office visits to specialists (doctors who focus on one area of health).
- Immunizations (shots your child gets to avoid illnesses like the flu or measles).
- Prescription drugs.
- And more!

A full list of covered services can be found on pages 17 through 25.

We just moved from a different state where my child's plan didn't cover some services because of moral or religious objections. How do I obtain those services in Florida?

UnitedHealthcare Community Plan provides all covered benefits and does not exclude any benefits because of moral or religious objections. If your child's doctor will not provide services because of moral or religious objections, call UnitedHealthcare Community Plan. UnitedHealthcare Community Plan will help you access those services.

Do I have to see certain doctors?

Except for emergency situations, your child must see a network provider for the services to be covered. You may also need to get a referral from your child's PCP to see a specialist. See the Provider Network Section for more information about this requirement.

Do I have to pay the doctor anything?

It depends. Some services require a copayment, a specified amount you pay to the provider when your child receives services. A copayment is sometimes called a copay. Not all services require a copayment. Preventive services, like well-child visits and routine vision screenings, are free! American Indians and Alaskan Natives who meet certain requirements do not pay any copayments.

Medical and Prescription Benefits includes information about the required copayments for common covered services.

Florida Healthy Kids Coverage and Costs

Are there limits to how much I have to pay?

Yes! Your out-of-pocket costs are limited to 5 percent of your family's gross annual income (income before taxes and other deductions) each plan year. Out-of-pocket costs for a Florida Healthy Kids health plan include both the monthly premium and any copayments you pay.

What do I do if I think I've paid 5 percent of my family's income?

Call Florida KidCare at 1-888-540-KIDS (5437). UnitedHealthcare Community Plan and the Florida Healthy Kids Corporation will verify that you have paid 5 percent of your family's annual income. You may need to provide receipts or other documents for the copayments you paid.

Once your information has been verified, you will receive a letter stating you do not owe any copayments for the rest of the plan year. You can show this letter to providers. UnitedHealthcare Community Plan will also tell your providers you do not owe any copayments. You can also stop paying monthly premiums for the rest of the plan year.

Remember, you will need to begin paying premiums and copayments again when the new plan year starts. The plan year begins on October 1. Be sure to pay your October premium in September.

Are there limits to how much UnitedHealthcare Community Plan will pay?

Yes. The Florida Healthy Kids' lifetime benefit maximum is \$1 million. This means plans providing Florida Healthy Kids coverage will pay up to a total of \$1 million in claims for your child.

What happens if my child incurs \$1 million in claims?

Once a child has accumulated \$1 million in paid claims, the child is no longer eligible for Florida Healthy Kids and UnitedHealthcare Community Plan will stop paying claims. If this happens, you will need to find other insurance.

You can call Florida KidCare at 1-888-540-KIDS (5437) and ask them to refer you to the Children's Medical Services Managed Care Plan. If your child meets the clinical and income eligibility criteria, you may be able to enroll him or her in that plan.

For working parents and guardians, insurance for your child may be available through your job. Meeting the \$1 million maximum may be a qualifying event that will allow you to sign up. If not, you can sign up during your job's open enrollment period.

You might want to call a licensed insurance agent to learn about other private health insurance options. Your county health department may also offer low-cost health care services for your child and may be able to refer you to other affordable health care service providers in your local community.

Florida Healthy Kids Coverage and Costs

Can my child switch to another Florida Healthy Kids plan when UnitedHealthcare Community Plan pays \$1 million in claims?

No, \$1 million is the total amount that can be paid for a child's medical claims through Florida Healthy Kids.

I moved from one region to another and changed health insurance companies. My child's Healthy Kids plan in my old region paid \$800,000 in claims. Will UnitedHealthcare Community Plan in my new region pay?

Yes, UnitedHealthcare Community Plan will pay up to an additional \$200,000 in covered claims. Florida Healthy Kids coverage ends once the total amount paid in claims reaches \$1 million.

Medical and Prescription Benefits Covered by UnitedHealthcare Community Plan

As a member of UnitedHealthcare Community Plan, your child is covered for the following services. (Remember to always show your current member ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare Community Plan and you still want these services, you may be responsible for payment. You can always call Member Services at **1-888-216-0015, TTY 711**, to ask questions about benefits.

This is a complete list of health care services covered by Florida Healthy Kids.

Inpatient Services in a Hospital

Physician's services; room and board; general nursing care; use of operating room and related facilities; use of intensive care unit and services; radiologic, laboratory and other diagnostic tests; drugs; medications; biologicals; anesthesia and oxygen services; special duty nursing; radiation and chemotherapy; respiratory therapy; administration of whole blood plasma; physical, speech and occupational therapy; medically necessary services of other health professionals.

Limitations.

- All admissions must be authorized by UnitedHealthcare.
- The length of the patient stay shall be determined based on the medical condition of the enrollee in relation to the necessary and appropriate level of care.
- Room and board is limited to semi-private room accommodations, unless a private room is considered medically necessary or semi-private accommodations are not available.
- Private duty nursing is limited to circumstances where such care is medically necessary.
- Admissions for rehabilitation and physical therapy are limited to 15 days per contract year.
- Shall not include experimental or investigational procedures as defined as a drug, biological product, device, medical treatment or procedure that meets any one of the following criteria, as determined by UnitedHealthcare:
 1. Reliable evidence shows the drug, biological product, device, medical treatment, or procedure when applied to the circumstances of a particular patient is the subject of ongoing phase I, II, or III clinical trials; or

Florida Healthy Kids Coverage and Costs

2. Reliable evidence shows the drug, biological product, device, medical treatment or procedure when applied to the circumstances of a particular patient is under study with a written protocol to determine maximum tolerated dose, toxicity, safety, efficacy in comparison to conventional alternatives; or
3. Reliable evidence shows the drug, biological product, device, medical treatment, or procedure is being delivered or should be delivered subject to the approval and supervision of an Institutional Review Board (IRB) as required and defined by federal regulations, particularly those of the U.S. Food and Drug Administration or the Department of Health and Human Services.

Emergency Services

Covered Services include visits to an emergency room or other licensed facility, if needed immediately due to an injury or illness, and delay means risk of permanent damage to the enrollee's health.

Pharmacy

Prescribed drugs for the treatment of illness or injury, up to a 31-day supply.

Limitations.

- The UnitedHealthcare Community Plan Preferred Drug List (PDL) covers all prescribed drugs covered under the Florida Medicaid program.
- UnitedHealthcare Community Plan is responsible for the coverage of any drugs prescribed by member's dental provider under Florida Healthy Kids.
- UnitedHealthcare Community Plan may implement cost utilization controls or a pharmacy benefit management program if Florida Healthy Kids gives permission.
- Brand name products are covered if a generic substitution is not available or where the prescribing physician requests a prior authorization for a brand name drug when it is medically necessary.
- All medications must be dispensed through one of our designated network pharmacies.
- All prescriptions must be written by the member's primary care physician, a UnitedHealthcare Community Plan approved network specialist or consultant physician or member's Florida Healthy Kids dental provider.

Contact Pharmacy Customer Service if you have questions: 1-800-582-8220.

Outpatient Services

Covered services include well-child care, including services recommended in the Guidelines for Health Supervision of Children and Youth as developed by Academy of Pediatrics; immunizations and injections as recommended by the Advisory Committee on Immunization Practices; health education counseling and clinical services; family planning services; vision screening; hearing screening; clinical radiologic, laboratory and other outpatient diagnostic tests; ambulatory surgical procedures; splints and casts; consultation with and treatment by referral physicians; radiation and chemotherapy; chiropractic services; podiatric services.

Limitations.

- Services must be pre-approved by UnitedHealthcare.
- Routine hearing and screening must be provided by primary care physician.
- Family planning limited to one annual visit and one supply visit each 90 days.
- Chiropractic services shall be provided in the same manner as in the Florida Medicaid program.
- Podiatric services are limited to one visit per day totaling two visits per month for specific foot disorders.
- Dental services must be provided by an oral surgeon for medically necessary reconstructive dental surgery due to injury.
- Immunizations are to be provided by the primary care physician.
- Treatment for temporomandibular joint (TMJ) disease is specifically excluded.
- Abortions may only be provided in the following situations:
 1. If the pregnancy is the result of an act of rape or incest; or,
 2. When a physician has found that the abortion is necessary to save the life of the mother.
- Shall not include experimental or investigational procedure as defined as a drug, biological product, device, medical treatment or procedure that meets any one of the following criteria, as determined by UnitedHealthcare Community Plan:
 1. Reliable evidence shows the drug, biological product, device, medical treatment, or procedure when applied to the circumstances of a particular patient is the subject of ongoing phase I, II, or III clinical trials; or
 2. Reliable evidence shows the drug, biological product, device, medical treatment or procedure when applied to the circumstances of a particular patient is under study with a written protocol to determine maximum tolerated dose, toxicity, safety, efficacy in comparison to conventional alternatives; or
 3. Reliable evidence shows the drug, biological product, device, medical treatment, or procedure is being delivered or should be delivered subject to the approval and supervision of an Institutional Review Board (IRB) as required and defined by federal regulations, particularly those of the U.S. Food and Drug Administration or the Department of Health and Human Services.

Maternity Services and Newborn Care

Covered services include maternity and newborn care; prenatal care and postnatal care; initial inpatient care of adolescent enrollees, including nursery charges and initial pediatric or neonatal examination.

Limitations.

- Infant is covered for up to three (3) days following birth or until the infant is transferred to another medical facility, whichever occurs first.
- Coverage may be limited to the fee for vaginal deliveries.
- You do not need a referral for these services.

Organ Transplantation Services

Covered services include pre-transplant, transplant and post discharge services and treatment of complications after transplantation.

Limitations.

- Coverage is available for transplants and medically related services if deemed necessary and appropriate within the guidelines set by the Organ Transplant Advisory Council or the Bone Marrow Transplant Advisory Council.

Behavioral Health Services

Covered services include inpatient and outpatient care for psychological or psychiatric evaluation, diagnosis and treatment by a licensed mental health professional.

Limitations.

- Before you get some services, **your provider** must call United Behavioral Health (UBH) at 1-800-582-8220, 24 hours a day, 7 days a week. **Before using an out of network provider with your FHK benefits, you must get approval** or the services will not be covered and you will have to pay the bill. You can get services in an emergency without approval. All services must be provided directly by a UBH provider or must have received prior approval to see an out-of-network provider.
- United Behavioral Health provides free of charge, interpreter for potential and existing members whose primary language is not English.
- Covered services include inpatient and outpatient services for mental and neurological disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

Florida Healthy Kids Coverage and Costs

- Such benefits include psychological or psychiatric evaluation, diagnosis and treatment by a licensed mental health professional meeting UBH requirements.
- Any benefit limitations, including duration of services, number of visits, or number of days for hospitalization or residential services, will generally be equal to those covered for physical illnesses.
- You do not need a referral for these services.

Substance Abuse Services

Includes coverage for inpatient and outpatient care for drug and alcohol abuse including counseling and placement assistance. Outpatient services include evaluation, diagnosis and treatment by a licensed practitioner.

Limitations.

- Before you get some services, **your provider** must call United Behavioral Health (UBH) at 1-800-582-8220, 24 hours a day, 7 days a week. **Before using an out-of-network provider with your FHK benefits, you must get approval** or the services will not be covered and you will have to pay the bill. You can get services in an emergency without approval.
- All services must be provided directly by a United Behavioral Health provider or must have received prior approval to see an out-of-network provider. United Behavioral Health provides free of charge, an interpreter for potential and existing members whose primary language is not English.
- Covered services include inpatient, outpatient and residential services for substance disorders. Such benefits include evaluation, diagnosis and treatment by a licensed professional meeting United Behavioral Health requirement.
- Any benefit limitations, including duration of services, number of visits, or number of days for hospitalization or residential services, will generally be equal to those covered for physical illnesses.
- You do not need a referral for these services.

Therapy Services

Covered services include physical, occupational, respiratory and speech therapies for short-term rehabilitation that will result in significant improvement in the member's condition.

Limitations.

- All treatments must be pre-approved by UnitedHealthcare.
- Limited to up to 24 treatment sessions within a 60-day period per episode or injury, with the 60-day period beginning with the first treatment.
- You do not need a referral for these services.

Home Health Services

Includes prescribed home visits by both registered and licensed practical nurses to provide skilled nursing services on a part-time intermittent basis.

Limitations.

- All services must be pre-approved by UnitedHealthcare.
 - Coverage is limited to skilled nursing services only.
 - Meals, housekeeping and personal comfort items are excluded.
 - Private duty nursing is limited to circumstances where such care is medically appropriate.
-

Hospice Services

Covered services include reasonable and necessary services for palliation or management of an enrollee's terminal illness.

Limitations.

- Services must be pre-approved by a network provider.
 - Once a family elects to receive hospice care for an enrollee, other services that treat the terminal condition will not be covered.
 - Services required for conditions totally unrelated to the terminal condition are covered to the extent that the services are otherwise covered under UnitedHealthcare Community Plan.
-

Nursing Facility Services

Covered services include regular nursing services, rehabilitation services, drugs and biologicals, medical supplies, and the use of appliances and equipment furnished by the facility.

Limitations.

- All admissions must be authorized by UnitedHealthcare Community Plan and provided by a UnitedHealthcare network facility.
- Enrollee must require and receive skilled services on a daily basis as ordered by a UnitedHealthcare participating physician.

Florida Healthy Kids Coverage and Costs

- The length of the enrollee's stay shall be determined by the medical condition of the enrollee in relation to the necessary and appropriate level of care, but is no more than 100 days per contract year.
- Room and board is limited to semi-private accommodations unless a private room is considered medically necessary or semi-private accommodations are not available.
- Specialized treatment centers and independent kidney disease treatment centers are excluded.
- Private duty nurses, television, and custodial care are excluded.
- Admissions for rehabilitation and physical therapy are limited to 15 days per contract year.

Durable Medical Equipment and Prosthetic Devices

Equipment and devices that are medically indicated to assist in the treatment of a medical condition and specifically prescribed as medically necessary by enrollee's UnitedHealthcare physician. Covered prosthetic devices include artificial eyes and limbs, braces, and other artificial aids.

Limitations.

- Equipment and devices must be provided by an authorized UnitedHealthcare supplier.
- Low vision and telescopic lenses are not included.
- Hearing aids are covered only when medically indicated to assist in the treatment of a medical condition.

Refractions

Examination by a UnitedHealthcare optometrist to determine the need for and to prescribe corrective lenses as medically indicated.

Limitations.

- Enrollee must have a vision screening by his or her primary care doctor.
- Corrective lenses and frames are limited to one pair every two years unless head size or prescription changes. Coverage is limited to frames with plastic or SYL non-tinted lenses.

Transportation Services

Emergency transportation as determined to be medically necessary in response to an emergency situation.

Copays

Benefit	Copay
Inpatient Services in a Hospital	\$0
Emergency Services	\$10 per visit (waived if admitted or primary care doctor authorizes in advance of admittance)
Pharmacy	\$5 per prescription for up to 31-day supply
Outpatient Services	\$0 for well-child care, preventive care or for routine vision and hearing screenings \$5 per office visit
Maternity Services and Newborn Care	\$0
Organ Transplantation	\$0
Behavioral Health Services	Inpatient: \$0 Outpatient: \$5 per visit
Substance Abuse Services	Inpatient: \$0 Outpatient: \$5 per visit
Therapy Services	\$5 per visit
Home Health Services	\$5 per visit
Hospice Services	\$5 per visit
Nursing Facility Services	\$0
Durable Medical Equipment and Prosthetic Devices	\$0
Refractions	\$5 per visit \$10 for corrective lenses
Transportation Services	\$10 per service (this must be an emergency)

Dental Coverage

If you need information about dental services, call your Florida Healthy Kids dental plan at the number on your child's dental plan ID card.

Benefits and Services Not Covered by UnitedHealthcare Community Plan

The following are not covered by our health plan:

- Any non-emergency health care given by an out-of-network provider without prior approval from UnitedHealthcare.
 - Any care that is not intended to improve your child's health or repair an injury.
 - Phones and TVs, and personal comfort items used in the hospital, such as a barber.
 - Use of an emergency room that is not for emergency care.
 - Infertility services.
 - Experimental treatments.
 - When you need a referral from your child's primary care doctor and you don't have one.
 - Once lifetime limit of \$1 million has been reached, no additional services will be covered.
-

Disease and Care Management

If your child has a chronic health condition like asthma or diabetes, UnitedHealthcare Community Plan has a program to help you live with the condition and improve the quality of your child's life. These programs are voluntary and available at no cost to you. The programs give you important information about your child's health condition, medications, treatments and the importance of follow-up visits with your child's physician.

A team of registered nurses and social workers will work with you, your family, your PCP, other health care providers and community resources to design a plan of care to meet your needs in the most appropriate setting. They can also help your child with other things like weight loss, stopping smoking, and making appointments with your child's doctor and reminding you about special tests that your child might need.

You or your doctor can call us to ask if our care management or disease management programs could help you. If you or your doctor thinks a Care Manager could help you, or if you want more information about our care management or disease management programs, call us at **1-888-216-0015, TTY 711**. You or your child's doctor can ask for a referral to one of these programs.

Wellness Programs

UnitedHealthcare Community Plan has many programs and tools to help keep your child healthy, including:

- Classes to help your child quit smoking.
- Pregnancy care and parenting classes.
- Nutrition classes.
- Well-care reminders.

Your provider may suggest one of these programs for you. If you want to know more, or to find a program near you, talk to your PCP or call Member Services at **1-888-216-0015, TTY 711**.

For Moms-to-Be and Children

Healthy First Steps™.

Our Healthy First Steps program makes sure that both mom and baby get good medical attention.

We will help your child:

- Get good advice on nutrition, fitness and safety.
- Get supplies, including breast pumps for nursing moms.
- Choose a doctor or nurse midwife.
- Schedule visits and exams.
- Connect with community resources such as Women, Infants and Children (WIC) services.
- Get care after your baby is born.
- Choose a pediatrician (child's doctor).
- Get family planning information.

Call us toll-free at **1-877-813-3417, TTY 711**, Monday through Friday, from 7:00 a.m. to 7:00 p.m. EST. It's important to start pregnancy care early. Be sure to go to all of your doctor visits, even if this isn't your first baby.

New Technology

Requests to cover new medical procedures, devices, or drugs are reviewed by the UnitedHealthcare Community Plan Technology Assessment Committee. This group includes doctors and other health care experts. The team uses national guidelines and scientific evidence from medical studies to help decide whether UnitedHealthcare Community Plan should approve such equipment, procedures, or drugs.

Pharmacy Benefit

The pharmacy benefit covers certain prescription medications, also called prescription drugs, prescribed by your child’s health care provider. UnitedHealthcare Community Plan has a specific list of prescription medications that are covered. This is called a preferred drug list. The preferred drug list also describes any requirements your child must meet to have a prescription covered. It is sometimes called a prescription drug formulary.

Does the preferred drug list change?

The preferred drug list may change from time to time. The current preferred drug list is available on myuhc.com/CommunityPlan. You will be notified if UnitedHealthcare Community Plan makes a change to the preferred drug list that will impact your child’s current prescriptions.

Who decides what drugs go on the preferred drug list?

UnitedHealthcare Community Plan has a committee of pharmacists and medical professionals that decides which medications go on the preferred drug list. The committee considers issues like:

- How well a medication works for most people;
- Potential side effects or bad reactions; and
- The cost of a particular drug relative to comparable drugs.

My child’s doctor says my child needs to take a brand name medication instead of a generic medication. Will UnitedHealthcare Community Plan cover the brand name medication?

UnitedHealthcare Community Plan will cover the brand name medication if your child’s provider specifies “dispense as written” on the prescription. The phrase “dispense as written” tells the pharmacist not to make any substitutions. If your child’s doctor does not indicate “dispense as written” and you ask the pharmacist for the brand name medication, you may have to pay the full cost of the medication.

The Provider Network

Making Sure Your Child's Benefits Are Covered

UnitedHealthcare Community Plan pays for covered services only when your child sees a network provider. Your child will have a PCP (primary care provider) who will coordinate your child's medical care. If your child needs to see a specialist (a doctor who focuses on one type of health condition or part of the body), your child's PCP will provide a referral.

Emergency services are an exception to these rules. Your child may see any provider for emergency services and a referral is not needed.

What Is a Network Provider?

A network provider is a doctor, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that has a contract with UnitedHealthcare Community Plan to see Healthy Kids enrollees.

How do I know if my doctor is a network provider?

UnitedHealthcare Community Plan has a provider directory on its website so you can search for network providers in your area by name or provider type. The online provider directory is updated regularly when UnitedHealthcare Community Plan receives new information from providers.

UnitedHealthcare Community Plan also has a printable copy of the provider directory available. You can find this document on myuhc.com/CommunityPlan or you can call Member Services at **1-888-216-0015, TTY 711** and request a copy. UnitedHealthcare Community Plan will mail a copy to you for free. The copy is updated at least monthly, but it may not be as accurate as the online provider directory.

Remember to ask your doctor's office if they still accept the UnitedHealthcare Community Plan. Be sure to say UnitedHealthcare Community Plan + Florida Healthy Kids, not just Florida Healthy Kids.

The Provider Network

I looked at the provider directory, but I still need help.

Call the Member Services department at **1-888-216-0015, TTY 711.**

My child has been to a doctor I really like, but the doctor is not in the network for UnitedHealthcare Community Plan. What can I do?

If your child's Provider is not in-network and would like to join the UnitedHealthcare Community Plan network, please have them contact Provider Services at 1-877-842-3210 for further information. Please note just because a provider requests to become a participating network provider of UnitedHealthcare Community Plan, does not guarantee entry into the network.

How Do I Choose a PCP for My Child?

There are three ways to find the right PCP for your child.

1. Look through our printed Provider Directory.
2. Use the Find-A-Doctor search tool at **myuhc.com/CommunityPlan.**
3. Call Member Services at **1-800-216-0015, TTY 711.**

We can answer your questions and help you find a PCP close to you. Once you choose a PCP, call Member Services and let us know. We will make sure your child's records are updated. If you don't want to choose a PCP, UnitedHealthcare can choose one for you, based on your location and language spoken.

Can I change my child's PCP?

Yes, it's important that you like and trust your child's PCP. You can change PCPs at any time. Call Member Services, and we can help you make the change.

Can I choose any PCP?

You may choose any network PCP that is accepting new patients. If your child already sees a network PCP who is not accepting new patients with the plan, your child's doctor may be willing to continue seeing your child. Call and ask the doctor's office. If your doctor agrees, call UnitedHealthcare Community Plan so UnitedHealthcare Community Plan can confirm with your child's doctor and assign him or her as your child's PCP. **Not all doctors are able to accommodate this request.** If your child's doctor is not able to continue seeing your child, you must choose a new PCP.

How Do I Make an Appointment?

Call the doctor's office and tell them:

- You want to make an appointment;
- If your child is a new patient;
- Why you want to see the doctor; and
- The name of your child's plan, which is "UnitedHealthcare Community Plan Florida Healthy Kids."

Ask these questions:

- Do I need to bring anything to the appointment?
- Are there forms I can fill out ahead of time?
- What do I do if I need to change or cancel?
- Is there a fee if I cancel an appointment?

Have your schedule in front of you when you call so you know which days and times an appointment will work for you.

Remember to take your child's member ID card with you to the appointment. Your child's doctor needs this card and may not see your child if you do not have it with you.

My Child Needs to See a Specialist. What Do I Do?

Usually, your child will need a referral from his or her PCP. You must contact your PCP so he or she can direct your child to a specialist for care.

Why does my child need a referral?

Your child's PCP or primary dentist can provide most of your child's medical services. He or she is the person who can help you make the best decisions about your child's care, including when your child should see a specialist. Florida Healthy Kids requires a referral for most services that are not provided by your PCP or primary dentist because this helps ensure your child receives the most appropriate care. Plus, your PCP and primary dentist are the most up to date on your child's medical and dental health.

The Provider Network

How do I get a referral?

1. Call your child's PCP. Sometimes you will need to make an appointment to see the PCP. Depending on the type of specialist your child needs and how familiar the PCP is with your child's issue, the PCP may not need to see your child first.
2. If your child's PCP thinks your child should see a specialist, he or she will refer your child to a network specialist. Some PCP offices give you the referral for you to take with you to the specialist appointment. Others send the referral to the specialist for you. Be sure to confirm that the specialist's office receives the referral.
3. Call the specialist to make an appointment. Be sure to do this in a timely manner or you may need to make another appointment with your child's PCP. Some PCP offices will do this for you, but you need to let them know the days and times you can get to the appointment.
4. If the PCP gave you a referral, remember to take it with you to your child's appointment.

Does my child always need to get a referral?

Your child will need a referral for most services not provided by your child's PCP. If your child sees a specialist without a referral, you may have to pay the full cost of that visit, which is much higher than your copayment. Your child may see some specialists without a referral. Please refer to the plan-specific handbook for more information.

Are there other requirements like referrals I need to know about?

Your child's PCP may need to get prior authorization from the plan before the plan pays for a specific service. Your child's provider is responsible for requesting prior authorizations, so you do not need to do anything. If the plan does not approve or cover a service, your child can still have the services, but you will have to pay for those services.

Each plan has different policies about when referrals, prior authorizations or other similar requirements must be met. Review the enrollee handbook for the plans in your area. You can always call the plans' Member Services if you have questions or concerns.

The Provider Network

My child needs services from a specialist, but there are no network specialists in my area.

Call UnitedHealthcare Community Plan and ask them to help you find a provider. Florida Healthy Kids plans are required to make sure your child gets the services he or she needs. If there are not any network providers, UnitedHealthcare Community Plan will make other arrangements for your child to receive medically necessary covered services.

What if I have concerns about my child's treatment or treatment plan?

You can ask for a second opinion. A second opinion is when you take your child to another provider about the same issue for which your child has already seen a doctor.

You should feel comfortable discussing your child's health and treatment options with your child's provider. Ask questions when you do not understand something and ask about the pros and cons of a treatment option. Consider choosing a new doctor for your child if you often do not feel comfortable asking questions or you do not get the information you need.

What Rules Does UnitedHealthcare Community Plan's Network Have to Meet?

UnitedHealthcare Community Plan is required to have a network with enough providers to ensure enrollees have timely access to covered services.

Sometimes it is not possible for UnitedHealthcare Community Plan to meet these requirements. Often, this is because not enough health care providers work in the area. Sometimes not enough health care providers will see children or accept the plans offered through Florida Healthy Kids.

If your child needs services from a certain type of provider, UnitedHealthcare Community Plan can help you find one in your area. If there are no providers in the network nearby, UnitedHealthcare Community Plan will arrange for your child to see an out-of-network provider. You must go through UnitedHealthcare Community Plan to see an out-of-network provider unless your child requires emergency services.

UnitedHealthcare Community Plan makes sure most enrollees can get to their doctors within a certain amount of time or a certain distance from their home. For example, if you live in a city (urban), you should be able to get to a network PCP in about 20 minutes or within 20 miles from your home. These are called network access standards.

The Provider Network

The Florida Healthy Kids network access standards are:

	Time Standards — in minutes		Distance Standards — in miles	
	Rural	Urban	Rural	Urban
PCP — Pediatricians	30	20	30	20
PCP — Family Physicians	20	20	20	20
Behavioral Health — Pediatric	60	30	45	30
Behavioral Health — Other	60	30	45	30
OB/GYN	30	30	30	30
Specialists — Pediatric	40	20	30	20
Specialists — Other	20	20	20	20
Hospitals	30	30	30	20
Pharmacies	15	15	10	10

I always have to wait a long time to get an appointment at my child’s doctor office. What can I do?

Network providers agree to provide Florida Healthy Kids enrollees with appointments within the timeframes listed below. If a network provider tells you that you must wait longer than these timeframes, call Member Services at **1-888-216-0015, TTY 711**.

- If your child **experiences a life-threatening emergency** and needs immediate care, please go to the nearest emergency room or call 911.
- **Routine care** — Care that may be delayed without expectation that your child’s condition will get worse without care within a week — must be provided within seven days of your request for services.
- **Routine physical exam** — An annual well-child exam — must be provided within four weeks of request for services.
- **Follow-up care** — Care provided after treatment of a condition — must be provided as medically appropriate and as directed by your child’s health care provider.
- **Urgent care** — Care required within 24 hours to prevent the condition from becoming an emergency — must be provided within 24 hours of request. Know where the closest urgent care center for this type of care is located. Urgent care centers are often open late and on weekends.

How Can My Child Get Care After Normal Business Hours?

There are a few ways to access care after normal business hours, depending on your child's needs:

- **Providers with extended hours.**
 - Some providers offer evening or weekend office hours.
 - Call the provider's office or visit their website to find out when they are open.
- **Urgent care centers.**
 - Urgent care centers see patients who need immediate, but not emergency attention and their PCP is not available.
 - Some urgent care centers require you to make an appointment while others allow walk-ins. Be sure to call ahead and ask.
- **NurseLine (1-877-552-8105).**
 - Gives you 24/7 telephone access to experienced registered nurses. They can give you information, support and education for any health-related question or concern.
- **Emergency room.**
 - If your child is experiencing a life-threatening emergency, call 911 or go to your nearest emergency room.

When Should I Take My Child to the Emergency Room?

Call 911 or take your child to the emergency room if he or she has an emergency medical condition. This means an injury or illness, including severe pain, that needs care right away to avoid serious danger to your child's life or pregnancy, or to avoid serious damage to your child's health.

Avoid taking your child to the emergency room for common illnesses, such as colds or earaches with low fever. Your child's PCP can effectively treat most childhood illnesses. Plus, your primary care physician knows the most about your child's health history, so they can help you make the best medical decisions. Using your child's health history and routine screenings results in better treatment for your child, and the PCP may catch and treat other health issues before they become a problem.

Health Risk Assessments

A Health Assessment is a short and easy survey that asks you simple questions about your child's lifestyle and your child's health. When you fill it out and mail it to us, we can get to know you better. And it helps us match your child with the many benefits and services available.

You will soon receive a welcome phone call from us. We will call to explain all of your child's health plan benefits. We also will help you complete a survey about your child's health. This short survey helps us understand your child's needs so that we can serve you better. You can also visit our website (myuhc.com/CommunityPlan) and fill out the survey for your child or call **1-888-216-0015, TTY 711**.

Coordination and Transition of Care

What happens to my child's scheduled services and appointments when my child changes plans?

If your child moves from one Florida Healthy Kids subsidized plan to another Florida Healthy Kids subsidized plan without a break in coverage (this means your child did not go a month or more without Florida Healthy Kids coverage in between changing insurance companies), the plans will follow a standard transition of care policy to ensure your child gets the care he or she needs.

Your child's new plan will cover any ongoing course of treatment the previous plan authorized for 60 days. This means your child can:

- Receive planned services or treatment;
- Continue to see the same provider, even if the provider isn't in the new plan's network; and
- Continue to take the same prescription. You may be required to use a network pharmacy.

The best way to make sure this transition goes smoothly is to call your child's new plan to tell them about the types of continued care your child needs.

I made an appointment with my child's specialist before changing plans, but the appointment is more than 60 days away. Do I need to schedule a new appointment?

It depends. Your child's new plan will have your child's PCP or another appropriate doctor review your child's treatment plan during the first 60 days after the plan change. This review will help ensure that needed services continue to be authorized. Your child may be required to see a network provider.

Are there any exceptions to the 60-day transition of care period?

Yes. Exceptions to the standard 60 days are:

- Maternity care: including prenatal and postpartum care through completion of postpartum care (6 weeks after birth);
- Transplant services: through the first post-transplant year;
- Radiation and chemotherapy: through the current round of treatment;
- Orthodontia: services will be continued without interruption until completed (or the benefit is exhausted, whichever comes first), but your child may be required to see a network orthodontist after the first 60 days;
- Controlled substance prescriptions: if a new, printed paper prescription is required by Florida law, the new plan will help you schedule an appointment with the original prescribing provider, or a new provider if needed, so your child can get a new prescription without a medication gap.

Coordination and Transition of Care

Do I have to coordinate sending my child's medical records and getting bills paid myself?

No. Your child's previous plan and new plan are responsible for coordinating the transfer of medical records and other necessary information between themselves and can assist providers with obtaining necessary medical records. In some situations, you may need to ask your child's previous providers to send medical records to the new providers just like you would if your child were changing providers for any other reason.

Your child's new plan will cover care performed by certain out-of-network providers during the transition of care period, as described in this section. If you receive a bill from one of these providers, call your child's new plan and be prepared to send them a copy of the bill.

Grievances and Appeals

You have the right to file a grievance or an appeal if you experience a problem with your child's care or coverage. Although you have this right, you may want to call **1-888-216-0015, TTY 711** first. They are often able to help resolve problems.

What are grievances and appeals?

A grievance is a formal complaint you make to UnitedHealthcare Community Plan about some aspect of your child's health care services.

An appeal is a written request you make to UnitedHealthcare Community Plan to review UnitedHealthcare Community Plan's decision to deny a service or payment.

When Can I File a Grievance?

You may file a grievance when you are dissatisfied about something other than your child's benefits, such as:

- A doctor's behavior;
- The quality of care or services your child receives; or
- Long office waiting times.

How do I file a grievance?

If the Member Services representative was not able to help you with your problem, you can ask to file a verbal grievance. You may also file a written grievance. Your written grievance should be sent to the following address:

For medical:

UnitedHealthcare of Florida, Inc.
Attention: Grievance Department
P.O. Box 31364
Salt Lake City, UT 84131

For behavioral health and substance abuse:

United Behavioral Health Appeals
4170 Ashford Dunwoody Rd.
Atlanta, GA 30319

Grievances and Appeals

If your grievance involves a dispute about payment of services, a copy of the claim or bill must be attached to your letter. We will make a final decision within 90 days. Sometimes we may need 14 more days to review your child's case. We will send you a letter if we need more time.

How long does the grievance process take?

UnitedHealthcare Community Plan will send you an acknowledgement letter within five calendar days of getting your verbal or written grievance. From this date, UnitedHealthcare Community Plan will review and make a final decision about your grievance within 90 calendar days.

When Can I File an Appeal?

You may file an appeal when you receive an adverse benefit determination, such as when:

- A request for service has been limited or denied;
- An existing service has been decreased or discontinued; or
- UnitedHealthcare Community Plan has issued a denial of payment.

How do I file an appeal?

If you are not happy with a decision we made, you may file an appeal. Your child's doctor can also file an appeal if he or she has your permission. You can call Member Services or mail your appeal to the address below.

For medical:

UnitedHealthcare of Florida, Inc.
Attention: Grievance Department
P.O. Box 31364
Salt Lake City, UT 84131

For behavioral health and substance abuse:

United Behavioral Health Appeals
4170 Ashford Dunwoody Rd.
Atlanta, GA 30319

Your letter must have the following information: your child's name and member ID number, your contact information (name, telephone number and address), and the reason for your appeal.

Grievances and Appeals

If you ask to appeal by phone, you will also need to send us your appeal in writing. You must send it to the address above within 10 days. We will make a decision on your appeal within 30 days. We may extend that time by 14 days; enrollees may also request a 14-day extension. A letter will be mailed to you with our decision.

How long does the appeal process take?

UnitedHealthcare Community Plan will make a decision and notify you within 30 calendar days of receiving your appeal request.

If UnitedHealthcare Community Plan doesn't have enough information to process the appeal and the delay is in your best interest, they may ask for 14 more days. If you need to provide more information, you may also request an extension of 14 days.

What if I Need Help Filing a Grievance or an Appeal?

You may appoint an authorized representative or a provider to act on your behalf.

UnitedHealthcare Community Plan can also help you complete forms and answer questions related to the grievances and appeals process.

What if It's an Emergency?

You can request an expedited (fast) appeal if you or your provider feels that waiting the standard 30 days for an appeal decision would put your child's life, pregnancy, or health at risk.

If UnitedHealthcare Community Plan agrees that the appeal needs to be expedited, we will make a decision and inform you within 72 hours after receiving the appeal. If UnitedHealthcare Community Plan does not agree with the request for an expedited appeal, we will let you know and the timeframe will go back to the standard appeal timeframe of 30 days.

Unlike a standard appeal, if you make your request for an expedited appeal verbally, and if UnitedHealthcare Community Plan agrees that it needs to be expedited, you do not need to follow up with a written appeal request.

What if I'm Dissatisfied With My Appeal Results?

If you are unhappy with our decision, you have a right to request a review with the Subscriber Assistance Program. You must request this review within 120 days from the date of UnitedHealthcare Community Plan notification of determination.

To request a review with the Subscriber Assistance Program, write or call:

Agency for Health Care Administration
Beneficiary Assistance Program
2727 Mahan Drive, Building 3, MS# 26
Tallahassee, FL 32308
1-850-412-4502, Toll-Free: 1-888-419-3456

Please make sure your letter to the Subscriber Assistance Program includes the following information: our Plan name (UnitedHealthcare Community Plan), your name, your enrollee ID number, contact information, and the reason for your appeal.

Eligibility and Enrollment Disputes

Florida KidCare will tell you about any decisions made regarding your child's eligibility for and enrollment in coverage. If you think Florida KidCare made an error, you can dispute the decision. State of Florida rules allow you to dispute for one of the following reasons:

- Florida KidCare says your child does not meet the eligibility requirements (for example, household income, Florida residency, or legal immigrant status), but you think he or she does;
- Florida KidCare temporarily suspends enrollment (usually for failure to pay for one month), but you think enrollment should continue because you paid on time;
- Florida KidCare ends enrollment (usually for failure to pay or failure to provide renewal documents), but you think enrollment should continue because you provided payment or documents on time; or
- Your premium increases because your income or household size changed, but you think the information is incorrect or needs to be recalculated.

How do I dispute a decision?

Send a letter or an email to the Florida Healthy Kids Corporation with the reasons you think the decision is wrong. Your dispute must be received within 90 days from the date on the decision notice (letter or email from Florida KidCare). You can:

- Email the letter to resolve@healthykids.org; or
- Mail the letter to:

Florida Healthy Kids Corporation
P.O. Box 980
Tallahassee, Florida 32302

Remember to put your family account number in your letter.

What happens next?

The Florida Healthy Kids Corporation will respond to your dispute in writing. If the decision is not in your favor, you can send a second dispute to senior management at the Florida Healthy Kids Corporation. If that decision is not in your favor, you can send your dispute to the Agency for Health Care Administration. Each of these steps will be described in detail in any denial letters sent to you.

Fraud and Abuse

The Florida Healthy Kids subsidized program is funded by state and federal tax dollars in addition to the premiums and copayments families pay. UnitedHealthcare Community Plan and the Florida Healthy Kids Corporation are committed to stopping fraud and abuse.

What is fraud and abuse?

“Fraud” and “abuse” have specific meanings for Florida Healthy Kids.

Fraud means:

- An intentional deception or misrepresentation made by a person who knows that the deception could result in some unauthorized benefit to himself or herself, or another person.
- Any act that constitutes fraud under state or federal law.

Abuse means:

- Provider practices that are inconsistent with sound fiscal, business or medical practices; and
 - Result in an unnecessary cost to UnitedHealthcare Community Plan; or
 - Result in reimbursement for services that are not medically necessary or that do not meet professionally recognized standards for health care.
- Member practices that result in unnecessary costs to Florida Healthy Kids or UnitedHealthcare Community Plan.

What is an example of fraud?

Anna notices that documents from her son’s insurance company show that he received an MRI two weeks ago. Anna is sure that her child did not receive an MRI. If the doctor intentionally billed the plan for an MRI that her child did not receive, the doctor committed fraud.

What is an example of abuse?

Anna’s son had his annual well-child checkup last month, which included a routine basic metabolic panel (a blood test that evaluates important measurements like blood sugar and calcium levels). The results came back great.

Today Anna’s son has a sore throat and she takes him to the doctor to be tested for strep throat. The doctor orders the strep test and also orders another basic metabolic panel. The doctor might be committing abuse since Anna’s son recently had good results and this test won’t help the doctor figure out the cause of a sore throat.

Fraud and Abuse

Why is being aware of fraud and abuse important?

Most Florida Healthy Kids families pay monthly premiums of \$15 or \$20, but the total cost of coverage is much higher! The rest of your child's Florida Healthy Kids coverage is paid for with state and federal tax dollars. When providers or other people receive payments or benefits they should not, those tax dollars are wasted instead of going to children who need services.

What should I do if I think someone has committed fraud or abuse?

If you think a doctor or someone else who works at a medical office or facility, like a hospital or surgical center, may have committed fraud or abuse, you can report it to UnitedHealthcare Community Plan, and call Member Services at **1-888-216-0015, TTY 711**.

If you think UnitedHealthcare Community Plan has committed fraud or abuse, please report the details to the Florida Healthy Kids Corporation by calling 1-850-224-5437 or emailing resolve@healthykids.org.

Quality and Performance

Access to quality health care is critical for Florida families. The Florida Healthy Kids Corporation's mission is to ensure the availability of child-centered health plans that provide comprehensive, quality health care services. The Corporation looks at many different quality and performance indicators to ensure Florida Healthy Kids enrollees are receiving quality care.

Florida Healthy Kids performance measures.

A set of performance measures, many of which allow for national comparisons, are calculated annually. You can find the most recent report at www.healthykids.org.

Florida KidCare performance measures.

A similar set of performance measures is calculated for Florida KidCare on an annual basis. This report also includes Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results for Florida KidCare. CAHPS measures member satisfaction in a standardized way. You can find the most recent report at http://www.ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/index.shtml.

Accreditation.

Accreditation means that an independent accrediting organization thoroughly evaluates the plan's ability to meet certain standards.

UnitedHealthcare Community Plan is NCQA accredited. Our initial accreditation is dated January 2013. In 2016, we were re-accredited and maintain a COMMENDABLE status. Our next re-accreditation visit will occur in January 2019.

Performance improvement projects.

Florida Healthy Kids plans conduct and report on annual performance improvement projects, which are also validated by an external quality review organization. These performance improvement projects are intended to improve a specified performance measurement in a real and sustained way. You can find the most recent PIP report at www.healthykids.org.

Network Adequacy.

The Network Adequacy describes the Florida Healthy Kids network adequacy standards. You can find more information on how each plan is meeting those standards at www.healthykids.org. Please keep in mind that the network adequacy results are not updated in real time. Actual results may vary.

Enrollee Rights and Responsibilities

As a UnitedHealthcare Community Plan member, you have certain rights and responsibilities. It is important that you understand them. These rights and responsibilities do not change your health care coverage in any way. If you have any questions about your rights or your health care coverage, please call our Member Services at **1-888-216-0015, TTY 711** Monday – Friday 8:00 a.m. – 7:00 p.m. Eastern Time.

You and your child have a right:

- To be treated with respect and in a manner that recognizes your need for privacy and dignity.
- To receive assistance in a prompt, courteous and responsible manner.
- To receive impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- To be provided with information about the health care benefit plan and any exclusions and limitations associated with coverage.
- A right to receive information about UnitedHealthcare, its services, its providers and member rights and responsibilities.
- To be informed by your child's doctor or other medical care provider of your child's diagnosis, prognosis, and plan of treatment in terms you understand.
- To be informed by your child's physician or other medical care provider about any treatment your child may receive; to have your child's medical care provider request your consent for all treatment, unless there is an emergency and your child's life and health are in serious danger. If written consent is required for procedures, such as surgery, be sure you understand the specific procedure or treatment, medical alternatives and associated risks, and why the procedure or treatment is advised.
- To make recommendations regarding UnitedHealthcare's Enrollee's Rights and Responsibilities.
- To be informed about available patient support services, including an interpreter.
- To refuse treatment and be advised of the probable consequences of your decision. UnitedHealthcare encourages you to discuss your objections with your child's medical care provider.
- **To voice complaints or appeals about UnitedHealthcare** or the care it provides.
- To initiate the grievance procedure if you are not satisfied with UnitedHealthcare's decision regarding your complaint.

Enrollee Rights and Responsibilities

You and your child have a responsibility:

- To learn how UnitedHealthcare works by carefully studying and referring to benefit and coverage documents. Please call UnitedHealthcare's Member Services department when you have questions or concerns about your child's coverage.
- To understand fully the information provided by UnitedHealthcare regarding your child's health care coverage and benefit plan.
- To know the proper use of UnitedHealthcare's services and procedures for obtaining coverage.
- To present your child's ID card prior to receiving services and to protect the unauthorized use of your child's ID card.
- To treat all UnitedHealthcare and provider network personnel respectfully and courteously.
- To consult your child's primary care doctor for his or her direction prior to receiving medical care unless it is an emergency and your child's life and health are in serious danger.
- To keep scheduled appointments and notify your child's medical care provider's office promptly if you will be delayed or unable to keep an appointment.
- To pay all charges, if any, for copayments, non-covered benefits, and non-covered services.
- To establish a continuous and satisfactory relationship with your child's primary care doctor.
- To ask questions of your child's medical care provider and seek clarification until you fully understand the care your child is receiving.
- To follow the advice of your child's medical care provider and consider the likely consequences if you refuse to comply.
- To provide honest and complete information to those providing care and to those at UnitedHealthcare assisting you in obtaining coverage for care.
- To express your opinions, concerns, or complaints in a constructive manner to the appropriate people within UnitedHealthcare.

Definitions

Insurance companies and health care professionals, like doctors and nurses, sometimes use uncommon words. They also sometimes use common words in different ways than you would normally hear in everyday conversation.

This section explains some words and phrases you may come across when you:

- Read this handbook;
- Call Member Services; or
- Take your child to the doctor.

Appeal means a written request you make to your child's health or dental insurance company to review the insurance company's decision to deny a service or payment.

Copayment or **Copay** means a specified amount you pay to a health care provider, like a doctor, when your child receives services.

Covered Benefits or **Covered Services** means services, supplies, devices and other products a health or dental plan pays for as part of Florida Healthy Kids coverage.

Dental insurance means coverage that pays for some or all of an enrollee's dental care services in exchange for a monthly premium.

Durable Medical Equipment (DME) means supplies and devices intended for repeated or continuous use over a long time that a provider prescribes to help treat a medical condition.

Emergency medical condition means an injury or illness, including severe pain, that needs care right away to avoid serious danger to your child's life or pregnancy, or to avoid serious damage to your child's health.

Emergency medical transportation means ambulance rides to a nearby hospital or medical facility to treat an emergency medical condition.

Emergency room care or **emergency department care** means services received at the emergency room of a hospital or at a standalone emergency room facility.

Emergency services means medical care your child receives to treat an emergency medical condition.

Enrollee means a child who is enrolled in a health or dental plan through Florida Healthy Kids.

Excluded services means health care services, supplies, devices, and other products that a health or dental plan does not pay for because they are not a covered benefit.

Definitions

Grievance means a formal complaint you make to your child's health or dental insurance company about some aspect of your child's health care services other than the insurance company's decision to deny a service or payment.

Habilitation services and devices means medical services and devices to help a patient learn, improve or keep skills or functions used for daily living.

Health insurance means coverage that pays for some or all of the cost of health care services for an enrollee in exchange for a monthly premium.

Home health care means home visits by a nurse to provide skilled nursing care prescribed by a doctor.

Hospice services means health care services to manage a terminal illness.

Hospitalization means care provided after inpatient admission to a hospital. Hospitalization usually means a patient will stay at the hospital overnight.

Hospital outpatient care means care provided in a hospital that does not require staying overnight or admission as an inpatient.

Medically necessary means treatment, services, equipment or supplies needed to diagnose, prevent or treat an injury or illness and which is:

- Consistent with the symptoms, diagnosis and treatment of an enrollee's condition;
- Provided in accordance with generally accepted professional medical standards and the health or dental plan's medical coverage guidelines;
- The most appropriate level of supply or service for the diagnosis and treatment of the enrollee's condition;
- Not primarily intended for the convenience of the enrollee, the enrollee's family, or the health care provider; and
- Approved by the appropriate medical body or health care specialty involved as effective, appropriate and essential for the care and treatment of an enrollee's condition.

Network means the doctors, other health care professionals, hospitals, other health care facilities, pharmacies, and medical supply companies a health or dental plan has contracted with to provide covered benefits to enrollees.

Non-participating provider or **out-of-network provider** means a doctor, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that a health or dental plan has not contracted with to provide covered benefits to enrollees. Care provided by out-of-network providers is only covered for the treatment of emergency medical conditions.

Physician services means services provided by a doctor.

Definitions

Plan means the health or dental insurance policy an insurance company offers to enrollees to provide Florida Healthy Kids coverage.

Preauthorization or **prior authorization** means approval from the health or dental insurance company is required before services are provided; otherwise, the insurance company will not pay for those services.

Participating provider or **network provider** means a doctor, other health care professional, hospital, other health care facility, pharmacy, or medical supply company that has a contract with a health or dental plan to provide covered benefits to enrollees.

Premium means the dollar amount you pay every month to keep your child enrolled in Florida Healthy Kids coverage.

Prescription drug coverage means the prescription medication services, supplies and products a plan pays for as part of Florida Healthy Kids covered benefits.

Prescription drugs means medications for which the law requires a prescription before purchase or use.

Preventive care means routine health care that includes screenings and checkups to prevent or detect illness or disease before symptoms are noticed.

Primary care provider or **primary care physician** or **PCP** means the health care professional your child sees for basic care and most health problems. The PCP refers (sends) your child to other doctors when special care is needed and coordinates your child's treatment.

Provider means an appropriately licensed individual or entity providing health care services.

Referral means written approval from your child's primary care provider for your child to see a specialist or receive certain services. The health plan, dental plan, or the specialist may require a referral for your child to be seen.

Rehabilitation services and devices means medical services and devices that help a patient get back, improve, or keep skills and functions for daily living that were lost or damaged because of an illness or injury.

Skilled nursing care means health care services that can only be safely and correctly performed by a licensed nurse.

Specialist means a doctor with extra training who only treats certain health problems, body parts or age ranges and who does not act as a primary care provider.

Urgent Care means treatment for an injury or illness needed within 24 hours to avoid becoming an emergency.

Well-child visit means an annual preventive care checkup by your child's PCP.

Health Plan Notices of Privacy Practices

THIS NOTICE SAYS HOW YOUR MEDICAL INFORMATION MAY BE USED. IT SAYS HOW YOU CAN ACCESS THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2018.

By law, we¹ must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have to access your HI.

By law, we must follow the terms of this notice.

HI is information about your health or health care services. We have the right to change our privacy practices for handling HI. If we change them, we will notify you by mail or email. We will also post the new notice at this website (www.uhccommunityplan.com). We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

How We Use or Share Your Information

We must use and share your HI with:

- You or your legal representative.
- Government agencies.

We have the right to use and share your HI for certain purposes. This must be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** We may use or share your HI to process premium payments and claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may share your HI with your providers to help with your care.
- **For Health Care Operations.** We may suggest a disease management or wellness program. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.

Privacy Notices

- **For Underwriting Purposes.** We may use your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may use your HI to send you appointment reminders and information about your health benefits.

We may use or share your HI as follows.

- **As Required by Law.**
- **To Persons Involved With Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to object, we will use our best judgment. If permitted, after you pass away, we may share HI with family members or friends who helped with your care.
- **For Public Health Activities.** This may be to prevent disease outbreaks.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.
- **For Workers' Compensation.** To comply with labor laws.
- **For Research.** To study disease or disability.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law. We may give HI to funeral directors.
- **For Organ Transplant.** To help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates if needed to give you services.** Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.

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- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below.
 1. HIV/AIDS
 2. Mental health
 3. Genetic tests
 4. Alcohol and drug abuse
 5. Sexually transmitted diseases and reproductive health
 6. Child or adult abuse or neglect or sexual assault

We will follow stricter laws that apply. The attached “Federal and State Amendments” document describes those laws.

We will only use your HI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain promotional mailings. If you let us share your HI, the recipient may further share it. You may take back your consent. To find out how, call the phone number on your ID card.

Your Rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete, you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons: (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website (www.uhccommunityplan.com).

Privacy Notices

Using Your Rights

- **To Contact your Health Plan. Call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at **1-866-633-2446**, or **TTY 711**.
- **To Submit a Written Request.** Mail to:
UnitedHealthcare Privacy Office
MN017-E300
P.O. Box 1459
Minneapolis, MN 55440
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

¹ This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Health Plan of Nevada, Inc.; Unison Health Plan of Delaware, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.

Financial Information Privacy Notice

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2018.

We² protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

Information We Collect

- We get FI from your applications or forms. This may be name, address, age and Social Security number.
- We get FI from your transactions with us or others. This may be premium payment data.

Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

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Questions About This Notice

Please **call the toll-free member phone number on your health plan ID card** or contact the UnitedHealth Group Customer Call Center at **1-866-633-2446**, or **TTY 711**.

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: Alere Women’s and Children’s Health, LLC; AmeriChoice Health Services, Inc.; CNIC Health Solutions, Inc.; Connexions HCI, LLC; Dental Benefit Providers, Inc.; gethealthinsurance.com Agency, Inc.; Golden Outlook, Inc.; HealthAllies, Inc.; LifePrint East, Inc.; Life Print Health, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; OneNet PPO, LLC; OptumHealth Care Solutions, Inc.; OrthoNet, LLC; OrthoNet of the Mid-Atlantic, Inc.; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; POMCO Network, Inc.; POMCO of Florida, Ltd.; POMCO West, Inc.; POMCO, Inc.; Spectera, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Services LLC; UnitedHealthcare Services Company of the River Valley, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions.

Privacy Notices

UNITEDHEALTH GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES: FEDERAL AND STATE AMENDMENTS

Revised: January 1, 2018.

The first part of this Notice (pages 51 – 54) says how we may use and share your health information (“HI”) under federal privacy rules. Other laws may limit these rights. The charts below:

1. Show the categories subject to stricter laws.
2. Give you a summary of when we can use and share your HI without your consent.

Your written consent, if needed, must meet the rules of the federal or state law that applies.

SUMMARY OF FEDERAL LAWS

Alcohol and Drug Abuse Information

We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.

Genetic Information

We are not allowed to use genetic information for underwriting purposes.

SUMMARY OF STATE LAWS

General Health Information

We are allowed to disclose general health information only (1) under certain limited circumstances, and/or (2) to specific recipients.	AR, CA, DE, NE, NY, PR, RI, UT, VT, WA, WI
HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.	KY
You may be able to restrict certain electronic disclosures of health information.	NC, NV
We are not allowed to use health information for certain purposes.	CA, IA
We will not use and/or disclose information regarding certain public assistance programs except for certain purposes.	KY, MO, NJ, SD
We must comply with additional restrictions prior to using or disclosing your health information for certain purposes.	KS

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Prescriptions	
We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and/or (2) to specific recipients.	ID, NH, NV
Communicable Diseases	
We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and/or (2) to specific recipients.	AZ, IN, KS, MI, NV, OK
Sexually Transmitted Diseases and Reproductive Health	
We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, FL, IN, KS, MI, MT, NJ, NV, PR, WA, WY
Alcohol and Drug Abuse	
We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AR, CT, GA, KY, IL, IN, IA, LA, MN, NC, NH, OH, WA, WI
Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information.	WA
Genetic Information	
We are not allowed to disclose genetic information without your written consent.	CA, CO, KS, KY, LA, NY, RI, TN, WY
We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.	AK, AZ, FL, GA, IA, IL, MD, MA, ME, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT
Restrictions apply to (1) the use, and/or (2) the retention of genetic information.	FL, GA, IA, LA, MD, NM, OH, UT, VA, VT

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HIV/AIDS	
We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.	AZ, AR, CA, CT, DE, FL, GA, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY
Certain restrictions apply to oral disclosures of HIV/AIDS-related information.	CT, FL
We will collect certain HIV/AIDS-related information only with your written consent.	OR
Mental Health	
We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, CT, DC, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI
Disclosures may be restricted by the individual who is the subject of the information.	WA
Certain restrictions apply to oral disclosures of mental health information.	CT
Certain restrictions apply to the use of mental health information.	ME
Child or Adult Abuse	
We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AL, AR, CO, IL, LA, MD, NE, NJ, NM, NY, RI, TN, TX, UT, WI



UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 8:00 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone:

Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail:

U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

If you need help with your complaint, please call the toll-free member phone number listed on your member ID card.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 8:00 p.m.



We're here for you.

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-888-216-0015, TTY 711**. You can also visit our website at **myuhc.com/CommunityPlan**.

UnitedHealthcare Community Plan
3100 SW 145th Street
Miramar, FL 33027

myuhc.com/CommunityPlan

1-888-216-0015, TTY 711



