



Welcome to the
community.

Louisiana

Member Handbook
For Physical Health Services



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, 7:00 a.m. to 7:00 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, 7:00 a.m. to 7:00 p.m.

Welcome.

Welcome to UnitedHealthcare Community Plan.

Please take a few minutes to review this Member Handbook. We're ready to answer any questions you may have. You can find answers to most questions at myuhc.com/CommunityPlan. Or, you can call Member Services at **1-866-675-1607, TTY 711**, Monday through Friday, 7:00 a.m. – 7:00 p.m.

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 member 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 Member Services at **1-866-675-1607, 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 10.

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 a member. You are our customer. You are important to us. We want to help you in an easy and caring manner. We work hard to improve the health and quality of life for our members. We look for ways to make our health plan better for you and your family every day.

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.

Remember, answers to any questions you have are just a click away at **myuhc.com/CommunityPlan**. Or, you can call Member Services at **1-866-675-1607, TTY 711**, Monday through Friday 7:00 a.m. – 7:00 p.m.





7 Health Plan Highlights

- 7 Member ID Card
 - 9 Benefits at a Glance
 - 10 Your Health Assessment
 - 11 Member Support
 - 13 Using Your Pharmacy Benefit
-



15 Going to the Doctor

- 15 Your Primary Care Provider (PCP)
 - 16 Annual Checkups
 - 18 Making an Appointment With Your PCP
 - 19 Preparing for Your PCP Appointment
 - 19 Once You Have Made the Appointment
 - 20 NurseLineSM Services
 - 21 If You Need Care and Your Provider's Office Is Closed
 - 21 Referrals and Specialists
 - 21 Out-of-Network Providers
 - 22 Member's Right to Refuse Treatment
 - 22 Getting a Second Opinion
 - 22 Prior Authorizations
 - 23 Continued Care if Your PCP Leaves the Network
 - 23 If You Need Care When Out of Town
 - 23 Transportation Services
-



25 Hospitals and Emergencies

- 25 Emergency Care
 - 25 Urgent Care
 - 26 Hospital Services
 - 26 Post-Stabilization Services
 - 26 No Medical Coverage Outside of United States
-



27 Pharmacy

- 27 Prescription Drugs
- 28 90 Day Supply Pharmacy Benefit
- 28 Over-the-Counter (OTC) Medicines
- 28 Injectable Medicines



29 Benefits

- 29 Benefits Covered by UnitedHealthcare Community Plan
 - 41 Value-Added Benefits
 - 44 Behavioral Health Services – Specialty Care
 - 44 Consent Form Required Services
 - 44 Regular Medicaid Services
 - 44 New Technology
 - 45 Gambling Disorders
 - 45 Disease and Care Management
 - 45 Wellness Programs
 - 45 Tobacco Education and Prevention
 - 46 For Moms-to-Be and Children
-



48 Other Plan Details

- 48 Finding a Network Provider
- 48 Provider Directory
- 48 Utilization Management
- 49 Interpreter Services and Language Assistance
- 49 What Should I Do if I Get a Medical Bill?
- 49 Other Health Insurance (Coordination of Benefits – COB)
- 50 Reporting Marketing Violations
- 50 Updating Your Information
- 51 Fraud and Abuse
- 52 Your Opinion Matters
- 52 Advance Directives
- 53 Member Rights and Responsibilities
- 55 Grievances and Appeals
- 61 Grievance and Appeal Form
- 63 Request for State Fair Hearing Form
- 65 Health Plan Notices of Privacy Practices



Health Plan Highlights

Member ID Card

UnitedHealthcare Community Plan

Health Plan (80840) 911-87726-04

Member ID: 999999999

Member: SUBSCRIBER BROWN

PCP Name: PROVIDER BROWN
 PCP Phone/24 hours: (999)999-9999
 PCP Clinic Name: 1234 Address Street, Anywhere, LA 12345
 DOB: 02/08/2012

Payer ID: 87726

OPTUMRx™
 Rx Bin: 610494
 Rx Grp: ACULA
 Rx PCN: 9999

0501 Administered by UnitedHealthcare Community Plan

In an emergency go to nearest emergency room or call 911. Printed: XXXXXX

This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member Handbook. To find a provider visit the website www.MyUHC.com/CommunityPlan.

For Members: 1-866-675-1607 TTY 711
 NurseLine: 1-877-440-9409 TTY 711
 Report Fraud: 1-800-488-2917 TTY 711

For Providers: www.UnitedHealthcareOnline.com 1-866-675-1607
 Medical Claims: PO Box 31341, Salt Lake City, UT 84131-0341

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
 For Pharmacist: 1-866-328-3108 Rx Prior Auth: 1-800-310-6826

Your plan ID number
 Your member ID number
 Member Services phone number

Name of your
 Primary Care Provider

Your member ID card holds a lot of important information. It gives you access to your covered benefits. You should have received your member 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 Member Services at **1-866-675-1607, TTY 711**.

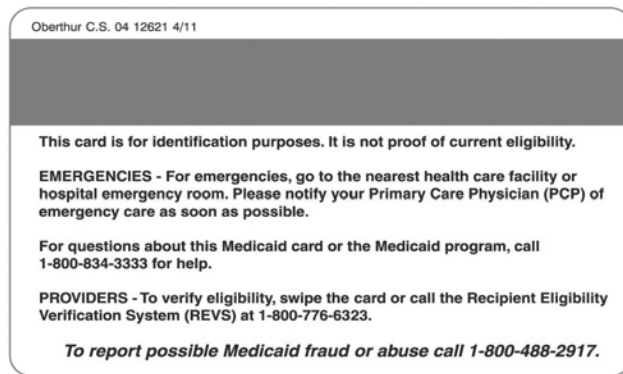
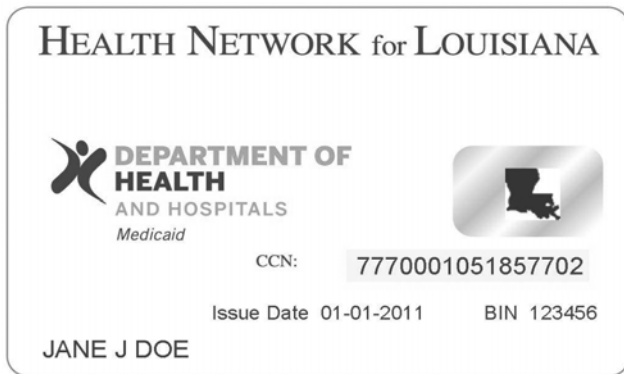
- Take your member ID card to your appointments.
- Show it when you fill a prescription.
- Have it ready when you call Member Services; this helps us serve you better.
- Do not let someone else use your card(s). It is against the law.

Lost your member ID card?

If you or a family member loses a card, you can print a new one at myuhc.com/CommunityPlan or call Member Services at **1-866-675-1607, TTY 711**.

State of Louisiana ID Card

The State of Louisiana Medicaid program provides members with a State of Louisiana Medicaid ID card. If you lose and need to replace your State of Louisiana Medicaid ID Card, call toll-free at 1-888-342-6207 (TTY 1-800-220-5404). You can find providers for these services at the state website. Visit the State of Louisiana Medicaid website at www.medicaid.la.gov.



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.

Benefits at a Glance

As a UnitedHealthcare Community Plan member, 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 **1-866-675-1607, TTY 711**.



NurseLineSM.

NurseLine gives you 24/7 telephone access to experienced registered nurses by calling **1-877-440-9409, TTY 711**. 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 who are highly trained to treat certain conditions.



Medicines.

Your plan covers prescription drugs with no co-pays for members under the age of 21 and small co-pays for adults. Also covered with a prescription from your prescriber are items such as cough and cold products, vitamins, family planning, and smoking cessation products.



Hospital Services.

You are covered for all medically necessary hospital and outpatient care.



Laboratory Services.

Covered services include tests and X-rays that are medically necessary or help find the cause of illness.

Health Plan Highlights



Well-Child Visits.

All well-child visits and immunizations for children 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.

Vision benefits are available for adult and children covering examinations and treatment of eye conditions.

- Children covered vision services include regular eye exams, eyeglass frames, prescription lenses.
- Adults are provided additional vision services by UnitedHealthcare to complement the limited Medicaid vision benefits. Services include one routine eye exam and allowance on eyewear.

Your Health Assessment

A Health Assessment is a short and easy survey that asks you simple questions about your lifestyle and your health. You may fill it out at myuhc.com/CommunityPlan. 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 Member Services at **1-866-675-1607, TTY 711** to complete it by phone.

Member Support

We want to make it as easy as possible for you to get the most from your health plan. As our member, 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 member ID card.
- Find a provider or pharmacy.
- Search for a medicine in the Preferred Drug List.
- Get benefit details.
- Download a new Member Handbook.



Member Services is available to assist you.

Member Services can help with your questions or concerns. This includes:

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

Call **1-866-675-1607, TTY 711**, Monday through Friday, 7:00 a.m. to 7:00 p.m.



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 **1-866-675-1607, TTY 711**.



Transportation services are available.

- **In an emergency, call 911.**
- **Non-Emergency Medical Transportation (NEMT).** Non-Emergency Medical Transportation (NEMT) services are provided by UnitedHealthcare Community Plan. The NEMT services include friends and family providers, municipal transit providers and non-profit NEMT providers.
- **Non-Emergency Ambulance Transportation (NEAT).** Non-Emergency Ambulance Transportation (NEAT) services are provided by UnitedHealthcare Community Plan.

Health Plan Highlights



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 Member Services at **1-866-675-1607, 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 **1-866-675-1607, TTY 711**.



Emergencies.

In case of emergency, call **911**



Other important numbers.

Provider Services	1-866-675-1607
24/7 NurseLine SM	1-877-440-9409, TTY 711
(available 24 hours a day, 7 days a week)	
Healthy First Steps (for mothers-to-be)	1-877-813-3417, TTY 711
Fax	1-877-353-6913
Fraud and Abuse Hotline	
UnitedHealthcare Community Plan	1-877-766-3844
Louisiana Medicaid Fraud Hotline	1-800-488-2917
Healthy Louisiana	1-855-229-6848
TTY	1-855-LAMed4Me (1-855-526-3346)
Member Services Email Address	LA_memberservices@uhc.com
Member Services Fax	1-888-624-2748
Transportation Services	1-866-726-1472

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 member 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 UHCommunityplan.com/la (click on Find A Drug on the left side of the screen). You can also call Member Services. 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 member ID card. Go to myuhc.com/CommunityPlan and click on "Pharmacies & Prescriptions." You can also call Member Services at **1-866-675-1607, TTY 711**.



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 3-day supply. To do so, visit a network pharmacy and show your member ID card. If you don't have your member 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 member's claim using:

BIN: 610494

Processor Control Number: 9999

Group: ACULA

If you receive a message that the member's medication needs a prior authorization or is not on our formulary, please call **OptumRx®** at **1-866-328-3108** 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.
- Gynecologist (GYN) — cares for women.
- Internal medicine doctor (also called an internist) — cares for adults.
- Nurse Practitioner (NP) — cares for children and adults.
- Obstetrician (OB) — cares for pregnant women.
- Pediatrician — cares for children.

Choosing your PCP.

If you've been seeing a doctor before becoming a UnitedHealthcare member, 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 members. You don't need to call us before seeing one of these providers, but you will need to contact your PCP to be referred to a specialist. There may be times when you need to get services outside of our network. Call Member Services to learn if they are covered in full. You may have to pay for those services.

Going to the Doctor

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

1. Look through our printed or electronic Provider Directory.
2. Use the Find-a-Doctor search tool at myuhc.com/CommunityPlan.
3. Call Member Services at **1-866-675-1607, TTY 711**.
We can answer your questions and help you find a PCP close to you.

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

Changing your PCP.

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

Learn more about network doctors.

You can learn information about network doctors, such as board certifications, and languages they speak, at myuhc.com/CommunityPlan, or by calling Member Services.

We can tell you the following information:

- Name, address, telephone numbers.
- Professional qualifications.
- Specialty.
- Medical school attended.
- Residency completion.
- Board certification status.

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 offer 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.

Here are the 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 a common form of childhood meningitis.
- **Meningococcal:** prevents a common type of bacterial meningitis.
- **Polio:** prevents a virus that causes paralysis.
- **MMR:** prevents measles, mumps and German measles.
- **Varicella:** prevents chickenpox.
- **Influenza:** protects against the flu virus.
- **Pneumococcal:** prevents ear infections, blood infections, pneumonia and bacterial meningitis.
- **HPV:** protects against a sexually spread virus that can lead to cervical cancer in women and genital warts in men.

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

Making an Appointment With Your PCP

Call your doctor's office directly. The number should be on your Member ID card. When you call to make an appointment, be sure to tell the office why you need to see the doctor. 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.

Prenatal care services.

- First trimester – within 14 days.
- Second trimester – within 7 days.
- Third trimester – within 3 days.
- High-risk pregnancies – within 3 days of referral by a network physician.

Preparing for Your PCP Appointment

Before the visit.

- 1** Go in knowing what you want to get out of the visit.
- 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. For your appointment, bring your prescription bottles with you so your PCP can review.

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.

Once You Have Made the Appointment

- Please be on time for your appointment.
- If you cannot keep your appointment, call the doctor's office immediately to cancel so your time can be used for another patient.

If you need additional help in scheduling an appointment, you may also call Member Services at **1-866-675-1607, TTY 711**.



NurseLineSM 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 **1-877-440-9409 (TTY 711)**. You can call the toll-free NurseLine number anytime, 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 will leave instructions on his or her office phone on how to receive after-hours 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

UnitedHealthcare Community Plan does not require a formal management of referrals to specialists at this time.

While referrals are not required for UnitedHealthcare Community Plan of Louisiana, we do encourage members to coordinate care with their PCP and specialist.

We will evaluate the need for a formal referral process at a later time.

Out-of-Network Providers

You or your PCP might decide that you need to see a doctor or provider that is not in our network. Your PCP will need to call us to get an okay from us for these services before they will be covered. This is called a prior authorization.

Member's Right to Refuse Treatment

As a member of our health plan, you have the right to refuse to undergo any medical service, diagnoses or treatment, or to refuse to accept any health service provided by UnitedHealthcare Community Plan. A parent or guardian may refuse medical treatment for a minor.

Getting a Second Opinion

A second opinion is when you want to see a second doctor for the same health concern. You can get a second opinion from a network provider for any of your covered benefits. This is your choice. You are not required to get a second opinion.

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. If your provider does not get prior authorization, you will not be able to get those services. A member may submit, either verbally or in writing, a service authorization request for services. Please call Member Services at **1-866-675-1607, TTY 711** for more information.

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.

NOTE: Services by a provider who is not participating in network require prior authorization. You may be responsible for a bill without obtaining prior authorization.

A prior authorization may be needed for services like:

- Hospital admissions.
- Home health care services.
- Certain outpatient imaging procedures, including MRIs, MRAs and CT scans.
- Pediatric Day Healthcare/Personal Care Services.
- Sleep studies performed in a facility.
- Pharmacy (some medications).
- DME – Durable Medical Equipment.

If you have any questions regarding services that may require a prior authorization call Member Services or your PCP.

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

In an emergency, call 911. Ambulance transportation is covered during emergencies.

Emergency Ambulance Transportation (EAT).

Emergency Ambulance Transportation (EAT) services are covered by UnitedHealthcare Community Plan. The EAT services include transportation for life-threatening conditions enroute to seeking emergency medical treatment. **Call 911.**

Non-Emergency Medical Transportation (NEMT).

Non-Emergency Medical Transportation (NEMT) services are provided by UnitedHealthcare Community Plan. The NEMT services include friends and family providers, municipal transit providers, and non-profit NEMT providers. Members who reside in a nursing facility or Intermediate Care Facility for the Developmentally Disabled (ICF-DD) can access Non-Ambulance transportation through their nursing facility or ICF-DD. **Call 1-866-726-1472, 8:00 a.m. to 5:00 p.m. Monday through Friday.**

To schedule a ride,
call **1-866-726-1472**,
8:00 a.m. to 5:00 p.m.

Going to the Doctor

Non-Emergency Ambulance Transportation (NEAT).

Non-Emergency Ambulance Transportation (NEAT) services are provided by UnitedHealthcare Community Plan. NEAT services are provided when NEMT does not meet the medical needs of the member, due to his/her inability to be transported by routine ground transport. Adults in an Intermediate Care Facility for the Developmentally Disabled (ICF-DD) are covered for Non-Emergency Ambulance Transportation (NEAT) service by Medicaid. **Call 1-866-726-1472 8:00 a.m. to 5:00 p.m. Monday through Friday.**

Transportation Services.

For services covered by UnitedHealthcare Community Plan, members should call **1-866-726-1472, 8:00 a.m. to 5:00 p.m. Monday through Friday.**

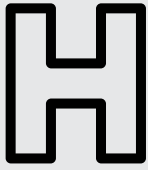
How to schedule a ride.

- Call **1-866-726-1472**, 8:00 a.m. to 5:00 p.m., two (2) business days prior to appointment.
- Reservations are accepted two (2) business days prior to appointment, Monday through Friday 8:00 a.m. to 5:00 p.m. Routine trip requests are not allowed during non-business hours; urgent/same-day and/or hospital discharges are accepted 24/7/365.

Calls for routine reservations are not accepted on national holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas.

- Give the transportation representative this information:
 - Where you need to go.
 - What time you arrive at your appointment.
 - If you need a van that is equipped with a wheelchair lift.
- **Ride Assist (Where's My Ride):** 1-866-726-1473

Remember to call 911 if you have an emergency.



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.

Don't wait.

If you need emergency care, call 911 or go to the nearest hospital. Prior authorization is not required for emergency services.

UnitedHealthcare Community Plan covers any emergency care you need throughout the United States and its territories. Within 24 hours after your visit, call Member Services at **1-866-675-1607, 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.
- Abdominal pains and wheezing.
- 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 Member Services at **1-866-675-1607, 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.

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.

Going to the hospital.

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

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 United States

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. You will have to pay for the drug yourself if you do not go to a network pharmacy.

Prior authorization.

Some medications on our Preferred Drug List need prior authorization. This means they must be approved before you can get them. When a drug needs prior authorization, your doctor must contact our Pharmacy Department. They will review the doctor's request. The decision takes up to 24 hours once all medically necessary information is provided. You and your doctor will be informed of the outcome.

Generic and brand name drugs.

UnitedHealthcare Community Plan requires all members to use generic drugs when available. Generic drugs have the same ingredients as brand name drugs — they often cost less, but they work the same.

What is the Preferred Drug List?

This is a list of drugs covered under your plan. You can find the complete list in your Preferred Drug List, or online at myuhc.com/CommunityPlan.

Changes to the Preferred Drug List.

The list of covered drugs is reviewed by the Louisiana Department of Health (LDH) on a regular basis and may change when new generic drugs are available. There are some members who may have to pay a small amount (called a co-pay) for their prescriptions.

90 Day Supply Pharmacy Benefit

You are able to get a 90 day supply on your medication. With a 90 day supply, you won't need to get a refill every month. You'll have 3 months between refills.

What to do if you want a 90 day supply?

- **Talk with your pharmacist.** Your pharmacist can call your doctor to get a new prescription for a 90 day supply.
- **Talk with your doctor.** Your doctor can write you a new 90 day supply prescription for your medicine. We've let your doctor know about this change to your pharmacy benefit.

For more information speak with your doctor, pharmacist, or call Member Services at **1-866-675-1607, TTY 711**. They are happy to help!

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 member ID card into any network pharmacy to fill the prescription. OTC medications include:

- Insulin syringes, test strips, lancets and urine test strips.
- Vitamin D, Vitamin E, niacin, calcium, magnesium, phosphate and iron replacements.
- Antihistamines.

For a complete list of covered OTC medicines, go to myuhc.com/CommunityPlan. Or call Member Services at **1-866-675-1607, TTY 711**.

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.



Benefits

Benefits Covered by UnitedHealthcare Community Plan

As a Physical Health Only member of UnitedHealthcare Community Plan, your Mental Health and Substance Use treatment services are provided by CSOC (Coordinated System of Care). You are covered by the following Physical Health benefits. Your doctor may need to provide evidence of medical necessity for some covered services.

If you are not a CSOC (Coordination System of Care) member, please call Member Services at **1-866-675-1607, TTY 711**, to ask questions about benefits covered by UnitedHealthcare.

Remember to always show your current member ID card when getting services. It confirms your coverage. If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment.

Benefit	Services included	Limitations	Who to contact
Ambulatory Surgical Centers	Coverage of certain surgical procedures and related lab services.	Covered, all members.	Contact your PCP.
Audiological Services	Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries.	<p>Hearing Examinations: Covered, all members.</p> <p>Hearing Aids: Covered for members under the age of 21. See <i>Hearing Aids</i> page 33.</p>	Contact your PCP.

Benefits

Benefit	Services included	Limitations	Who to contact
Chemotherapy Services	Chemotherapy administration and treatment drugs, as prescribed by physician.	Covered, all members.	Contact your PCP.
Chiropractic Services	Medically necessary manual manipulations of the spine only based on a recommendation from PCP or an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) medical screening provider.	Covered for members under the age of 21. For members age 21 and older, see Adult Pain Management under the <i>Value-Added Benefits</i> Section page 41.	Contact your PCP.
Dental Care Services	Pediatric and Adult Dental Services.	Covered for members under the age of 21. For members age 21 and older, see Adult Dental Care under the <i>Value-Added Benefits</i> Section page 41.	For covered members under the age of 21, you can access these services through Managed Care of North America (MCNA) . For a list of children's dentists, please call MCNA at 1-855-702-6262 or go online to www.mcnala.net . For covered members age 21 and older, contact Member Services at 1-866-675-1607 , TTY 711 .

Benefit	Services included	Limitations	Who to contact
Durable Medical Equipment (DME)	<p>Medical equipment and appliances like wheelchairs, leg braces, etc.</p> <p>Medical supplies like ostomy supplies, etc.</p>	Covered, all members.	Contact your PCP.
EPSDT Dental Services	Bi-annual screening with exam, X-rays, cleaning, topical fluoride treatment and oral hygiene instruction.	Covered, members under the age of 21.	<p>For covered members under the age of 21, you can access these services through Managed Care of North America (MCNA). For a list of children's dentists, please call MCNA at 1-855-702-6262 or go online to www.mcnala.net.</p> <p>For covered members age 21 and older, contact Member Services at 1-866-675-1607, TTY 711.</p>

Benefits

Benefit	Services included	Limitations	Who to contact
EPSDT Personal Care Services	<p>Basic personal care – toileting and grooming activities.</p> <p>Assistance with bladder and/or bowel requirements or problems.</p> <p>Assistance with eating and food preparation.</p> <p>Performance of incidental household chores, only for the recipient, and accompanying, not transporting, recipient to medical appointments.</p> <p>Does not cover any medical tasks such as medication administration, tube feedings.</p>	<p>Covered, Medicaid members under the age of 21, not receiving Individual Family Support services.</p>	<p>Contact your PCP.</p>
Eyeglass Services	<p>Routine vision services and exams for vision correction and refraction error; eyewear, contacts if the only means to restore vision.</p>	<p>Covered, members under the age of 21.</p> <p>For members age 21 and older, see Adult Vision under the <i>Value-Added Benefits</i> Section page 41.</p>	<p>Covered members can access the services of any vision care provider, or eyewear vendor in UnitedHealthcare Community Plan's Vision network.</p> <p>Contact Member Services at 1-866-675-1607, TTY 711.</p>

Benefit	Services included	Limitations	Who to contact
Family Planning	Doctor visits to assess the patient's physical status and contraceptive practices; nurse visits; physician counseling regarding sterilization; nutrition counseling; social services counseling regarding the medical/family planning needs of the patient; contraceptives; and certain lab services.	Covered for female members 10 – 60 years of age.	Contact your PCP.
Federally Qualified Health Centers (FQHCs)	Professional medical services furnished by physician, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists and dentists. Includes regular encounter visits, EPSDT screening services; EPSDT Dental.	Covered, all members.	UnitedHealthcare Community Plan members are welcome to choose a local FQHC provider as their primary care physician (PCP).
Hearing Aids	Includes hearing aids, batteries, earpieces and any related ancillary equipment if the hearing aid was paid for by Medicaid.	Covered, members under the age of 21.	Contact Member Services at 1-866-675-1607, TTY 711.
Hemodialysis Services – See OP Services	Includes routine lab, dialysis, medically necessary non-routine lab work and medically necessary injections.	Covered, all members.	Contact your PCP.
Home Health	Includes intermittent/part-time nursing, including skilled nursing; aide visits; PT/OT/ST; and medically necessary extended home health for multiple hours of skilled nursing.	Covered, all members.	Contact your PCP.

Benefits

Benefit	Services included	Limitations	Who to contact
Hospital – Inpatient Services	Inpatient hospital care needed for the treatment of an illness or injury that can only be provided safely and adequately in a hospital setting.	Covered, all members.	Contact your PCP. For information on Healthy First Steps, call 1-877-813-3417, TTY 711.
Hospital – Outpatient Services	Diagnostic and therapeutic outpatient services, including outpatient surgery, habilitation and rehabilitation services; therapeutic and diagnostic radiology services; chemotherapy; hemodialysis.	Covered for outpatient rehabilitative, habilitative and diagnostic services.	Contact your PCP.
Hospital – Emergency Room Services	Emergency room services. Emergency: A sudden and unexpected change in physical or mental health which, if not treated right away, could result in 1) loss of life or limb, 2) impairment to a bodily function, or 3) permanent damage to a body part.	Covered, all members.	Call 911 or your local emergency system.
Immunizations		Covered, all members.	Contact your PCP.
Child Health Screenings/ Checkups (EPSDT Screening Services)	Screenings include vision, hearing, dental screening, periodic and interperiodic screenings.	Covered, members under the age of 21.	Contact your PCP.

Benefit	Services included	Limitations	Who to contact
Laboratory Tests and Radiology Services	<p>Most diagnostic testing and radiological services ordered by the attending or consulting physician.</p> <p>Portable (mobile) X-rays are covered only for recipients who are unable to leave their place of residence without special transportation or assistance to obtain physician ordered X-rays.</p>	Covered, all members.	Contact your PCP.
Long-Term Personal Care Services	<p>Basic personal care – toileting and grooming activities.</p> <p>Assistance with bladder and/or bowel requirements or problems.</p> <p>Assistance with eating and food preparation.</p> <p>Performance of incidental household chores, only for the recipient, and accompanying, not transporting, recipient to medical appointments.</p> <p>Does not cover any medical tasks such as medication administration, tube feedings.</p>	<p>Covered, Medicaid members under the age of 21, not receiving Individual Family Support services.</p> <p>For members age 21 and older, services may be available through Louisiana Department of Health (LDH).</p>	Contact your PCP.
Medical Transportation Emergent	Emergency ambulance service may be reimbursed if circumstances exist that make use of any conveyance other than an ambulance medically inadvisable for transport of the patient.	Covered, all members.	Call 911 or your local emergency system.

Benefits

Benefit	Services included	Limitations	Who to contact
Medical Transportation Non-Emergent	<p>Transportation to and from medical appointments.</p> <p>The medical provider the recipient is being transported to has to be a Medicaid enrolled provider and the services must be Medicaid covered services. The dispatch office will make this determination.</p> <p>Recipients under 17 years old must be accompanied by an adult.</p>	Covered, all members.	Members should call 1-866-726-1472 , Monday through Friday, 8:00 a.m. to 5:00 p.m., at least 2 business days prior to appointment.
Midwife Services (Certified Nurse Midwife)	See FQHC; Physician/ Professional Services; Rural Health Clinics.	Covered, all members.	Contact your PCP.
Nurse Practitioners/ Clinical Nurse Specialists	See FQHC; Physician/ Professional Services; Rural Health Clinics.	Covered, all members.	Contact your PCP.
Occupational Therapy Services		Covered, all members.	Contact your PCP.

Benefit	Services included	Limitations	Who to contact
Optical Services	Routine vision services and exams for vision correction and refraction error; eyewear, contacts if the only means to restore vision.	Covered, members under the age of 21. For members age 21 and older, see Adult Vision under the <i>Value-Added Benefits</i> Section page 41.	Covered members can access the services of any vision care provider, or eyewear vendor in UnitedHealthcare Community Plan's Vision network. Contact Member Services at 1-866-675-1607, TTY 711.
Pediatric Day Health Care (PDHC)	Nursing care, respiratory care, physical therapy, speech – language therapy, occupational, personal care services and transportation to and from PDHC facility.	Covered for members under the age of 21 who have a medically fragile condition.	Contact your PCP.
Pharmacy Services	Co-pays of .50 to \$3.00 apply to members EXCEPT those under the age of 21, pregnant women, Native Americans and Alaskan Eskimos, Home and Community Based Waiver enrollees, women whose basis of Medicaid eligibility is Breast or Cervical Cancer; and enrollees receiving hospice services.	Covered, all members.	For questions about your prescription, contact your PCP. For general pharmacy benefit questions, call Member Services at 1-866-675-1607, TTY 711.
Physical Therapy		Covered, all members.	Contact your PCP.

Benefits

Benefit	Services included	Limitations	Who to contact
Physician/ Professional Services	Professional medical services including those of a physician, nurse, midwife, nurse practitioner, clinical nurse specialists, physician assistant, audiologist. Certain family planning services when provided in a physician's office.	Covered, all members.	Contact your PCP.
Podiatry Services	Office visits. Certain radiology and lab procedures and other diagnostic procedures.	Covered, all members.	Contact your PCP.
Prenatal Care Services	Office visits. Other pre- and post-natal care and delivery. Lab services.	Covered, all pregnant members. Contact HFS (Healthy First Steps).	Healthy First Steps: 1-877-813-3417, TTY 711. Healthy First Steps Fax: 1-877-353-6913.
Rehabilitation/ Habilitation Clinic Services	See: Occupational Therapy. Physical Therapy. Speech, Language and Hearing Therapy.	Covered, all members.	Contact your PCP.
Rural Health Clinics	Includes regular encounter visits, EPSDT screening services; EPSDT Dental, Adult Denture.	Covered, all members.	Contact your PCP.
Sexually Transmitted Disease Clinics (STD)	Includes testing, counseling and treatment. Confidential HIV testing.	Covered, all members.	Contact your PCP.

Benefit	Services included	Limitations	Who to contact
Speech and Language Evaluation and Therapy	See Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services; Therapy Services.	Covered, members under the age of 21.	Contact your PCP.
Therapy Services	Audiological Services (available in rehabilitation clinic and hospital- outpatient settings only). See: Occupational Therapy. Physical Therapy. Speech and Language Therapy.	Covered. Audiological Services: Members under the age of 21. Other Therapies: no age limit.	Contact your PCP.
Transportation	See Medical Transportation Emergent and Medical Transportation Non-Emergent.	Covered, all members.	For emergencies, call 911 or your local emergency system. For non-emergency transportation. Members should call 1-866-726-1472 , Monday through Friday, 8:00 a.m. to 5:00 p.m., 2 business days prior to appointment.
Tuberculosis Clinics	Treatment and disease management services including physician visits, medications and X-rays.	Covered, all members.	Contact your PCP.

Benefits

Benefit	Services included	Limitations	Who to contact
Women's Health Services	Routine and preventive health care services include, but are not limited to: prenatal care, breast exams, mammograms and Pap tests. Two annual visits may be covered, with the second visit based on medical necessity, along with follow-up care provided within 60 days as needed.	Covered, all female members. No referral required.	Contact your PCP or Women's Health Specialist.
X-Ray Services	See Laboratory Tests and X-Ray Services.		

Value-Added Benefits

Well visits	
Benefit	Services included
Unlimited Visits	Offered to members with contracted PCPs and specialists if deemed necessary by their PCP.
\$20 Gift Card	Offered for members completing a PCP visit within 90 days of enrollment.
\$20 Gift Card	Offered for one (1) well-child visit each year between the ages of 1 and 17.
\$10 Gift Card	Offered for completing a health risk assessment (HRA) within 90 days of enrollment.
Asthma Home Assessment	Offered for moderate to severe asthmatics when referred by your PCP or care manager with a certified in-network asthma educator. One visit per year.
Adult access to health	
Benefit	Services included
Adult Dental Benefit	Members over 21 will be provided routine dental exams, X-rays, cleanings, fillings and extractions with in-network providers limited to \$500 per year of covered services.
Adult Vision Benefit	Members over 21 will be provided vision services including one routine eye exam every two years and \$100 allowance for frames/lenses and a \$105 allowance for contacts every two years.
Adult Pain Management	Members over 21 will be provided six (6) visits per year to an in-network chiropractor.
Diabetic Screening Incentive	Members over 21 who complete their HbA1c labs and LDL-C screening within 90 days of enrollment are eligible for a \$50 voucher toward a catalog of over-the-counter health products.

Benefits

Pregnancy

Benefit	Services included
Baby Blocks® Program	For pregnant women and new mothers. Members can receive eight (8) incentives for achieving health care goals during the 24-month pregnant and postpartum program.
Healthy Pregnancy Care Book	A baby care and healthy pregnancies resource that promotes the safety, health and well-being of babies and mothers is provided to pregnant women and new mothers.
Circumcisions	Available free for newborn males.

Weight management

Benefit	Services included
Weight Watchers	Program enrollment offered to qualifying members where they will learn valuable skills about healthy eating and weight loss. Upon referral by your PCP, you will receive meeting vouchers to attend up to 10 meetings. Limited to members over the age of 12.

Community outreach

Benefit	Services included
Youth Membership Program	With a Louisiana Boys & Girls Club offered to members under the age of 19. Where not available, the plan will find an alternative youth organization for the child to join. The program bolsters confidence and promotes a healthy lifestyle.

Community Health Worker Program	Brings coordinators to local communities and the homes of members to answer questions, provide assistance in accessing their PCP, obtaining transportation to appointments, connecting services in the community and much more.
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Technology

Benefit	Services included
Cellphones	This program provides no cost smartphones and service plans. It is for eligible members. Phone access helps ensure that members can connect to UnitedHealthcare, 911 and their doctors. Text messages give appointment reminders and tips to stay healthy.
Social Media on Facebook, Twitter: @UHCPregnantCare (In Spanish: @UHCEmbarazada)	Delivers health and wellness information relating to pregnancy, childbirth and general health information applicable to pregnant women.
Mobile Apps	<p>UnitedHealthcare Health4Me™.</p> <p>UnitedHealthcare Community Plan has a new member app. It's called UnitedHealthcare Health4Me. The app is available for Apple® or Android® tablets and smartphones. Health4Me makes it easy to:</p> <ul style="list-style-type: none"> • Find a doctor, ER or urgent care center near you. • View your ID card. • Read your handbook. • Learn about your benefits. • Contact Member Services. <p>Download the free Health4Me app today. Use it to connect with your health plan wherever you are, whenever you want.</p>
Online Resources	<p>KidsHealth*, our online program, includes health and wellness resources to encourage healthy behaviors among children, young adults and their parents. Content includes assistance for high-risk members with managing conditions such as diabetes, asthma and stress. Videos, written and spoken articles are also provided.</p> <p>Visit the website at UHCCommunityPlan.com/LAkids.</p> <p><i>* Note: All information is for educational purposes only. For specific medical advice, diagnoses and treatment, consult your doctor.</i></p> <p>© 1995-2014 KidsHealth® All rights reserved.</p>

Behavioral Health Services – Specialty Care

For information about specialty behavioral health services, call Member Services at **1-866-675-1607, TTY 711**. Call 911 for immediate medical emergencies, or call 211 for non-emergencies to receive the appropriate treatment referral. 211 is an easy to remember telephone number that connects you to information about critical health and human services available in your community, such as food, clothing, shelter, employment and financial assistance.

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 Member Services at **1-866-675-1607, 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 the Louisiana Medicaid Customer Service Unit toll-free at **1-888-342-6207** for information on these services and any cost sharing required.

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.

Gambling Disorders

The Louisiana Department of Health (LDH), Office of Behavioral Health provides a variety of options for the treatment and prevention of Gambling Disorders. For more information or to set up an appointment to address a gambling problem or concern, contact **Louisiana Problem Gamblers Helpline at 1-877-770-STOP (7867)** or visit <http://www.helpforgambling.org/>. The helpline is available 24 hours a day, seven days a week. It is toll-free and confidential.

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 Member Services at **1-866-675-1607, TTY 711**.

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.
- Nutrition classes.
- Pregnancy care and parenting classes.
- Well-care reminders.

Your PCP may suggest one of these programs for you. If you want to know more, or to find a program near you, talk to your PCP or call Member Services at **1-866-675-1607, TTY 711**.

Tobacco Education and Prevention

The **Louisiana Tobacco Quitline** and **Website** offer free, confidential phone counseling and online support programs. Set a quit date and develop a quit plan that works for you. Free nicotine gum or patches available. Call **1-800-784-8669** or enroll at www.quitwithusla.org.

For Moms-to-Be and Children

UnitedHealthcare 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.
- 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.

Call us toll-free at **1-877-813-3417, TTY 711**, Monday through Friday, from 7:00 a.m. to 6:00 p.m. Central. 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.

Text4baby.

Text4baby is a free mobile information service that will help you through your pregnancy and baby's first year of life. Get text messages on your cellphone each week.

The text4baby messages will give you tips about:

- Keeping healthy.
- Labor and delivery.
- Breastfeeding.
- The importance of immunizations (shots).
- Exercise and healthy eating.

To sign up for text4baby, simply text the word **BABY** to 511411. Give your baby the best possible start in life. Sign up for text4baby.

Having a baby?

When you think you are pregnant, call Member Services at **1-866-675-1607, TTY 711**.

This will help ensure you get all the services available to you.

Online answers, advice and fun with KidsHealth®.

You and your family can now get answers to your health questions online through a partnership between UnitedHealthcare and KidsHealth. Visit the website at UHCCommunityPlan.com/LAkids. Search by topic, read articles or watch videos. Parents can find answers they need. Teens can find straight talk and personal stories. Younger children can learn through health quizzes, games and videos.

Newborn care services.

We want your baby to be healthy. Sometimes extra care is needed after the baby is born. Our nurses will call you if your baby is in the NICU. This service is offered as part of your benefits plan. If your baby or babies need extra care, we're here for you.

Our newborn nurses have many years of experience with baby care. Your newborn nurse will:

- Answer questions about your delivery, and newborn care.
- Provide information to help you make decisions.
- Work with the hospital to make sure you and your baby receive the care you need.
- Help you make a plan for bringing your baby home after delivery, including any home health care needs.
- Put you in touch with local resources and services.
- Review your benefits to make sure you're using all the services available to you.

Nurse family partnership.

We are happy to partner with the Louisiana Nurse Family Partnership. This is operated by the Office of Public Health with the state of Louisiana. Together we work to improve the health of mothers and infants. For more information, please call **Member Services at 1-866-675-1607, TTY 711.**

Dr. Health E. Hound® program.

Dr. Health E. Hound loves to travel around the country and meet kids of all ages. He likes to hand out flyers, posters, stickers and coloring books to remind kids to eat healthy foods and exercise. He also helps kids understand that going to the doctor for checkups and shots is an important way to stay healthy. His goal is to help teach your kids about fun ways to stay fit and healthy.

You and your family can meet Dr. Health E. Hound in person at some of our health events. Come to an event and learn about the importance of healthy eating and exercise.



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-to-date information.

Click on “Find a Provider.”



Call Member Services at **1-866-675-1607, 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

We 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, please call Customer Service at **1-866-675-1607, TTY 711**, and we will mail one to you.

Utilization Management

UnitedHealthcare Community Plan does not want you to get too little care or care you don't need. We also have to make sure that the care you get is a covered benefit. Decisions about care are based only on appropriateness of care and coverage. We use a process called utilization management (UM). It helps us make sure you get the right care, at the right time and in the right place.

Other Plan Details

There are also some treatments and procedures we need to review before you can get them. Your providers know what they are, and they take care of letting us know to review them. The review we do is called Utilization Review.

We do not reward anyone for saying no to needed care. We do not give incentives to our reviewers for decisions that result in not enough care. If you have questions about UM, you can talk to our Medicaid Case Management staff at **1-866-675-1607, TTY 711**. Language assistance is available.

Interpreter Services and Language Assistance

Many of our Member Services 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 Member Services.

Many of our network providers also speak more than one language. If you see one who doesn't speak your language, you can use our interpreter or sign language services to help you during your appointment. To be sure you can get services, arrange for your translation services at least 72 hours before your appointment. Depending on availability, some languages may need to be set up farther in advance. Sign language services require two weeks' notice.

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. Please call Member Services at **1-866-675-1607, TTY 711**.

What Should I Do if I Get a Medical Bill?

Sometimes you will get a bill that should have been sent to us. If you get a bill, call **Member Services at 1-866-675-1607, TTY 711**. We will work with you to find out if you need to pay the bill or if you should send it to us. You may have to pay the bill if you receive treatment from doctors who are not part of our network.

Other Health Insurance (Coordination of Benefits – COB)

If you or anyone in your family has health insurance with another company, it is very important that you call Member Services and tell us about the insurance. For example, if you work and have health insurance or if your children have health insurance through their other parent, you need to call Member Services to give us the information.

Other Plan Details

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

If we pay the entire bill and another party should pay part, we will contact the other health plan. For example, if you are hurt in an automobile accident, auto insurance might pay some of your medical bills. You will not get a bill for covered services. We get the bill. If you get the bill by mistake, call the **Member Services Center at 1-866-675-1607, TTY 711.**

Reporting Marketing Violations

UnitedHealthcare Community Plan follows strict marketing guidelines set by the Louisiana Department of Health (LDH). For example, a potential marketing violation is when you see a representative of a plan doing something unfair, deceptive or not allowed as a part of the health care services they provide. To report marketing violations you can fill out the online complaint form available on the Web at: <https://bhsfweb.dhh.louisiana.gov/BayouHealthComplaints> or by calling the Louisiana Medicaid Customer Service Unit toll-free at **1-888-342-6207.**

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

Please call Member Services at **1-866-675-1607, 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 member newsletters, ID cards and other important information.

Other Insurance.

If you have any other insurance, call Member Services and let us know.

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

You should also call the Louisiana Medicaid Customer Service Unit toll-free at **1-888-342-6207** if you have any changes. They need updated address information every time you move. You may also go to the Louisiana Medicaid website at **www.medicaid.la.gov**, or visit a local Medicaid eligibility office to report if family size, living arrangements, parish of residence, or mailing address changes.

Additional Information About UnitedHealthcare Community Plan

If you would like to know more about us, including information on our operating structure, operations, physician incentive plans or service utilization policies, please contact Member Services at **1-866-675-1607, TTY 711**.

Fraud and Abuse

Anyone can report potential fraud and abuse. If you become aware of fraud or abuse, call Member Services at **1-866-675-1607, TTY 711**, to report it.

You can also report suspected fraud or abuse directly to the state of Louisiana by calling the Louisiana Department of Health (LDH) toll-free at **1-800-488-2917**.

OR

Complete the appropriate fraud report form available on the Louisiana Medicaid website: **www.medicaid.la.gov** and click on the “Report Fraud” button.

OR

By mail:

Medicaid Program Integrity
Attn: Medicaid Fraud Control Unit
P.O. Box 91030
Baton Rouge, LA 70821-9030

OR

By fax:

Fraud Reporting Fax Line
1-225-219-4155

Your Opinion Matters

Do you have any ideas about how to make UnitedHealthcare Community Plan better? There are many ways you can tell us what you think.

- Call Member Services at **1-866-675-1607, TTY 711.**

- Write to us at:

UnitedHealthcare Community Plan
P.O. Box 31364
Salt Lake City, UT 84131

Member Advisory Committee.

We also have a Member Advisory Committee that meets every three months. If you'd like to join us, call Member Services at **1-866-675-1607, TTY 711.**

Advance Directives

An advance directive is a set of written steps you want to be taken when you can no longer make health care choices for yourself. It tells what health care you want or do not want. You should talk about your wishes with your doctor, family and friends. These steps will not change your health care benefits. Some examples of advanced directives include:

Living wills.

A living will tells your doctor the kinds of life support you want or do not want.

Power of attorney for health care.

In this form, you name another person who can make health choices for you. It would be used only if you cannot make choices yourself.

For information on advance directives, ask your doctor for more information. You may also call Member Services at **1-866-675-1607, TTY 711.**

If you wish to file a complaint about failure to comply with an advance directive, please call:

Louisiana Department of Health (LDH)
Bureau of Health Standards
1-225-342-0138

Member Rights and Responsibilities

Uphold member “Bill of Rights.”

As a UnitedHealthcare Community Plan member, 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.

Members have the right to:

- Receive information about UnitedHealthcare Community Plan, our services and network physicians and health care professionals in accordance with federal and state regulations.
- Be treated with respect and with due consideration for his or her dignity and privacy by UnitedHealthcare Community Plan personnel, network physicians, and health care professionals as well as privacy and confidentiality for treatments, tests or procedures received.
- Voice concerns about the service and care they receive as well as register complaints and appeals concerning their health plan or the care provided to them and receive timely responses to their concerns.
- 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 one (1) free copy of his or her medical records, and request that they be amended or corrected.
- Use any hospital or other facility for emergency care.
- You have the right to refuse to undergo any medical service, diagnoses or treatment or to accept any health service provided by UnitedHealthcare Community Plan.
- A right to make recommendations regarding our member rights and responsibilities policy.

Other Plan Details

Members have the 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 Community Plan network.
- Familiarize yourself with UnitedHealthcare Community Plan procedures to the best of your ability.
- Use emergency room services only for injury or illness that, if not treated immediately, could pose 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 Member Services of a change in address, family status or other coverage information.
- Notify Member Services if your ID card is lost or stolen.
- Notify UnitedHealthcare Community Plan immediately if you have a Workers' Compensation claim, a pending personal injury or medical malpractice lawsuit, or have been involved in an auto accident.
- Never give your ID card to someone else to use.
- To understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Grievance and Appeals

If you have a concern or question regarding care or coverage, you should contact Member Services at the number listed on the back of your ID card or using the contact information below. A Member Services Representative will answer any questions or concerns. They can also assist you to file a grievance or appeal. Your provider can also file a grievance or appeal on your behalf with your written permission. We will not take any negative action against your provider for assisting you or filing your grievance or appeal for you.

UnitedHealthcare Community Plan Member Services: Toll-Free 1-866-675-1607, TTY 711
UnitedHealthcare Community Plan online: myuhc.com/CommunityPlan

Grievance

How to file a grievance.

If you are not happy with service UnitedHealthcare Community Plan has provided, you can file a grievance. Possible subjects for a grievance include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect your rights.

You can file a grievance by calling Member Services at **1-866-675-1607, TTY 711**, or at the telephone number listed on the back of your ID card. You can find a copy of the Grievance and Appeals form on page 61 of this handbook. You can send us the form or a written letter to the address below:

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

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

There is no time limit to file your grievance from the date of the event that caused you to be unhappy. 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 only take more time if it could help you or if you ask us.

Appeals

How to appeal an action.

If we deny, reduce, limit or terminate a request for a service you or your doctor makes, that is considered a “plan action” and you may appeal our decision.

You or someone acting on your behalf (provider, family member, etc.) can file an appeal by calling or writing to UnitedHealthcare Community Plan.

Call **1-866-675-1607, TTY 711** or write to:

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

If you file your appeal by calling us, we will put your appeal in writing and send it to you for your signature.

You must file your appeal within 60 calendar days of receiving UnitedHealthcare’s Notice of Action.

If you need help writing or filing an appeal, call Member Services at **1-866-675-1607, TTY 711**.

You can file the appeal yourself, or you can choose someone else to file the appeal for you. Your representative can be someone you trust such as a lawyer, a family member or friend. You, your representative, or your doctor also has the right to give us information about your appeal. That information can be in person or in writing. You or your representative can also see your case file both before and during the appeal. If someone else is going to file an appeal for you, we must have your written permission for that person to file your appeal. Parties to the appeal may include a legal representative of a deceased member’s estate.

You may request to continue to receive benefits during your appeal. If you wish to have your benefits continue at their current level, you must request the appeal before your benefits end. If you receive our decision letter less than 10 days before your services end, you can have 10 days from the date on our decision letter to make your request.

If you request an appeal during the period between the date of the Notice of Adverse Action and the date the action will be taken, your services must be continued or reinstated unless:

1. You indicate in writing that you do not want your benefits continued; or
2. A determination is made that the sole issue is one of an existing or change in State or Federal law; or
3. A change unrelated to the appeal issue affecting your eligibility for Medicaid occurs while the decision is pending and you do not request a State Fair Hearing after receiving the notice of change; or
4. Benefits are reduced or terminated as a result of a mass change.

Your benefits or services will continue at their prior level until your Medicaid eligibility ends or until the resolution of the appeal, whichever occurs first. If we determine our initial decision we made in your case is correct, that is, we rule against your appeal, you may be required to repay the amount of any benefits you received during the process.

We will send you a letter telling you we received your appeal. We will review your appeal and send you our decision within 30 calendar days of receiving your appeal.

This timeframe may be extended up to 14 days if you ask for the extension or we show that there is need for additional information and the delay is in your interest. If we ask for an extension, we will give you written notice of the reason for the delay.

You will receive a letter telling the reason for our decision and what to do if you don't like the decision.

UnitedHealthcare will resolve an appeal and provide written notice of the resolution within 30 calendar days. UnitedHealthcare may extend this timeframe by up to 14 calendar days upon a member's request or if UnitedHealthcare demonstrates the need for more information and that a delay in rendering the decision is in the member's best interest.

For any extension not requested by the member, UnitedHealthcare will give the member written notice of the reason for delay.

What can I do if I need immediate care?

If you or your doctor want a fast decision because your health is at risk, call Member Services at **1-866-675-1607, TTY 711** for an expedited review of an Action. UnitedHealthcare Community Plan will call you with our decision within 72 hours of getting your request for an expedited review. This timeframe may be extended up to 14 days if you ask for the extension or we show that there is need for additional information and the delay is in your interest. If we ask for an extension, we will give you written notice of the reason for the delay. You will receive a letter telling the reason for our decision and what to do if you don't like the decision.

State Fair Hearing

If you are not happy with our appeal decision, you can request a **State Fair Hearing**. This can be done by telephone, fax, in writing or on the website for the Division of Administrative law, <http://www.adminlaw.state.la.us/HH.htm>. You will find a copy of the form to request a State Fair Hearing on page 63 of this handbook. You or a representative of your choice, or a provider, acting on your behalf with your written consent may file a State Fair Hearing request within 120 days from the date shown on our decision letter. If you wish to have your benefits continue at their current level, you must request the State Fair Hearing before your benefits end. For any benefits that were previously authorized and are now being reduced, our decision letter must be issued at least 10 days prior to the date of the action.

If someone else is going to file a State Fair Hearing for you, we must have your written permission for that person to file your request. Parties to the State Fair Hearing may include a legal representative of a deceased member's estate.

A member who exercises the right to a State Fair Hearing is called a claimant/appellant. The claimant/appellant may represent himself at the State Fair Hearing or be represented by any authorized representative such as a friend, relative, provider, legal counsel or other spokesperson.

An Authorized Representative refers to any authorized person acting on behalf of a claimant/appellant. This can be the claimant/appellant's friend, relative, attorney, paralegal, legal guardian, provider or any person the claimant/appellant chooses. The authorized representative must be acting with the permission of the claimant/appellant unless the claimant/appellant is under an order of interdiction.

You have the right to ask someone to represent you at the hearing. If you request a State Fair Hearing during the period between the date of the Notice of Adverse Action and the date the action will be taken, your services must be continued or reinstated unless:

1. You indicate in writing that you do not want your benefits continued; or
2. A determination is made that the sole issue is one of an existing or change in State or Federal law; or
3. A change unrelated to the appeal issue affecting your eligibility for Medicaid occurs while the State Fair Hearing decision is pending and you do not request a State Fair Hearing after receiving the notice of change; or
4. Benefits are reduced or terminated as a result of a mass change.

Your benefits or services will continue at their prior level until your Medicaid eligibility ends or until the resolution of the State Fair Hearing, whichever occurs first. If the State Fair Hearing judge finds the decision we made in your case is correct, that is, rules against your appeal, you may be required to repay the amount of any benefits you received during the State Fair Hearing process.

You may file the request for a State Fair Hearing either orally or in writing to:

Division of Administrative Law
Louisiana Department of Health (LDH)
P.O. Box 4189
Baton Rouge, LA 70821-4189

(Fax) 225-219-9823
Or call: 225-342-5800 or 225-342-0443

In a State Fair Hearing, the Division of Administrative Law shall make the recommendation to the Secretary of the Louisiana Department of Health (LDH) who has final authority to determine whether services must be provided.

A final decision will be provided by the Division of Administrative Law (DAL) within ninety (90) days from the date of the State Fair Hearing request.

What if I have a life-threatening emergency and can't wait that long?

If you were denied a service and your health plan or provider certifies that waiting for the standard State Fair Hearing process could seriously jeopardize your life or health, you may request an Expedited State Hearing with the Division of Administrative Law, which would allow a hearing to be held and a decision made as expeditiously as the member's health requires but no later than within three (3) working days after the Division of Administrative Law receives the case file and documentation.

What if I want to choose a different plan?

You may change your plan for any reason during the first 90 calendar days after the date of your first enrollment; or when we receive notice of your enrollment, whichever is later. After the 90 calendar days you will be locked into your health plan until open enrollment. Contact Healthy Louisiana at 1-855-229-6848 or online at healthy.la.gov.

How do I request disenrollment from my managed care plan, before my 12-month re-enrollment period?

You may request to be disenrolled from the Plan with cause such as: moving out of state; poor quality of care; unable to get access to care or the providers you need for your health care needs. **Please call Healthy Louisiana at 1-855-229-6848, TTY 1-855-LAMed4Me (1-855-526-3346).**

Grievance and Appeals Form

Member's Name _____ ID # _____

Address _____

Telephone Number (Home) _____ (Work) _____

Please choose one of the following:

- GRIEVANCE — Are you unhappy about something other than a benefit or claims payment decision we made?
- APPEAL — Are you unhappy about a benefit or claim payment decision we made?

Please describe your concern in detail using names, dates, places of services, time of day and issues that occurred. If applicable, also state why UnitedHealthcare Community Plan should consider payment for requested services that are not normally covered. **Please mail this completed form to the address listed at the bottom.**

Name, Address and Phone Number of Your Authorized Representative, if Any:

(Signature)

(Date)

**Member Services
 UnitedHealthcare Community Plan
 P.O. Box 31364
 Salt Lake City, UT 84131-0364**

LOUISIANA DEPARTMENT OF HEALTH (LDH)

Request for State Fair Hearing Form

Member Name: _____

Address: _____

City, State, Zip: _____

I want to appeal the decision UnitedHealthcare Community Plan made on my case because:

Date: _____ Signature: _____

Recipient/Representative: _____

Your Address if Different From the Address Shown Above: _____

Telephone Number: _____

Social Security Number: _____

Email Address: _____

Name, Address and Phone Number of Your Authorized Representative at the Hearing, if Any:

MAIL THIS COMPLETED FORM TO:

(Instead of mailing it, you may fax the form to 225-219-9823, or you may submit online at <http://www.adminlaw.state.la.us/HH.htm>.)

**Division of Administrative Law — Louisiana Department of Health (LDH)
P.O. Box 4189
Baton Rouge, LA 70821-4189**

The postmark showing the date you mailed your appeal will be the date of your appeal request.

After you ask for a State Fair Hearing, the Division of Administrative Law will send you a Notice by mail of the date, time and location of your State Fair Hearing. If you are unable to mail or fax the attached form, you may phone 225-342-5800 to give the information for your appeal.

Other Plan Details

HEALTH PLAN NOTICES OF PRIVACY PRACTICES

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

Effective January 1, 2018.

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

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

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

HI is information about your health or health care services. We have the right to change our privacy practices for handling HI. If we change them, we will notify you by mail or email. We will also post the new notice at this website (www.uhcommunityplan.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.

Other Plan Details

- **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).

Other Plan Details

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.

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

Information We Collect

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

Sharing of FI

We will only share FI as permitted by law.

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

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

Confidentiality and Security

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

Other Plan Details

Questions About This Notice

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

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: Alere Women’s and Children’s Health, LLC; AmeriChoice Health Services, Inc.; CNIC Health Solutions, Inc.; Connexions HCl, 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 65 – 68) 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

Other Plan Details

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
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We're here for you.

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-866-675-1607, TTY 711** Monday through Friday 7:00 a.m. – 7:00 p.m. You can also visit our website at **myuhc.com/CommunityPlan**.

UnitedHealthcare Community Plan

myuhc.com/CommunityPlan

1-866-675-1607, TTY 711



