Welcome to the
community.

Florida

M*Plus Medicaid

- Welcome
- Enrollee Handbook
- Other Information

UnitedHealthcare®
Community Plan

AHCA-03/18-10/18-716 CSFL16MC3823862_002

Welcome.

Welcome to UnitedHealthcare Community Plan.

Please take a few minutes to review this Enrollee Handbook. We're ready to answer any questions you may have. You can find answers to most questions at **myuhc.com/CommunityPlan**. Or, you can call Customer Service at **1-888-716-8787, TTY 711**, Monday through Friday, 8:00 a.m. – 7:00 p.m. Eastern time.

UnitedHealthcare®
Community Plan

Getting started.

We want you to get the most from your health plan right away.
Start with these three easy steps:

1

Call your Primary Care Provider (PCP) and schedule a checkup.
Regular checkups are important for good health. Your PCP's phone number should be listed on the enrollee ID card that you recently received in the mail. If you don't know your PCP's number, or if you'd like help scheduling a checkup, call Customer Service at **1-888-716-8787, TTY 711**. We're here to help.

2

Take your Health Assessment. This is a short and easy way to get a big picture of your current lifestyle and health. This helps us match you with the benefits and services available to you. Go to **myuhc.com/CommunityPlan** to complete the Health Assessment today. Also, we will call you soon to welcome you to the UnitedHealthcare Community Plan. During this call, we can explain your health plan benefits. We can also help you complete the Health Assessment over the phone. See page 9.

3

Get to know your health plan. Start with the Health Plan Highlights section on page 7 for a quick overview of your new plan. And be sure to keep this booklet handy, for future reference.

Thank you for choosing **UnitedHealthcare Community Plan** for your health plan.

We're happy to have you as an enrollee. You've joined the millions of enrollees who have health insurance with UnitedHealthcare Community Plan. You've made the right choice for you and your family.

UnitedHealthcare Community Plan gives you access to many health care providers — doctors, nurses, hospitals and pharmacies — so you have access to all the health services you need. We cover preventive care, checkups and treatment services. We're dedicated to improving your health and well-being.

You can go to the Agency for Health Care Administration's website where you can view our health plan's performance measure results and compare with those of other health plans:

www.uhccommunityplan.com/leaving.html

www.floridahealthfinder.gov/HealthPlans/Compare.aspx

Remember, answers to any questions you have are just a click away at **myuhc.com/CommunityPlan**. Or, you can call Customer Service at **1-888-716-8787, TTY 711**, Monday through Friday 8:00 a.m. – 7:00 p.m. Eastern time.

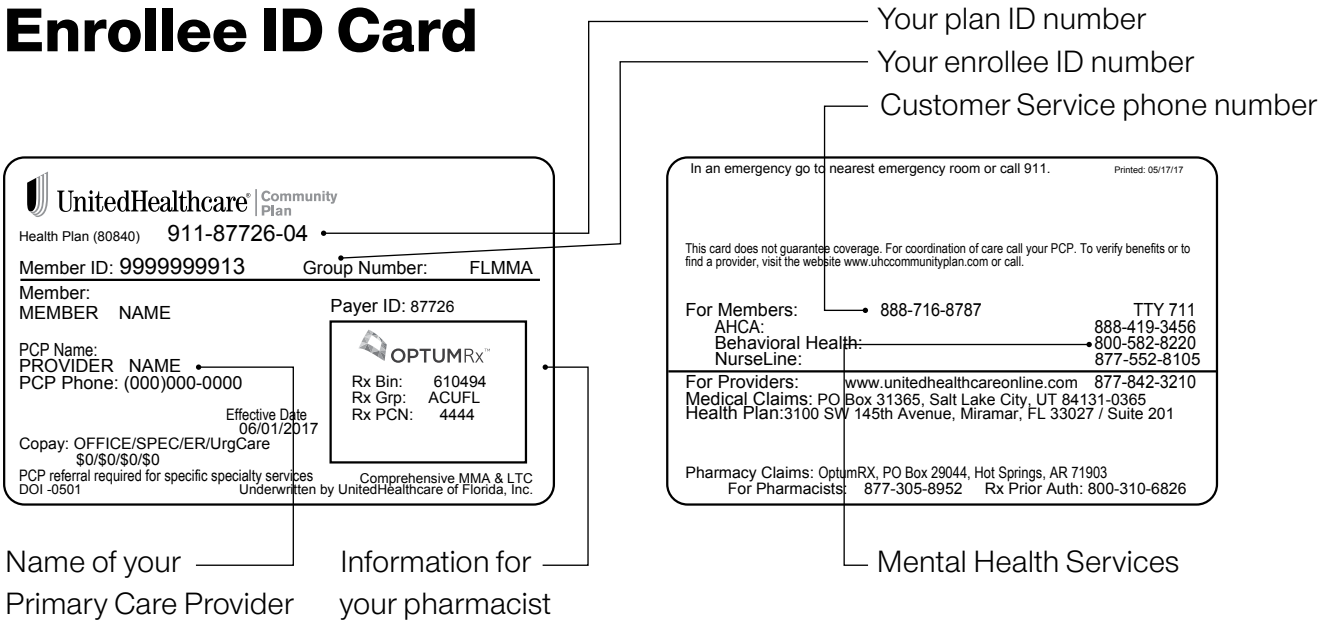
Our Customer Service staff can:

- Explain your covered services
- Assist you with claims and billing issues
- Replace identification cards
- Make changes in your address or telephone number
- Listen and help you with a problem
- Describe our quality benefit enhancements
- Provide our quality performance ratings (including pay incentives, if applicable), quality enhancements, member satisfaction survey results, structure and operation of the Health Plan.

UnitedHealthcare®
Community Plan

Health Plan Highlights

Enrollee ID Card



Your enrollee ID card holds a lot of important information. It gives you access to your covered benefits. You should have received your enrollee ID card in the mail within 10 days of joining UnitedHealthcare Community Plan. Each family member will have their own card. Check to make sure that all the information is correct. If any information is wrong, call Customer Service at **1-888-716-8787, TTY 711**.

- Take your enrollee ID card to your appointments.
- Show it when you fill a prescription.
- Have it ready when you call Customer Service; this helps us serve you better.
- Do not let someone else use your card(s). It is against the law.

Show both cards. Always show your UnitedHealthcare ID card **and** your state Medicaid card when you get care. This helps ensure that you get all the benefits available. It also prevents billing mistakes.

Lost your enrollee ID card?

If you or a family member loses a card, you can print a new one at **myuhc.com/CommunityPlan**.

Benefits at a Glance

As a UnitedHealthcare Community Plan enrollee, you have a variety of health care benefits and services available to you. Here is a brief overview. You'll find a complete listing in the Benefits section.

Primary Care Services.
You are covered for all visits to your Primary Care Provider (PCP). Your PCP is the main doctor you will see for most of your health care. This includes checkups, treatment for colds and flu, health concerns and health screenings.

Large Provider Network.
You can choose any PCP from our large network of providers. Our network also includes specialists, hospitals and pharmacies — giving you many options for your health care. Find a complete list of network providers at **myuhc.com/CommunityPlan** or call **1-888-716-8787, TTY 711**.

NurseLine℠.
NurseLine 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.

Specialist Services.
Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. You may need a referral from your PCP first. See page 24.

Medicines.
Your plan covers prescription drugs with no copays for enrollees of all ages. Also covered: insulin, needles and syringes, birth control, coated aspirin for arthritis, iron pills and chewable vitamins.

Hospital Services.
You're covered for hospital stays. You're also covered for outpatient services. These are services you get in the hospital without spending the night.

Laboratory Services.
Covered services include tests and X-rays that help find the cause of illness.

Well-Child Visits.
All well-child visits and immunizations are covered by your plan.

Maternity and Pregnancy Care.
You are covered for doctor visits before and after your baby is born. That includes hospital stays. If needed, we also cover home visits after the baby is born.

Family Planning.
You are covered for services that help you manage the timing of pregnancies. These include birth control products and procedures.

Vision Care.
Your vision benefits include routine eye exams and glasses.

Your Health Assessment

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

Please take a few minutes to fill out the Health Assessment at **myuhc.com/CommunityPlan**. Click on the Health Assessment button on the right side of the page, after you register and/or log in. Or call Customer Service at **1-888-716-8787, TTY 711** to complete it by phone.

Enrollee Support

We want to make it as easy as possible for you to get the most from your health plan. As our enrollee, you have many services available to you, including transportation and interpreters if needed. And if you have questions, there are many places to get answers.

Website offers 24/7 access to plan details.
Go to **myuhc.com/CommunityPlan** to sign up for Web access to your account. This secure website keeps all of your health information in one place. In addition to plan details, the site includes useful tools that can help you:

- Complete your Health Assessment.
- Print a new enrollee ID card.
- Find a provider or pharmacy.
- Search for a medicine in the Preferred Drug List.
- Get benefit details.
- Download a new Enrollee Handbook.

Customer Service is available seven days a week.
Customer Service can help with your questions or concerns. This includes:

- Understanding your benefits.
- Help getting a replacement enrollee ID card.
- Finding a doctor or urgent care clinic.

Call **1-888-716-8787, TTY 711**, 7:00 a.m. to 8:00 p.m. local time, 7 days a week.

Care Management program.
If you have a chronic health condition, like asthma or diabetes, you may benefit from our Care Management program. We can help with a number of things, like scheduling doctor appointments and keeping all your providers informed about the care you get. To learn more, call toll-free: **1-800-672-2156**.

Transportation services are available.
As a UnitedHealthcare enrollee, non-emergency transportation is offered to and from services as described in the benefits section of this handbook.

Utilization Management services.
UnitedHealthcare conducts utilization management services to make sure you get the right care at the right time in the right setting. To learn more about utilization management, call **1-877-542-8997, TTY 711**, 8:00 a.m. to 5:00 p.m. Monday – Friday with questions. We will explain how UM works and what it means for your care. Voicemail is available 24 hours a day, 7 days a week. Additional language assistance is available and we can get you the materials in a language or format that is easy for you to understand.

We speak your language.
If you speak a language other than English, we can provide translated printed materials. Or we can provide an interpreter who can help you understand these materials. You'll find more information about Interpretive Services and Language Assistance in the section called Other Plan Details. Or call Customer Service at **1-888-716-8787, TTY 711**.

Si usted habla un idioma que no sea inglés, podemos proporcionar materiales impresos traducidos. O podemos proporcionar un intérprete que puede ayudar a entender estos materiales. Encontrará más información acerca de servicios de interpretación y asistencia lingüística en la sección Otros detalles del plan. O llame a Servicios para Miembros al **1-888-716-8787, TTY 711**.

Si ou ta renmen resevwa dokiman manm ansanm avèk tiliv enfòmasyon sa a an Kreyòl, rele Sèvis Kliyan. Rele gratis nan nimewo **1-888-716-8787, TTY 711**. Tiliv enfòmasyon pou manm yo disponib an Kreyòl sou sit wèb nou an.

Emergencies.
In case of emergency, call **911**

Other important numbers.

Agency For Health Care Administration Consumer Hotline	**1-888-419-3456**
To Report Health Care Fraud	**1-888-419-3456**
To Report Abuse, Neglect, or Exploitation, call the Statewide Abuse Hotline	**1-800-96-ABUSE**
To Enroll or Check Eligibility: Choice Counseling	**1-877-711-3662**
Medicaid Area Offices:	
Area 3A (Putnam County)	**1-800-803-3245**
Area 3B (Citrus, Lake, Hernando and Marion Counties)	**1-877-724-2358**
Area 4 (Baker, Clay, Duval, Flagler, Nassau and Volusia Counties)	**1-800-273-5880**
Area 5 (Pasco and Pinellas Counties)	**1-800-299-4844**
Area 6 (Highlands, Hillsborough, Manatee and Polk Counties)	**1-800-226-2316**
Area 7 (Brevard, Osceola and Seminole Counties)	**1-877-254-1055**
Area 9 (Palm Beach County)	**1-800-226-5082**
Area 10 (Broward County)	**1-866-875-9131**
Area 11 (Dade County)	**1-800-953-0555**

To file a complaint about Medicaid services, please call 1-877-254-1055 or visit us online at **https://apps.ahca.myflorida.com/smmc_cirts/**.

To file a complaint about a health care facility, please call 1-888-419-3456.

You can start using your pharmacy benefit right away.

Your plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan's Preferred Drug List. Your doctor uses this list to make sure the medicines you need are covered by your plan. You can find the Preferred Drug List online at **myuhc.com/CommunityPlan**. You can also search by a medicine name on the website. It's easy to start getting your prescriptions filled. Here's how:

1 Are your medicines included on the Preferred Drug List?

Yes.

If your medicines are included on the Preferred Drug List, you're all set. Be sure to show your pharmacist your latest enrollee ID card every time you get your prescriptions filled.

No.

If your prescriptions are not on the Preferred Drug List, schedule an appointment with your doctor within the next 30 days. They may be able to help you switch to a drug that is on the Preferred Drug List. Your doctor can also help you ask for an exception if they think you need a medicine that is not on the list.

Not sure.

View the Preferred Drug List online at **myuhc.com/CommunityPlan** (click on Find A Drug on the left side of the screen). You can also call Customer Service. We're here to help.

2 Do you have a prescription?

When you have a prescription from your doctor, or need to refill your prescription, go to a network pharmacy. Show the pharmacist your enrollee ID card. You can find a list of network pharmacies in the Provider Directory online at **myuhc.com/CommunityPlan**, or you can call Customer Service.

3 Do you need to refill a drug that's not on the Preferred Drug List?

If you need refills of medicines that are not on the Preferred Drug List, you can get a temporary 5-day supply. To do so, visit a network pharmacy and show your enrollee ID card. If you don't have your enrollee ID card, you can show the pharmacist the information below. Talk to your doctor about your prescription options.

Attention Pharmacist

Please process this UnitedHealthcare Community Plan enrollee's claim using:
BIN: 610494
Processor Control Number: 9999
Group: ACUFL

If you receive a message that the enrollee's medication needs a prior authorization or is not on our formulary, please call **OptumRx**® at **1-800-788-4863** for a transitional supply override.

Going to the Doctor

Your Primary Care Provider (PCP)

We call the main doctor you see a Primary Care Provider, or PCP. When you see the same PCP over time, it's easier to develop a relationship with them. Each family member can have their own PCP, or you may all choose to see the same person. You will see your PCP for:

- Routine care, including yearly checkups.
- Coordinate your care with a specialist.
- Treatment for colds and flu.
- Other health concerns.

You have options.
You can choose between many types of network providers for your PCP. Some types of PCPs include:

- Family doctor (also called a general practitioner) — cares for children and adults.
- Internal medicine doctor (also called an internist) — cares for adults.
- Pediatrician — cares for children and newborns.

Choosing your PCP.
If you've been seeing a doctor before becoming a UnitedHealthcare enrollee, check to see if your doctor is in our network. If you're looking for a new PCP, consider choosing one who's close to your home or work. This may make it easier to get to appointments.

What is a Network Provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our enrollees. You don't need to call us before seeing one of these providers. There may be times when you need to get services outside of our network. Call Customer Service to learn if they are covered in full. You may have to pay for those services.

There are three ways to find the right PCP for you.

1. Look through our printed Provider Directory.
2. Use the Find-A-Doctor search tool at **myuhc.com/CommunityPlan**.
3. Call Customer Service at **1-888-716-8787, TTY 711**. We can answer your questions and help you find a PCP close to you.

Once you choose a PCP, call Customer Service and let us know. We will make sure your 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.

Learn more about network doctors.

You can learn information about network doctors, such as their name, address and phone number, professional qualifications, specialty, board certifications, and languages they speak at **myuhc.com/CommunityPlan**. Customer Service can also tell you the medical school the doctor attended and where they completed their residency.

Changing your PCP.
It's important that you like and trust your PCP. You can change PCPs at any time. Call Customer Service and we can help you make the change.

Annual Checkups

The importance of your annual checkup.
You don't have to be sick to go to the doctor. In fact, yearly checkups with your PCP can help keep you healthy. In addition to checking on your general health, your PCP will make sure you get the screenings, tests and shots you need. And if there is a health problem, they're usually much easier to treat when caught early.

Here are some important screenings. How often you get a screening is based on your age and risk factors. Talk to your doctor about what's right for you.

For women.

- Pap smear — helps detect cervical cancer.
- Breast exam/Mammography — helps detect breast cancer.

For men.

- Testes exam — helps detect testicular cancer.
- Prostate exam — helps detect prostate cancer.

Well-child visits.
Well-child visits are a time for your PCP to see how your child is growing and developing. They will also give the needed screenings, like speech and hearing tests, and immunizations during these visits. These routine visits are also a great time for you to ask any questions you have about your child's behavior and overall well-being, including:

- Eating.
- Sleeping.
- Behavior.
- Social interactions.
- Physical activity.

Checkup schedule.

It's important to schedule your well-child visits for these ages:

3 to 5 days	15 months
1 month	18 months
2 months	24 months
4 months	30 months
6 months	3 years
9 months	4 years
12 months	Once a year after age 5

Here are shots the doctor will likely give, and how they protect your child:

- **Hepatitis A and Hepatitis B:** prevent two common liver infections.
- **Rotavirus:** protects against a virus that causes severe diarrhea.
- **Diphtheria:** prevents a dangerous throat infection.
- **Tetanus:** prevents a dangerous nerve disease.
- **Pertussis:** prevents whooping cough.
- **HiB:** prevents childhood meningitis.
- **Meningococcal:** prevents bacterial meningitis.
- **Polio:** prevents a virus that causes paralysis.
- **MMR:** prevents measles, mumps and rubella.
- **Varicella:** prevents chickenpox.
- **Influenza:** protects against the flu virus.
- **Pneumococcal:** prevents ear infections, blood infections, pneumonia and bacterial meningitis.
- **HPV:** protects against a sexually transmitted virus that can lead to cervical cancer in women and genital warts in men.

Recommended Health Screenings

We use preventive care guidelines from the U.S. Preventive Services Task Force. Coverage and reimbursement may vary depending on state or federal law. It may vary depending on your coverage plan. Call Customer Service at the number shown on your ID card if you have any questions.

Guidelines for Maintaining Your Health

Screening: Children ages 0 to 18 years.

Age	Screening test	Frequency
Newborn	Newborn screening (PKU, sickle cell, hemoglobinopathies, hypothyroidism)	During newborn period
Birth – 2 months	Head circumference	At each well-child visit
Birth – 2 years	Length and weight	At each well-child visit
2 – 18 years	Height and weight	At each well-child visit
3 – 4 years	Eye screening	Once
Younger than 5 years	Dental health	At each well-child visit

Immunization schedule: Children ages 0 to 6 years.*

Range of recommended ages | Catch-up immunization | Certain high-risk groups

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19 – 23 months	2 – 3 years	4 – 6 years
Hepatitis B	HepB	HepB							HepB Series		
Rotavirus			Rota	Rota	Rota						
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP
Haemophilus influenzae type b			Hib	Hib	Hib	Hib		Hib			
Pneumococcal			PCV	PCV	PCV	PCV				PCV	
										PCV	
Inactivated Poliovirus			IPV	IPV	IPV						IPV
Influenza					Influenza (yearly)						
Measles, Mumps, Rubella						MMR					MMR
Varicella						Varicella					Varicella
Hepatitis A						HepA (2 doses)				HepA Series	
Meningococcal										MPSV4	

** SOURCE: Recommended Childhood and Adolescent Immunization Schedule — United States, 2006, MMWR™, Morbidity and Mortality Weekly Report, Vol 54, No MM51;0, Centers for Disease Control and Prevention, Department of Health and Human Services.*

Immunization schedule: Children ages 7 to 18 years.*

Range of recommended ages | Catch-up immunization | Certain high-risk groups

Vaccine	7 – 10 years	11 – 12 year assessment	13 – 14 years	15 years	16 – 18 years
Tetanus, Diphtheria, Pertussis		Tdap	Tdap		
Human Papillomavirus (for females only)		HPV (3 doses)	HPV Series		
Meningococcal	MCV4	MCV4		MCV4	
			MCV4		
Pneumococcal	PPV				
Influenza	Influenza (yearly)				
Hepatitis A	HepA Series				
Hepatitis B	HepB Series				
Inactivated Poliovirus	IPV Series				
Measles, Mumps, Rubella	MMR Series				
Varicella	Varicella Series				

** SOURCE: Recommended Childhood and Adolescent Immunization Schedule — United States, 2006, MMWR™, Morbidity and Mortality Weekly Report, Vol 54, No MM51;0, Centers for Disease Control and Prevention, Department of Health and Human Services.*

Preventive care guidelines: Adults over age 18.

Range of recommended ages

Years of age	18	25	30	35	40	45	50	55	60	65	70	75
Screening												
Blood Pressure, Height, and Weight	At each preventive visit											
Obesity	At each visit											
Cholesterol				Men: Every 5 years								
						Women: Every 5 years						
Cervical cancer screening	Annually beginning at age 18 or age of sexual activity, and every three years after three consecutive normal tests											
Chlamydia/Gonorrhea												
Mammography					Women: every one to two years							
Prostate Cancer							Men: as directed by your doctor					
Colorectal Cancer* (Colonoscopy)							Every 5 years					
Osteoporosis										At age 65		
Alcohol Use, Depression	Periodically											

Preventive care guidelines: Adults over age 18 *(continued)*.

Range of recommended ages

Years of age	18	25	30	35	40	45	50	55	60	65	70	75
Immunization												
Tetanus-Diphtheria (Td/Tdap)	Every 10 years											
Varicella (VZV)	Susceptibles only – two doses											
Shingles (Herpes Zoster)									One dose after age 60			
Measles, Mumps, Rubella (MMR)	Persons not already immune											
Pneumococcal										One dose		
Influenza	Yearly											
Hepatitis B/Hepatitis A	Persons at risk											
Meningococcal	For certain high-risk groups* *											
Human Papillomavirus (HPV)	One dose											

Upper age limits should be individualized for each patient.

* See **www.preventiveservices.ahrq.gov** for U.S. Preventive Services Task Force recommendations on colorectal cancer screening and other clinical preventive services.

* * High risk is defined as adults who have terminal complement deficiencies, had their spleen removed, their spleen does not function or they have medical, occupation, lifestyle or other indications such as college freshmen living in dormitory or other group living conditions.

Making an Appointment With Your PCP

Call your doctor's office directly. The number should be on your Enrollee ID card. When you call to make an appointment, be sure to tell the office what you're coming in for. This will help make sure you get the care you need, when you need it. This is how quickly you can expect to be seen:

How long it should take to see your PCP:	
Emergency	Immediately or sent to an emergency facility.
Urgent (but not an emergency)	Within 1 day or 24 hours.
Routine	Within 1 week or 7 days.
Preventive, Well-Child and Regular	Within 1 month.

Preparing for Your PCP Appointment

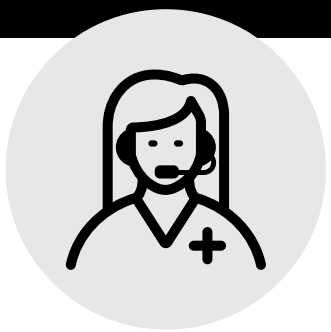
Before the visit.

1. Go in knowing what you want to get out of the visit (relief from symptoms, a referral to a specialist, specific information, etc.).
2. Make note of any new symptoms and when they started.
3. Make a list of any drugs or vitamins you take on a regular basis.

During the visit.

When you are with the doctor, feel free to:

- Ask questions.
- Take notes if it helps you remember.
- Ask the doctor to speak slowly or explain anything you don't understand.
- Ask for more information about any medicines, treatments or conditions.



NurseLine℠ Services – Your 24-Hour Health Information Resource

When you're sick or injured, it can be difficult to make health care decisions. You may not know if you should go to the emergency room, visit an urgent care center, make a provider appointment or use self-care. An experienced NurseLine nurse can give you information to help you decide.

Nurses can provide information and support for many health situations and concerns, including:

- Minor injuries.
- Common illnesses.
- Self-care tips and treatment options.
- Recent diagnoses and chronic conditions.
- Choosing appropriate medical care.
- Illness prevention.
- Nutrition and fitness.
- Questions to ask your provider.
- How to take medication safely.
- Men's, women's and children's health.

You may just be curious about a health issue and want to learn more. Experienced registered nurses can provide you with information, support and education for any health-related question or concern.

Simply call the toll-free number **1-877-552-8105** or **TTY 711** for the hearing impaired. You can call the toll-free NurseLine number any time, 24 hours a day, 7 days a week. And, there's no limit to the number of times you can call.

If You Need Care and Your Provider's Office Is Closed

Call your PCP if you need care that is not an emergency. Your provider's phone is answered 24 hours a day, 7 days a week. Your provider or someone from the office will help you make the right choice for your care.

You may be told to:

- Go to an after-hours clinic or urgent care center.
- Go to the office in the morning.
- Go to the emergency room (ER).
- Get medicine from your pharmacy.

Referrals and Specialists

A referral is when your PCP says you need to go to another doctor who focuses on caring for a certain part of the body or treating a specific condition. This other doctor is called a specialist. You must see your PCP before you see a specialist. If your doctor wants you to see a specialist that you do not want to see, you can ask your PCP to give you another name. A couple of examples of specialists include:

- Cardiologist — for problems with the heart.
- Pulmonologist — for problems with the lungs and breathing.

You do not need a referral from your PCP for:

- Emergency services.
- OB/GYN.
- Optometry.
- Podiatry.
- Dermatologist.
- Behavioral Health.
- Health/Substance Abuse Professionals.
- Chiropractors.

Getting a Second Opinion

As a member of the UnitedHealthcare Community Plan, you have the right to get a second medical opinion at no cost to you. Contact your primary care provider to set up a second medical opinion. You can get a second opinion from a network or out-of-network provider. Please see the Prior Authorizations section below before getting care from an out-of-network provider.

Prior Authorizations

In some cases your provider must get permission from the health plan before giving you a certain service. This is called prior authorization. This is your provider's responsibility. If they do not get prior authorization, you will not be able to get those services.

You do not need prior authorization for advanced imaging services that take place in an emergency room, observation unit, urgent care facility or during an inpatient stay. You do not need a prior authorization for emergencies. You also do not need prior authorization to see a women's health care provider for women's health services or if you are pregnant. You do not need prior authorization for family planning services.

A prior authorization may be needed.

Some services that need prior authorization include:

- Hospital admissions.
- Home health care services.
- Certain outpatient imaging procedures, including MRIs, MRAs, CT scans and PET scans.
- Sleep studies.
- Out-of-network providers.

Continued Care if Your PCP Leaves the Network

Sometimes PCPs leave the network. If this happens to your PCP, you will receive a letter from us letting you know. Sometimes UnitedHealthcare Community Plan will pay for you to get covered services from doctors for a short time after they leave the network. You may be able to get continued care and treatment when your doctor leaves the network if you are being actively treated for a serious medical problem. For example, you may qualify if you are getting chemotherapy for cancer or are at least six months pregnant when your doctor leaves the network. To ask for this, please call your doctor. Ask them to request an authorization for continued care and treatment from UnitedHealthcare.

If You Need Care When Out of Town

UnitedHealthcare Community Plan will pay for routine care out-of-area only if:

- You call your PCP first and he or she says that it is important that you get care before you return home.

Transportation Services

Medical transport is covered for some medical care. If you have no other way to get to the doctor, live in an area with no public transport or cannot use public transport due to a health condition or disability, call our Transportation Partner National MedTrans at 1-866-372-9891 to schedule a ride. They will provide safe and comfortable transport to your scheduled appointment.

How to schedule a ride:

- Call National MedTrans at 1-866-372-9891 Monday – Friday between 7:00 a.m. and 7:00 p.m.
- Scheduling your ride at least 2 business days in advance will help you to have the best experience.
- Urgent care and other urgent types of trips such as dialysis or chemotherapy can be scheduled same day.
- Rides can be scheduled up to 30 days in advance.
- Your privacy is important to us. You or the person calling on your behalf will need to verify some of the following details found in your record before they can assist you:
  - First and last Name.
  - Member ID.
  - Date of Birth.
  - Home address.
- To ensure that we provide you with the best mode of transportation, you will be asked if you are able to walk on your own, if you'll be using a cane or walker, if you have a wheelchair, or even if you have a cell phone.
- You will also be asked if an escort will be traveling with you.
  - Escorts must be 18 years or older to travel with you.
- You'll need to have these details about your appointment ready when you call:
  - Appointment address.
  - Doctor's name & phone number.
  - Purpose of the appointment.
  - Appointment time.

When it's time for your ride:

- It is important to be ready and waiting for your ride at the scheduled pick up time.
- You may receive a call from your driver or a call center representative. It is important that you answer calls from any unfamiliar numbers at this time.

- If your ride does not arrive on time, contact National MedTrans at 1-866-372-9892.
- If you are unsure of how long the appointment will take, the return ride was scheduled for "will-call." That means you will need to give National MedTrans a call when you're ready to go home at 1-866-372-9892.
- If you have a set time frame and you're certain you will be done at a specific time, you can set a time for your ride to be waiting when you're done. If they are not there at that set time call 1-866-372-9892 for assistance.

Cancellations, Changes and Other Support

Cancellations.
Whenever possible, rides should be cancelled at least 24 hours prior to the schedule transport.

If you need to cancel your ride contact National MedTrans so they can coordinate with the assigned transportation provider.

Changes.
There are times when you may need to update your ride details such as where you are going or what time you need to be picked up. If you need to make changes, contact National MedTrans.

Remember, if you do not make updates to your ride with National MedTrans, your driver will not be notified and will not be able to accommodate your request.

Other support.
National MedTrans is there to support you! It's important that you contact them regarding your transportation. Here are some things they can help you with:

- Scheduling a new ride or a standing order.
- Reporting issues with your transportation.
- Sharing a positive experience with your transportation.
- Your ride is not on time.
- You're ready to go home and you need your return ride.
- General questions regarding the transportation benefit and how you can use it.

If you have a complaint about the transportation service, call Customer Service at **1-888-716-8787, TTY 711**.

Hospitals and Emergencies

Emergency Care

Hospital emergency rooms are there to offer emergency treatment for trauma, serious injury and life-threatening symptoms. Reasons to go to the ER include:

- Serious illness.
- Broken bones.
- Heart attack.
- Poisoning.
- Severe cuts or burns.
- Emergency behavioral health services.

Don't wait.

If you need emergency care, call 911 or go to the nearest hospital. The hospital does not have to be in the network or the Plan's service area.

UnitedHealthcare Community Plan covers any emergency care you need throughout the United States and its territories. Within 24 hours after your visit, call Customer Service at **1-888-716-8787, TTY 711**. You should also call your PCP and let them know about your visit so they can provide follow-up care if needed.

Urgent Care

Urgent care clinics are there for you when you need to see a doctor for a non-life-threatening condition but your PCP isn't available or it's after clinic hours. Common health issues ideal for urgent care include:

- Sore throat.
- Ear infection.
- Minor cuts or burns.
- Flu.
- Low-grade fever.
- Sprains.

If you or your children have an urgent problem, call your PCP first. Your doctor can help you get the right kind of care. Your doctor may tell you to go to urgent care or the emergency room.

Planning ahead.

It's good to know what urgent care clinic is nearest to you. You can find a list of urgent care clinics in your Provider Directory. Or you can call Customer Service at **1-888-716-8787, TTY 711**.

Hospital Services

There are times when your health may require you to go to the hospital. There are both inpatient and outpatient hospital services.

Outpatient services include X-rays, lab tests and minor surgeries. Your PCP will tell you if you need outpatient services. Your doctor's office can help you schedule them.

Inpatient services require you to stay overnight at the hospital. These can include serious illness, surgery or having a baby.

Going to the hospital.

You should go to the hospital only if you need emergency care or if your doctor told you to go.

Inpatient services require you to be admitted (called a hospital admission) to the hospital. The hospital will contact UnitedHealthcare Community Plan and ask for authorization for your care. If the doctor who admits you to the hospital is not your PCP, you should call your PCP and let them know you are being admitted to the hospital.

Emergency Dental Care

Emergency dental care services to control pain, bleeding or infection are covered by your plan.

Post-Stabilization Services

Post-stabilization services are covered and provided without prior authorization. These are services that are medically necessary after an emergency medical condition has been stabilized.

No Medical Coverage Outside of U.S.

If you are outside of the United States and need medical care, any health care services you receive will not be covered by UnitedHealthcare Community Plan. Medicaid cannot pay for any medical services you get outside of the United States.

Pharmacy

Prescription Drugs

Your benefits include prescription drugs.
UnitedHealthcare Community Plan covers hundreds of prescription drugs from hundreds of pharmacies. The full list of covered drugs is included in the Preferred Drug List. You can fill your prescription at any in-network pharmacy. All you have to do is show your enrollee ID card.

Generic and brand name drugs.
UnitedHealthcare requires enrollees to use drugs on the preferred drug list which includes brand name and generic drugs. Generic drugs have the same ingredients as brand name drugs — they often cost less and they work the same.

In some cases, a limited number of brand name drugs are covered. These are limited to certain classes (or types) of drugs. Some of these may require prior authorization by UnitedHealthcare Community Plan.

What is the Preferred Drug List?

The State of Florida (AHCA) selects which drugs are covered under your plan, and requires all health plans follow their list. You can view the most recent list online at **myuhc.com/CommunityPlan**, or contact Customer Service with any questions you may have.

Changes to the Preferred Drug List.

The list of covered drugs is reviewed by the State of Florida (AHCA) on a regular basis and may change when brand or generic drugs are available.

Specialty Pharmacy

In some cases you may be prescribed a medication not carried by most standard pharmacies, which can only be filled at a Specialty Pharmacy.

If this occurs, UnitedHealthcare may assign you to a network specialty pharmacy to assist with having the prescription filled in your area. If you are assigned to a specialty pharmacy, you will receive a letter providing the name and location.

If you prefer another specialty pharmacy, you do have 30 days to request a change by calling Customer Service at **1-888-716-8787, TTY 711**. After 30 days your request will need to be in writing to:

UnitedHealthcare Community Plan
3100 SW 145th Ave
Miramar, Florida 33027

Over-the-Counter (OTC) Medicines

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. An in-network provider must write you a prescription for the OTC medication you need. The supply is limited to 30 days. Then all you have to do is take your prescription and enrollee ID card into any network pharmacy to fill the prescription at no cost to you. OTC medications include:

- Pain relievers.
- Cough medicine.
- First-aid cream.
- Cold medicine.
- Contraceptives.

For a complete list of covered OTC medicines, go to **myuhc.com/CommunityPlan**.
Or call Customer Service at **1-888-716-8787, TTY 711**.

How can I find a pharmacy in my area?

If you are unsure which area pharmacies are in network, you can search online at **myuhc.com/CommunityPlan**, or call Customer Service at **1-888-716-8787, TTY 711** for assistance.

Injectable Medicines

Injectable medications are medicines given by shot, and they are a covered benefit. Your PCP can have the injectable medication delivered either to the doctor's office or to your home. In some cases, your doctor will write you a prescription for an injectable medication (like insulin) that you can fill at a pharmacy.

Pharmacy Home

Some UnitedHealthcare Community Plan enrollees will be assigned a pharmacy home. In this case, enrollees must fill prescriptions at a single pharmacy location for up to two years. This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information.

Enrollees of this program will be sent a letter with the name of the pharmacy they are required to use. If you get this letter, you have 30 days from the date of the letter to request a change of pharmacy. To change pharmacies during this time, call Customer Service at **1-888-716-8787, TTY 711**. After 30 days from the date of the letter, you will need to make your request in writing. Send your request to:

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

Benefits

Benefits Covered by UnitedHealthcare Community Plan

As an enrollee of UnitedHealthcare Community Plan, you are covered for the following services. (Remember to always show your current enrollee ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Customer Service at **1-888-716-8787, TTY 711**, to ask questions about benefits. You may need to see an out-of-network provider. If you do, a prior authorization is needed. If services are approved for a provider outside our network, you are not responsible for any of the costs. UnitedHealthcare Community Plan will pay for these services.

Benefit	Coverage
Basic Dental Services (such as cleaning, simple fillings, and/or extractions)	Full dental services for all enrollees age 20 and below. Medically necessary oral and maxillofacial surgery for all eligible enrollees. Medically-necessary, emergency dental procedures to alleviate pain or infection are covered for enrollees age 21 and older. Emergency dental care for enrollees 21 years of age and older is limited to a problem focused oral evaluation, necessary radiographs in order to make a diagnosis, extractions, and incision and drainage of an abscess. Full and removable partial dentures and denture-related services are also covered services for enrollees 21 years of age and older.
Behavioral Health Services	If you are in need of Behavioral Health counseling and referral services, you will be evaluated by a participating psychiatrist. If you are in need of further services, the provider will then refer you to the Community Health Center. If you are assigned to a case manager, you can choose to have a different behavioral health case manager. Emergency services are covered in- and out-of-network or out of UnitedHealthcare's service area.

Benefit	Coverage
Child Checkup Services	Routine checkups according to the preventive guidelines section of this handbook. These services include: health and development history, unclothed physical assessment or examination, nutritional assessment, routine immunization update, laboratory tests (including lead screening), vision screening, hearing screening, dental screening, health education and developmental assessment for enrollees ages 20 and younger. You do not need a referral for these services.
Diabetes Supplies and Education	Coverage for medically appropriate and necessary equipment, supplies, and services used to treat diabetes, including outpatient self-management training and educational services, if your treating provider says these services are necessary.
Emergency Services	Includes emergency medical care 24 hours a day, 7 days a week. You do not need approval from UnitedHealthcare or your PCP to go to the emergency room if you are having a medical situation.
Family Planning Services	To help you plan a family size or help you space the time between having children. Family Planning Services includes information, referral education, counseling, diagnostic procedures and contraceptive drugs and supplies. Services are voluntary and you are permitted full freedom of choice of methods for Family Planning. You can go to any provider that participates with Medicaid for these services without a referral from your PCP.

Benefit	Coverage
Freestanding Dialysis Facility Services	Includes routine laboratory tests, dialysis-related supplies, ancillary and other items. Services include all services and procedures rendered by a participating provider when needed for preventive, diagnostic, therapeutic, or to treat a particular injury, illness or disease.
Healthy Behaviors Program – Handbook	We offer programs to our members who want to stop smoking, lose weight, or get help with drug abuse problems. The programs are: **Substance Abuse Incentive Program** – You will work with your doctor to set and complete goals. You can join the program in different ways. You can call your doctor to join, talk to your case manager, or do an online health assessment. You can also choose to have a different behavioral health case manager. You can earn rewards each time you complete a goal stage. To get the reward, your doctor needs to sign a form when the goal is complete. **Stop Smoking – Do you smoke? If so, do you want to try and quit?** We have a smoking cessation program that is available at no cost. **Health Coaching for Weight Loss** – This program will help you set goals to live healthier. You will work with a coach over the phone. You will also get mailings with tips for living healthy. You can call your doctor to join or do an online health assessment. **Baby Blocks** – This is a web-based program. You will get text messages and emails. You can sign up for reminders for your doctor visits while you are pregnant. Once your baby is born, you will get tips on when to bring your baby in for checkups. You can get rewards for making all your doctor visits. You can also get rewards for going to all your baby's checkups until he or she is 15 months old. If you choose to disenroll from UnitedHealthcare Community Plan, you will lose any program rewards. If you lose Medicaid eligibility for more than 180 calendar days and you are not automatically reinstated, you will lose any earned program rewards.

Benefit	Coverage
Hearing Services	Hearing Services include examinations and evaluations necessary for the furnishing of one standard hearing aid every three years.
Home Health Care Services and Durable Medical Equipment	Includes intermittent or part-time nursing services (RN or LPN), personal care services by a home health aide, and medical items (limited to approved types of supplies and equipment, suitable for use in the home). All services and equipment must be ordered by a participating provider. Your PCP must notify UnitedHealthcare for services or equipment which require home health care. Home health care does not include homemaker services, Meals on Wheels, companion, sitter or social services.
Hospital Ancillary Services	When your provider authorizes these to be provided by the hospital: radiology, pathology, neurology, neonatology and anesthesiology.
Immunizations	According to childhood immunization schedule as approved by the appropriate Recommended Childhood Immunization Schedule for the United States.
Independent Laboratory and Portable X-Ray Services	Includes laboratory and X-ray services when ordered by a participating provider.
Inpatient Hospital Services	Includes all items and services needed to give appropriate care during a stay at a participating hospital, including room and board, nursing care, medical supplies, and all diagnostic and therapeutic services. UnitedHealthcare covers a maximum of 45 inpatient days for the period from July 1 through June 30 (includes only non-emergency care at hospitals where prior notification was obtained by your PCP from UnitedHealthcare).

Benefit	Coverage
Interpreter Services	If you speak a language other than English, we can provide translated printed materials. Or we can provide an interpreter who can help you understand these materials. You'll find more information about Interpretive Services and Language Assistance in the section called Other Plan Details. Or call Customer Service at **1-888-716-8787, TTY 711**.
Maternity Services	Maternity services include the following: nursing assessment and counseling, Florida's Healthy Start Prenatal Risk Screening, nutrition assessment, delivery and follow-up care, Florida's Healthy Start Infant (Postnatal) Screening, and follow-up care. As soon as you know you are pregnant and again after your baby is born, remember to call: 1. Your Department of Children and Family Care Worker; AND 2. The Plan's Customer Service Department. If you wish to enroll your baby into the Plan, you can contact Medicaid Choice Counseling toll-free at 1-877-711-3662, between the hours of 8:00 a.m. and 7:00 p.m., Monday through Friday. Once your baby is enrolled in our Plan, please call Customer Service at **1-888-716-8787** to select a pediatrician for your baby. It is your responsibility to call your Case Worker to get Medicaid benefits for your baby. The Women, Infants and Children (WIC) Program includes referrals for all pregnant breastfeeding and postpartum women, infants and children up to the age of 5. Contact your Case Worker for information.
Nursing Facility Services	Nursing Facility Services are covered for enrollees under the age of 18 years old only.
Outpatient Services	Outpatient services provided in an outpatient hospital setting. Your PCP can obtain prior authorization for health care services which may require prior authorization.

Benefits

Benefit	Coverage
Over-the-Counter (OTC)	UnitedHealthcare Community Plan gives each household benefits for over-the-counter drugs and first-aid items each month. Call Customer Service if you have any questions about how to receive these services.
Physician Services	Includes all services and procedures rendered by a participating provider when needed for preventive, diagnostic, therapeutic, or to treat a particular injury, illness or disease. Excludes experimental procedures and cosmetic surgery. These physician services include: Advanced registered nurse practitioner, physician assistant, podiatry, ambulatory surgical centers, community health departments, rural health clinic services, federally qualified health centers, birthing centers, certified nurse midwives, chiropractic and psychiatrists.
Post-Stabilization Services	Post-Stabilization services are covered without prior authorization. These are services related to an emergency medical condition that are provided after you are stabilized in order to maintain, improve or resolve your condition.
Prescribed Drugs	Includes prescribed drugs currently covered by the Medicaid Program, when ordered by a participating provider and supplied by a licensed participating pharmacy.
Therapy Services – Physical, Respiratory, Occupational and Speech Therapies	Are covered for recipients under 21 years of age as medically necessary. Adults (21 years and older) are covered for outpatient physical and respiratory therapy.
Vision Services	Vision services include eye exams and up to two pairs of standard eyeglasses per year. Contact lenses for cosmetic purposes are not covered.

Expanded Benefits	Benefit Description
Adult Dental Services	Two (2) exams per year. Two (2) X-rays per year. Two (2) cleanings per year. Maximum nine (9) silver fillings every three (3) years; nine (9) white fillings every three (3) years; Comprehensive LTC enrollees excluded.
Adult Hearing Services	One (1) hearing aid fitting every three (3) years. One (1) hearing aid every three (3) years.
Home Health Care (Non-Pregnant Adults)	One (1) visit per day; subject to prior authorization.
Newborn Circumcision	Available up to twelve (12) weeks old; subject to prior authorization.
Outpatient Services	No monetary limit on outpatient services; subject to prior authorization.
Over-The-Counter (OTC) Medication/Supplies	Twenty-five dollars ($25) per household per month; Comprehensive LTC enrollees excluded.
Physician Home Visits	Four (4) visits per month; limited to Comprehensive LTC enrollees.
Post Discharge Meals	Ten (10) home-delivered meals. Limited to SSI (without Medicare) and Medicare/Medicaid dual eligible enrollees. Subject to prior authorization.
Prenatal/Perinatal Visits	Unlimited visits.
Primary Care Visits (Non-Pregnant Adults)	Unlimited visits.
Vaccine – Adult Influenza	Administered as medically advised.
Vaccine – Adult Pneumonia	Administered as medically advised.
Vaccine – Adult Shingles	Administered as medically advised.
Adult Vision Services	One (1) set of glasses per year; one (1) eye exam (refraction) per year; subject to prior authorization.
Waived Copayments	Enrollees shall not be subject to copayment charges.

Consent Form Required Services

A consent form will need to be signed by parents/legal guardians of children under the age of 13 who are on Medicaid and take certain psychotropic medicines. This form will need to be signed with every new prescription. Your child's doctor will send the signed consent form to the drug store. This consent form can be sent to the drug store by fax, mail or online. Call Customer Service at **1-888-716-8787, TTY 711**, if you have questions.

Regular Medicaid Services

There are some Medicaid services that are NOT covered by UnitedHealthcare Community Plan, but you may be able to get from Medicaid. Call your local Medicaid office for information on these services and any cost sharing required. (See the Important Phone Numbers page for a list of Area Medicaid Office phone numbers.) This could include counseling or referral of a service not covered because of moral or religious objections.

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.

Disease and Care Management

If you have a chronic health condition like asthma or diabetes, UnitedHealthcare Community Plan has a program to help you live with your condition and improve the quality of your life. These programs are voluntary and available at no cost to you. The programs give you important information about your health condition, medications, treatments and the importance of follow-up visits with your 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 you with other things like weight loss, stopping smoking, making appointments with your doctor and reminding you about special tests that you 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 **1-888-716-8787, TTY 711**. You can ask for a referral to one of these programs.

Wellness Programs

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

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

To quit smoking, you can also call **Try-To-STOP** at **1-800-879-8678**.

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 Customer Service at **1-888-716-8787, TTY 711**.

We offer programs to our members who want to stop smoking, lose weight, or have drug abuse problems. We will reward members who join and meet certain goals. We want to help you live healthier.

We offer health coaches who can help you better understand the condition(s) that you are living with. They will work with you to set goals to make lifestyle changes that can help you keep your condition under control. They will also help you to understand the tests you need to have in order to better manage your condition.

Do you smoke? If so, do you want to try and quit? We have a quit smoking program that is no cost to you.

Do you want to work on weight loss or healthier eating habits? These types of lifestyle changes can help with many chronic conditions. We have a program to help you with this.

If you have noticed changes in your mood, habits or the way you feel, you may need to talk to someone. Behavioral health services are available as part of your benefits. We also offer a reward program if you would like help with a drug abuse problem.

Do you or a family member have a question about your health? We have a 24-hour NurseLine that is available 7 days a week. You can call and speak with a registered nurse who can help with these questions. The NurseLine number is 1-877-678-8624.

All of these programs are available at no cost to you. If you would like to join any of these programs, please call us at **1-888-716-8787**. We are here Monday through Friday from 8:00 a.m. to 7:00 p.m. If you are hard of hearing, please dial **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:

- 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.
- Arrange rides to doctor's visits.
- 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.

Having a baby?

When you think you are pregnant, call your local Department of Children and Families (DCF) office and Customer Service at **1-888-716-8787, TTY 711**. This will help ensure you get all the services available to you.

Call us toll-free at **1-877-813-3417, TTY 711**, Monday through Friday, from 8:00 a.m. to 7:00 p.m. Eastern time.

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.

The Child Health Checkup Program

(This is Medicaid's program that used to be called EPSDT – Early and Periodic Screening, Diagnosis and Treatment.) As your children's caregiver, it is up to you to make certain that they are seen regularly by their PCP. Be sure to schedule routine checkups according to the preventive guidelines in this handbook.

UnitedHealthcare Community Plan will cover services associated with the Child Health Checkup program of preventive health services for children. These include:

- Health and development history.
- Nutritional assessment.
- Laboratory tests (including lead screening).
- Hearing screening.
- Health education.
- Unclothed physical assessment or examination.
- Routine immunization update.
- Vision screening.
- Dental screening.
- Development assessment.

UnitedHealthcare must provide all medically necessary services for its members who are under age 21. This is the law. This is true even if UnitedHealthcare does not cover a service or the service has a limit. As long as your child's services are medically necessary, services have:

- No dollar limits; or
- No time limits, like hourly or daily limits.

Your provider may need to ask UnitedHealthcare for approval before giving your child the service. Call UnitedHealthcare Customer Service at **1-888-716-8787, TTY 711** if you want to know how to ask for these services.

Prenatal care.
It is important to see a provider on a regular basis during your pregnancy. UnitedHealthcare offers prenatal care for all eligible pregnant enrollees. If you are pregnant or think you are pregnant, see your provider right away. As soon as you know you are pregnant and again immediately after your baby is born, please call your Department of Children and Families (DCF) Case Worker and UnitedHealthcare Customer Service at **1-888-716-8787, TTY 711**.

Other Plan Details

Finding a Network Provider

We make finding a network provider easy. To find a network provider or a pharmacy close to you:

Visit **myuhc.com/CommunityPlan** for the most up-do-date information.
Click on “Find a Provider.”

Call Customer Service at **1-888-716-8787, TTY 711**. We can look up network providers for you. Or, if you’d like, we can send you a Provider Directory in the mail.

Provider Directory

You have a directory of providers available to you in your area. The directory lists addresses and phone numbers of our in-network providers.

Provider information changes often. Visit our website for the most up-to-date listing at **myuhc.com/CommunityPlan**. You can view or print the provider directory from the website, or click on “Find a Provider” to use our online searchable directory.

If you would like a printed copy of our directory free of charge, please call Customer Service at **1-888-716-8787, TTY 711**, and we will mail one to you.

Interpreter Services and Language Assistance

Many of our Customer Service employees speak more than one language. If you can't connect with one who speaks your language, you can use an interpreter to help you speak with Customer Service.

Many of our doctors also speak more than one language. If you see one who doesn't speak your language, the doctor will arrange for translation services and sign language services for your visit. Please contact your doctor prior to your scheduled appointment to arrange for translation or sign language services.

You can also have any printed materials we send you either sent in a different language or translated for you. There is no cost to you. To arrange for interpreter, translation services or audio format, call Customer Service at **1-888-716-8787, TTY 711**.

Enrollment

If you are a mandatory enrollee, you are required to enroll in a plan. Once you are enrolled in UnitedHealthcare Community Plan or the state enrolls you in a plan, you will have 120 days from the date of your first enrollment to try the Managed Care Plan. During the first 120 days, you can change Managed Care Plans for any reason. After the 120 days, if you are still eligible for Medicaid, you may be enrolled in the plan for the next eight months. This is called "lock-in."

Open enrollment.
If you are a mandatory enrollee, the state will send you a letter 60 days before the end of your enrollment year telling you that you can change plans if you want to. This is called "open enrollment." You do not have to change Managed Care Plans. If you choose to change plans during open enrollment, you will begin in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay in the same plan, you will be locked into that plan for the next 12 months. Every year you may change Managed Care Plans during your 60-day open enrollment period, without cause.

Eligibility determination.
The Florida Department of Children and Families and the Federal Social Security Administration determine a person's financial and categorical Medicaid eligibility. Financial eligibility depends on Medicaid ICP income and asset level guidelines.

Loss of eligibility – Reinstatement process.
If you lose and then regain eligibility within 180 days of when you lost your eligibility, you will be reinstated as a UnitedHealthcare Community Plan enrollee. You will be assigned to the same PCP you had previously. If you voluntarily disenroll or lose Medicaid eligibility for more than 180 calendar days and you are not automatically reinstated, you will lose any earned program incentives or rewards you may have earned.

Newborn enrollment.
If you are pregnant, you need to contact your Department of Children and Family (DCF) Case Worker and also notify UnitedHealthcare Community Plan Customer Service at **1-888-716-8787**. Your Case Worker will generate an Unborn ID number which will be activated once you notify them of delivery.

Disenrollment

Some Medicaid recipients may change managed care plans whenever they choose, for any reason. To find out if you may change plans, call the Enrollment Broker at 1-877-711-3662.

Disenrollment for mandatory enrollees.
If you are a mandatory enrollee and you want to change plans after the initial 120-day period ends or after your open enrollment period ends, you must have a state-approved good cause reason to change plans. The following are state-approved reasons to change managed care plans:

1. The enrollee does not live in a region where the Managed Care Plan is authorized to provide services, as indicated in FMMIS.
2. The provider is no longer with the managed care plan.
3. The enrollee is excluded from enrollment.
4. A substantiated marketing violation has occurred.
5. The enrollee is prevented from participating in the development of his/her treatment plan/plan of care.
6. The enrollee has an active relationship with a provider who is not on the Managed Care Plan's panel, but is on the panel of another Managed Care Plan. "Active relationship" is defined as having received services from the provider within the six months preceding the disenrollment request.
7. The enrollee is in the wrong managed care plan as determined by the Agency.
8. The Managed Care Plan no longer participates in the region.
9. The state has imposed immediate sanctions upon the Managed Care Plan, per 42 CFR 438.702(a)(4).
10. The enrollee needs related services to be performed concurrently, but not all related services are available within the Managed Care Plan network, or the enrollee's PCP has determined that receiving the services separately would subject the enrollee to unnecessary risk.
11. The plan does not, because of moral or religious objections, cover the service the enrollee seeks.
12. The enrollee missed open enrollment due to a temporary loss of eligibility.
13. Other reasons per 42 CFR 438.56(d)(2) and s.409.969(2), F.S. including, but not limited to: poor quality of care; lack of access to services covered under the Contract; inordinate or inappropriate changes of PCPs; service access impairments due to significant changes in the geographic location of services; an unreasonable delay or denial of service; lack of access to providers experienced in dealing with the enrollee's health care needs; or fraudulent enrollment.

When can UnitedHealthcare disenroll me?
UnitedHealthcare may submit an involuntary disenrollment request if you:

1. Let someone else use your ID card.
2. Knowingly give false or incomplete information.
3. Behave in a disruptive or abusive manner after one verbal and one written warning.
4. Do not follow the provider's recommendations, after one verbal and one written warning.
5. Miss three straight provider appointments within a six-month period, after one verbal and one written warning.
6. Move outside of the service area.
7. For assigned enrollees, do not use plan services within the first four months of enrollment, if the plan is not able to contact you (through mail, phone or personal visit) during those four months.

If we know you cannot be an enrollee of this plan, we will notify Medicaid to disenroll you.

Other Health Insurance (Coordination of Benefits – COB)

If you or anyone in your family has other health insurance, you must call Customer Service and tell us about it. For example, if you have a health plan at work or if your children have insurance with their other parent, call Customer Service.

If you have other insurance, UnitedHealthcare Community Plan and your other plan will share the cost of your care. This is called **Coordination of Benefits**. Together, both plans will pay no more than 100% of the bill.

If we pay the full bill and another party should pay part, we will contact the other plan. For example, if you have Medicare, a health plan with work, or if your children have insurance with their other parent, you should call Customer Service with the information. You will not get a bill for covered services. We get the bill. If you get the bill by mistake, call **Customer Service at 1-888-716-8787, TTY 711.**

Updating Your Information

To ensure that the personal information we have for you is correct, please tell us if any of the following changes:

- Marital status.
- Address.
- Enrollee name.
- Phone number.
- You become pregnant.
- Family size (new baby, death, etc.).
- Other health insurance.

Please call Customer Service at **1-888-716-8787, TTY 711**, if any of this information changes. UnitedHealthcare Community Plan needs up-to-date records to tell you about new programs, to send you reminders about healthy checkups, and to mail you enrollee newsletters, ID cards and other important information. You should also tell DCF if you have any changes. They need updated address information every time you move.

Other insurance.

If you have any other insurance, call Customer Service and let us know.

- If you are an enrollee, your other health insurance will have to pay your health care bills first.
- When you get care, always show both enrollee ID cards (for UnitedHealthcare Community Plan and your other insurance).

Fraud and Abuse

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 1-888-419-3456 or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at: **https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx**.

If you report suspected fraud and your report results in a fine, penalty or forfeiture of property from a doctor or other health care provider, you may be eligible for a reward through the Attorney General's Fraud Rewards Program (toll-free 1-866-966-7226 or 850-414-3990). The reward may be up to twenty-five percent (25%) of the amount recovered, or a maximum of $500,000 per case (Section 409.9203, Florida Statutes). You can talk to the Attorney General's Office about keeping your identity confidential and protected.

For more information visit the Attorney General's website: **http://myfloridalegal.com/pages.nsf/Main/ebc480598bbf32d885256cc6005b54d1**.

Some examples of fraud and abuse are:

- Receiving benefits in Florida and another state at the same time.
- Altering or forging prescriptions.
- A person getting benefits who is not eligible for benefits.
- Giving a UnitedHealthcare Community Plan ID card to someone else to use.
- Excessive use of benefits.
- Doctors or hospitals that bill you or UnitedHealthcare for services that were not provided to you.
- Doctors or hospitals that bill UnitedHealthcare more than once for services you only had once.
- Doctors who submit false documentation to UnitedHealthcare so that you may receive services that are not medically needed.

Advance Directives

The patient's right to decide.
You have a right to file an "Advance Directive." This document says, in advance, what kind of treatment you want or do not want if you have a serious medical condition that prevents you from telling your provider how you want to be treated. For example, if you were taken to a health care facility in a coma, an Advance Directive would let the facility's staff know how you want your health care to be handled.

What is an Advance Directive?
An Advance Directive is a written or oral statement, which is made and witnessed in advance of serious illness or injury. There are two common forms of Advance Directives:

- A "Living Will."
- Health Care Surrogate Designation.

What is a Living Will?
A Living Will generally states the kind of health care you want or do not want if you become unable to make your own decisions. It is called a "Living Will" because it takes effect while you are still living. In Florida, the definition of "Life Prolonging Procedures" was changed by the government to include giving food and water to a person with a terminal illness. Florida's law provides a suggested form to use for a Living Will. You may use it or some other form. You may wish to speak to an attorney or provider to be certain you have completed the Living Will so that your wishes will be understood.

What is a Health Care Surrogate Designation?
A Health Care Surrogate Designation is a signed, dated and witnessed paper naming another person such as a husband, wife, daughter, son or close friend as your agent. This person will then be the one who will make health care decisions for you if you are not able to make them for yourself.

You can include instructions about any treatment you want or wish to avoid. Florida law provides a suggested form to use for a Designation of a Health Care Surrogate. You may use it or some other form. You may wish to name a second person as a backup if your first choice is not available.

Which is better?
You may wish to have both a Living Will and a Health Care Surrogate Designation, or you may want to combine them into a single document that describes treatment choices and names someone to make health care decisions for you if you are unable.

Do I have to write an Advance Directive under Florida law?
No, there is no legal requirement to complete an Advance Directive. However, if you have not made an Advance Directive or named a Health Care Surrogate, health care decisions may be made for you by a court-appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative, or a close friend, in that order. This person would be called a "proxy."

Can I change my mind after I write a Living Will or designate a Health Care Surrogate?
Yes, you may change or cancel these documents at any time. Any change should be written, signed and dated. You can also change an Advance Directive by oral statement.

What if I have filled out an Advance Directive in another state and need treatment in a health care facility in Florida?
An Advance Directive made in another state under their laws can be honored in Florida.

What should I do with my Advance Directive?
Make sure that someone such as your provider, lawyer or family member knows that you have an Advance Directive and where it is located. Consider the following:

- If you have named a health care surrogate, give a copy of the form or the original to that person.
- Give a copy to your provider for your health care file.
- Keep a copy in a place where it can easily be found.
- Keep a card or note in your purse or wallet that states that you have an Advance Directive and where it is located.
- If you change your Advance Directive, make sure your provider, lawyer and/or family member have the latest copy.

Please note: You have a right to choose a new health care provider if the provider cannot honor your Advance Directive wishes due to objections of conscience. For more information, ask those in charge of your care or contact Customer Service at **1-888-716-8787, TTY 711**.

Florida State law requires that any changes to Advance Directive laws be given to you as soon as possible, but no later than ninety (90) days after the effective date of the change.

If you believe your provider is not following Advance Directive laws and regulations, you may file a complaint by calling the Consumer Complaint Hotline toll-free at 1-888-419-3456.

How can I make an Advance Directive?
You can speak with your Primary Care Provider, an attorney or go to **http://flsenate.gov/Statutes**.

Confidentiality of enrollee information.
Privacy of enrollee information and records is important to UnitedHealthcare Community Plan. There are several ways we protect your records.

- Enrollees sign a release of medical records. This means you allow us to get your health care records when looking into a quality matter or health care inquiry.
- UnitedHealthcare has written and implemented policies and procedures that protect the privacy of your data. This type of data can be released to a person or organization that has provided your written consent. This data can be released to enrollees age eighteen (18) and older.
- Contracts between the Plan and its health care providers include terms concerning the privacy of your records.

If you have any questions about this information, please contact Customer Service at **1-888-716-8787, TTY 711**.

Other Plan Details

A Living Will may, BUT NEED NOT, be in the following form:

Declaration made this _____ day of _____ , (year), I, _____ , willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated and

_____ (initial) I have a terminal condition
or _____ (initial) I have an end-stage condition
or _____ (initial) I am in a persistent vegetative state

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: _____

Address: _____

ZIP Code: _____ Phone: _____

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional):

_____

_____

_____
(Signed)

_____
Witness

_____
Address

_____
Phone

_____
Witness

_____
Address

_____
Phone

Area Agencies on Aging

For more information regarding how to develop a disaster/emergency plan, including information on shelters, emergency preparedness and special needs registry, please visit **www.floridadisaster.org**.

For instructions on how to access other state or local consumer resources, please visit the Health Finder website at **www.FloridaHealthFinder.gov** or the Florida Affordable Assisted Living consumer website at **http://elderaffairs.state.fl.us/faal/**.

Additional senior resources can be found by contacting one of the Area Agencies on Aging listed below:

PSA 1: Northwest Florida Area Agency on Aging, Inc.
Serving Escambia, Okaloosa, Santa Rosa, and Walton Counties
5090 Commerce Park Circle, Pensacola, FL 32505
1-850-494-7100
http://www.nwflaaa.org

PSA 2: Area Agency on Aging for North Florida, Inc.
Serving Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington Counties
2414 Mahan Drive, Tallahassee, FL 32308
1-866-467-4624 or 1-850-488-0055
http://www.aaanf.org

PSA 3: Elder Options, the Mid-Florida Area Agency on Aging
Serving Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union Counties
5700 S.W. 34th St., Suite 222, Gainesville, FL 32608
1-352-378-6649 or 1-800-262-2243
http://www.agingresources.org/

PSA 4: ElderSource, Area Agency on Aging for Northeast Florida
Serving Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia Counties
4160 Woodcock Drive, 2nd Floor, Jacksonville, FL 32207
1-904-391-6600 or 1-888-242-4464
http://www.myeldersource.org/

PSA 5: Area Agency on Aging of Pasco-Pinellas, Inc.
Serving Pasco and Pinellas Counties
9887 4th Street North, Suite 100, St. Petersburg, FL 33702
1-727-570-9696, Fax 1-727-570-5098
http://www.agingcarefl.org/

PSA 6: West Central Florida Area Agency on Aging, Inc.
Serving Hardee, Highlands, Hillsborough, Manatee, and Polk Counties
5905 Breckenridge Pkwy., Suite F, Tampa, FL 33610-4239
1-813-740-3888
http://www.agingflorida.com/

PSA 7: Senior Resource Alliance
Serving Brevard, Orange, Osceola, and Seminole Counties
988 Woodcock Rd., Suite 200, Orlando, FL 32803
1-407-514-1800
http://www.seniorresourcealliance.org/

PSA 8: Area Agency on Aging of Southwest Florida
Serving Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota Counties
15201 N. Cleveland Avenue, Suite 1100, North Fort Myers, FL 33903
1-239-652-6900
http://www.aaaswfl.org/

PSA 9: Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
Serving Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties
4400 N. Congress Avenue, West Palm Beach, FL 33407-3226
1-561-684-5885
http://www.youragingresourcecenter.org/

PSA 10: Aging & Disability Resource Center of Broward County
Serving Broward County
5300 Hiatus Road, Sunrise, FL 33351
1-954-745-9567
http://www.adrcbroward.org/

PSA 11: Alliance for Aging, Inc.
Serving Miami-Dade and Monroe Counties
760 NW 107th Avenue, Suite 214, Miami, FL 33172-3155
1-305-670-6500
http://www.allianceforaging.org

Enrollee Rights and Responsibilities

Uphold Customer "Bill of Rights."
As a UnitedHealthcare Community Plan enrollee, you have certain rights and responsibilities when you enroll. It is important that you fully understand both your rights and your responsibilities. The following statement of rights and responsibilities is presented here for your information. The state must ensure that each enrollee is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way the health plan and its providers or the State agency treat the enrollee.

Customers have the right to:

- Receive information about UnitedHealthcare, its services, its providers and member rights and responsibilities. This information is available to enrollees age eighteen (18) and older.
- Be treated with respect and with due consideration for his or her dignity and privacy by UnitedHealthcare personnel, network physicians, and health care professionals as well as privacy and confidentiality for treatments, tests or procedures received.
- **To voice complaints or appeals about UnitedHealthcare** or the care it provides.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand, regardless of cost or benefit coverage.
- Participate with their doctor and other caregivers in decisions about their health care including the right to refuse treatment.
- Be informed of, and refuse to participate in, any experimental treatment.
- Have coverage decisions and claims processed according to regulatory standards.
- Choose an advance directive to designate the kind of care they wish to receive should they be unable to express their wishes.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Request and receive a copy of his or her medical records, and request that they be amended or corrected.
- Make recommendations regarding the Plan's Enrollee Rights and Responsibilities.

You have a responsibility to:

- Know and confirm your benefits before receiving treatment.
- Contact an appropriate health care professional when you have a medical need or concern.
- Show your identification card before receiving health care services.
- Verify that the physician or health care professional you receive services from is in the UnitedHealthcare network.
- Use emergency room services only for injury or illness that, if not treated immediately, could post serious threat to your life or health.
- Keep scheduled appointments.
- Provide information needed for your care.
- Follow the agreed-upon instructions and guidelines of physicians and health care professionals.
- Notify UnitedHealthcare Customer Service of a change in address, family status or other coverage information.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Other Benefits

Ready to quit smoking? Do you want to take classes to learn more about quitting smoking? Call Customer Service at **1-888-716-8787** or call Florida Quit For Life® at 1-877-822-6669, for classes near you.

Is someone hurting you? Domestic violence hurts. You are not alone. You have choices. Call the Florida Domestic Violence Hotline at 1-800-500-1119, anytime, 24 hours a day, 7 days a week.

If you have a problem with alcohol or drugs, talk to your provider. You can also get substance abuse help by calling one of the 12-step programs below:

Alcoholics Anonymous		Narcotics Anonymous	
Brevard County	1-321-724-2247	Broward County	1-954-476-9297
Broward County	1-954-462-0265	or	1-954-584-6578
Citrus County	1-352-621-0599	Citrus County	1-352-382-0851
Dade County	1-305-461-2425	Dade County	1-305-620-3875
Duval County	1-904-339-8535	Duval County	1-904-723-5683
Flagler County	1-386-445-4357	Flagler County	1-800-477-0731
Hernando County	1-352-683-4597	Hernando County	1-352-754-7200
Highlands County	1-863-382-2694	Highlands County	1-863-683-0630
Hillsborough County	1-813-933-9123	Hillsborough County	1-813-879-4357
Lake County	1-352-360-0960	Lake County	1-352-219-5617
Manatee County	1-941-951-6810	Manatee County	1-941-957-7910
Marion County	1-352-867-0660	Marion County	1-352-368-6061
Okeechobee County	1-863-763-1006	Okeechobee County	1-772-343-8373
Orange County	1-407-260-5408	Orange County	1-407-425-5157
Osceola County	1-407-260-5408	Osceola County	1-407-425-5157
Palm Beach County	1-561-655-5700	Palm Beach County	1-561-848-6262
Pasco County	1-727-847-0777	Pasco County	1-727-842-2433
Pinellas County	1-727-360-0415	Pinellas County	1-727-547-0444
Polk County	1-863-688-0211	Polk County	1-863-683-0630
Putnam County	1-877-572-4187	Putman County	1-904-723-5683
Seminole County	1-800-859-1767	Seminole County	1-407-425-5157
Volusia County	1-386-756-2930	Volusia County	1-800-477-0731

For Reference: Toll-Free Nationwide Phone Numbers

Alcoholics Anonymous: 1-800-859-1767

Narcotics Anonymous: 1-866-288-6262

Appeals and Grievances

Your appeals and grievances rights.
We hope that UnitedHealthcare Community Plan has served you well. If you have a concern or question regarding care or coverage under the Plan, you should contact Customer Service at **1-888-716-8787, TTY 711**, or use the contact information below. A Customer Service Representative will answer any questions or concerns. They can also assist you to file your grievance or appeal. Your provider can also file a grievance or appeal on your behalf. We will not take any negative action against your provider for assisting you or filing your grievance or appeal for you.

How to file a grievance.
If you are not happy with service UnitedHealthcare Community Plan has provided, you can file a grievance. Grievances are for anything other than an "action." An action is when we say no to a service you or your doctor requested. It can be when we limit, reduce or end your service. It can also be when we do not allow payment. You can file a grievance by calling Customer Service at **1-888-716-8787, TTY 711**. You could also send us a letter to the address below.

UnitedHealthcare Community Plan
Appeals and Grievance Unit
P.O. Box 31364
Salt Lake City, UT 84131

1-888-716-8787 (toll-free) or **711** (TTY)

1-800-757-2617 (fax)

Your letter must have the following information: your name, your enrollee ID number, your contact information (telephone number and address), and the reason for your grievance.

You may file a grievance at any time that you are not happy with the service you receive. We will tell you that we have your grievance. We will finish reviewing your case within 90 days. We will let you know if we need an extra 14 (calendar) days to look at your case. We will let you know by letter within 5 days of deciding. We will only take more time if it could help you or if you ask us.

How to file an appeal.
If you are not happy with a decision we made, called an "action," you can file an appeal. You have 60 calendar days from getting our letter to file your appeal. This applies to the following actions:

- We issued a denial or limitation of a requested service, type of service or level of service.
- We reduced, suspended or terminated a previously authorized service.
- We denied a whole or partial payment of a service (claims are denied).
- We failed to provide a service in a timely manner as defined by regulations.
- We denied the right to access services outside of the network if the enrollee resides in a rural area with only one managed care entity.
- We denied services that were ordered by an authorized provider.
- The authorization period has not expired.

You or your provider can file an appeal on your behalf. You can ask for an appeal by letter or by phone. Call Customer Service at **1-888-716-8787, TTY 711**, to appeal by phone. If you appeal by phone, you must also send us a letter within 10 days of calling us. We will start working on your case the same day you call. Your letter must have the following information: your name, your enrollee ID number, your contact information (telephone number and address), and the reason for your appeal. Please send your letter to:

UnitedHealthcare Community Plan
Appeals and Grievance Unit
P.O. Box 31364
Salt Lake City, UT 84131

1-888-716-8787 (toll-free) or **711** (TTY)
1-800-757-2617 (fax)

If you are now getting a service that is scheduled to be reduced, suspended or terminated, you have the right to keep getting those services until a final decision is made in a plan appeal and, if requested, fair hearing. If your services are continued, there will be no change in your services until a final decision is made in your plan appeal and, if requested, fair hearing.

If your services are continued and our decision is upheld in a plan appeal or fair hearing, we may ask that you pay for the cost of those services. We will not take away your Medicaid benefits. We cannot ask your family or legal representative to pay for the services.

To have your services continue during the plan appeal, you MUST file your plan appeal AND ask to continue your services within this time frame:

File a request for your services to continue with UnitedHealthcare Community Plan no later than 10 days after our action letter was mailed OR on or before the first day that your services are scheduled to be reduced, suspended, or terminated, whichever is later. You can ask for a plan appeal by phone. If you do this, you must then also make a request in writing. **Be sure to tell us if you want your services to continue.**

To have your services continue during the fair hearing, you MUST file your fair hearing request AND ask for continued services within this time frame:

If you were receiving services during your plan appeal, you can file the request for your services to continue with the Agency for Health Care Administration (Agency) **no later than 10 days** from the date on your notice of plan appeal resolution OR on or before the first day that your services are scheduled to be reduced, suspended, or terminated, **whichever is later**.

We will resolve your appeal in 30 days. We will let you know if we need more time to resolve your appeal. We will only take more time if it will help your case.

If you are unhappy with our decision, you have a right to request a review with the Subscriber Assistance Program. Enrollees have the right to submit a request for an SAP hearing at any time within one year after they get the final decision letter from the Managed Care Plan. Before filing with the SAP, the enrollee must complete the Managed Care Plan's plan appeal process.

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

Agency for Health Care Administration
Subscriber Assistance Program
Building 3, MS #45
2727 Mahan Drive
Tallahassee, FL 32308

850-412-4502
888-419-3456 (toll-free)

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. The Subscriber Assistance Program will not consider appeals that have already gone to a Medicaid Fair Hearing.

How to file an expedited appeal.
If we make a decision that you are not happy with and you want to file an appeal, but feel that the time for this appeal could be a danger to your life or health or cause you to be injured, you or your provider may ask for a fast review. You can ask by phone or mail. Fast reviews are also called expedited appeals. You and your provider will get the answer to the fast review within 72 hours. For fast reviews, please call Customer Service at **1-888-716-8787, TTY 711**.

When we get your request for an expedited appeal, we will make the decision if your appeal requires a fast review. If we decide that your appeal does not need a fast review, we will let you know and then process your appeal as a regular appeal according to the procedures and time frames mentioned in the section "How to File an Appeal." You can always call Customer Service at **1-888-716-8787, TTY 711** if you need more information on expedited appeals.

Title XXI MediKids enrollees are entitled to file an appeal with the Subscriber Assistance Panel (SAP). Title XXI MediKids enrollees are not eligible to participate in the Medicaid Fair Hearing process.

If you are not satisfied with the outcome of your appeal after completion of the process, you can ask for a Medicaid Fair Hearing. Members may file for a Fair Hearing within one hundred twenty (120) calendar days of receiving your appeal's resolution. You can file for a Medicaid Fair Hearing by writing to:

Agency for Health Care Administration
Medicaid Hearing Unit
P.O. Box 60127
Ft. Myers, FL 33906

877-254-1055 (toll-free)
239-338-2642 (fax)

MedicaidHearingUnit@ahca.myflorida.com

You must complete the appeal process with UnitedHealthcare prior to submitting a request for a Medicaid Fair Hearing.

Non-Discrimination Compliance Coordinator.
UnitedHealthcare strives to treat all our members with the care and respect they deserve. If you feel that you have been subjected to discrimination of any nature, please contact UnitedHealthcare's Non-Discrimination Compliance Coordinator:

Juan Rodas
3100 SW 145th Avenue
Miramar, FL 33027
954-364-0715

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, we[1] 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.

- **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.

- **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)**.

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.; United Healthcare 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.

We[2] 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.

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.; Connextions 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.

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

Revised: January 1, 2018.

The first part of this Notice (pages 62 – 65) 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

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

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

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 Customer Service at **1-888-716-8787, TTY 711** Monday through Friday 8:00 a.m. – 7:00 p.m. Eastern time. You can also visit our website at **myuhc.com/CommunityPlan**.

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

myuhc.com/CommunityPlan

1-888-716-8787, TTY 711

UnitedHealthcare®
Community Plan


UnitedHealthcare®
Community Plan