



Welcome to the
community.

Louisiana

Member Handbook
For Mental Health and Substance Use
Treatment 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.

Important Information

Member Services:

Available 7:00 a.m. – 7:00 p.m. Monday – Friday, excluding state holidays.

Toll-Free 1-866-675-1607, TTY 711

Mental Illness and Addiction Crisis Line

Available 24 hours a day, 7 days a week.

Toll-Free Phone Number 1-866-675-1607, TTY 711

NurseLine 1-877-440-9409



Your Health Providers

Be sure to fill in the blanks so you will have these numbers ready.

Emergency 911

My Member ID: _____

My Provider's Name: _____

My Provider's Phone Number: _____

My Provider's Address: _____

Thank you for choosing

UnitedHealthcare Community Plan

for your mental health and substance use treatment plan.

We're happy to have you as a mental health and substance use treatment 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.

Our goal is to support your recovery. If you are a parent or guardian, we want to make sure that you have the tools you and your child or dependent needs to promote resiliency.

UnitedHealthcare Community Plan gives you access to many mental health and substance use providers so you have access to all the services you need. 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. Member Services is available to speak with you at **1-866-675-1607, TTY 711**, Monday through Friday 7:00 a.m. – 7:00 p.m. We are here to help you get the care that you need.

Welcome to UnitedHealthcare Community Plan.

Please take a few minutes to review this Mental Health and Substance Use Treatment 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 mental health and substance use treatment plan right away. Start with these three easy steps:

1

Call your provider to schedule an appointment.

We know that finding a provider you like and trust is important. If you need help scheduling an appointment, call Member Services at **1-866-675-1607, TTY 711**, Monday through Friday 7:00 a.m. – 7:00 p.m. We're here to help. Your member ID card was sent to you in a separate mailing. Please show the card when you see your provider.

2

Take your Mental Health and Substance Use Treatment 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 Mental Health and Substance Use Treatment Assessment today. Also, we will call you soon to welcome you to the UnitedHealthcare Community Plan. During this call, we can explain your plan benefits. We can also help you complete the Mental Health and Substance Use Treatment Assessment over the phone. See page 14.

3

Get to know your Mental Health and Substance Use Treatment plan.

Start with the Health Plan Highlights section on page 8 for a quick overview of your new plan. Be sure to keep this booklet handy, for future reference.

What to Do in a Mental Health and Substance Use Treatment Emergency

You should call 911 if you are having a life-threatening mental health and substance use treatment emergency. If you receive emergency services, call your Mental Health and Substance Use Treatment provider to schedule a follow-up visit as soon as possible. Please call **1-866-675-1607, TTY 711** and let us know of the emergency care you received.

Call NurseLineSM for help.

If you think that it is not an emergency, but you need help, call the NurseLine at **1-877-440-9409**.



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Health Plan Highlights

Member ID Card

Diagram illustrating the layout of a Member ID Card. Callouts point to the following information:

- Your plan ID number (911-87726-04)
- Your member ID number (999999999)
- Member Services phone number (1-866-675-1607)

Front of Member ID Card:

UnitedHealthcare | Community Plan
 Health Plan (80840) 911-87726-04
 Member ID: 999999999
 Member: SUBSCRIBER BROWN 87726
 DOB: 02/08/2012
 0501 Administered by UnitedHealthcare of Louisiana, Inc

Back of Member ID Card:

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 or file a grievance call Member Services or visit 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
 Mental Illness & Addiction Crisis Line: 1-866-675-1607 TTY 711
 For Providers: www.UnitedHealthcareOnline.com 1-866-675-1607
 Claims: PO Box 31341, Salt Lake City, UT 84131-0341

Your mental health and substance use treatment member ID card holds a lot of important information. It gives you access to your mental health and substance use treatment 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.
- 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**.

Recovery and Resiliency

Recovery is a journey of healing which allows a person to live a meaningful life in a community of his or her choice. It means striving to achieve your full potential. Resiliency is our own personal ability to bounce back from life's obstacles. Peer Groups can be valuable here. Use the resources in this section to explore life in recovery, and strategies to help you bounce back and succeed. We can also connect you with a Peer/ Recovery Coach.

What is a recovery coach?

A recovery coach is someone who's walked the same path you're now taking. Plus, he or she has received training to provide the support you may need. Your recovery coach will get to know you and be there for you every step of the way.

Our recovery coaches have dealt with major mental health and substance use treatment issues. They are successfully managing their recovery. So they understand what it's like and can help you in ways that no one else can. Recovery coaches provide support and encouragement. Their goal is to help you as you return to your community.

The Recovery Coaching Program helps you feel empowered and accepted. We promote freedom of choice and personal responsibility. Your recovery coach will listen to you. He or she will help you develop other supportive relationships.

What are Peer Coaching Services?

Peer Coaching Services are a form of community support services aimed at helping adults with mental health and substance use treatment conditions feel empowered and engaged in their recovery or help parents of children with mental health and substance use treatment issues navigate the health care system and better support their children.

- There are four models of peer coaching:
 - **Peer Coaches** who serve adults with mental health issues.
 - **Recovery Coaches** who serve adults with addiction recovery issues.
 - **Whole health coaches** who serve adults with co-occurring physical and mental health issues.
 - **Family Peer Partners** who serve the parents of children with mental health and substance use treatment issues.
- Performed by a Peer Specialist, Recovery Coach or Parent Support Partner who has special training and has life experience in living and recovering from a serious mental illness or helping their own child.

Health Plan Highlights

Services may include:

- Coaching with navigating through health care system; engaging in recovery.
- Assistance with accessing clinical and community support services.
- Help with developing a WRAP (wellness recovery action plan), advance directive, recovery plan or plan for managing relapse (Why Now for frequent readmissions).
- Activating members in their own self-care through teaching and encouraging the use of tools, resources and support services.
- Supporting parents; engaging family members.
- Help the member build recovery capital and recovery goals.

Peer Coaching Services complement the member's mental health and substance use treatment services.

Your mental health provider may offer peer support services. The peers who provide this support are trained to be peer specialists. They have special skills, information and ways to help you. Call Member Services at **1-866-675-1607, TTY 711**, to learn what peer support is available to you. There is no cost to use this service.

A good way to learn is to connect with people who offer peer support. You also can:

- Ask your mental health provider for more information.
- Use the Internet to search for the information you want.
- Call Member Services at **1-866-675-1607, TTY 711**.

There Are Also Online Resources and Face-to-Face Support Groups

Liveandworkwell.com.

This online resource for UnitedHealthcare Community Plan members has many recovery tools and resources. It is a great one-stop shop to start your journey to health and well-being.

<https://www.liveandworkwell.com/public/>

All of the links on the next few pages can be accessed through **www.liveandworkwell.com**.

Here are some links to reputable groups that offer online and face-to-face meetings all over the country:

- Find Alcoholics Anonymous (AA) meetings by state.
http://alcoholism.about.com/od/meetaa/A_A_Meetings.htm
- AA meetings online. <http://www.aaonline.net/>
- Al-Anon online. <http://al-anon.alateen.org/local-meetings>
- Balanced Mind Foundation (formerly BP Kids) (both online and face-to-face).
<http://www.thebalancedmind.org/>
- Depression and Bipolar Support Alliance (both online and face-to-face).
http://www.dbsalliance.org/site/PageServer?pagename=peer_landing
- Mental Health America. <http://www.nmha.org/go/searchMHA>
- Narcotics Anonymous (NA) meetings by location.
<http://www.na.org/meetingsearch/>
- National Alliance on Mental Illness (NAMI). <http://www.nami.org/>
- NAMI Online Groups. http://www.nami.org/template.cfm?section=nami_connection
- National Federation of Families for Children's Behavioral Health. <http://ffcmh.org/chapters>
- Support groups for parents of children with issues related to bipolar.
<http://www.kristen-mcclure-therapist.com/bipolarsupportgroups.html>
- Parenting support group. <http://www.dailystrength.org/supportgroups/Childrens-Health-Parenting>
- Domestic violence online support group. <http://www.stopabuseforeveryone.org/>

Resources for Specific Populations:

- Picture Recovery Workbook in Spanish: This workbook uses pictures for a person to imagine what will help with their recovery. It also shows the barriers to fly over to manage their mental health or addiction.
http://dhhs.ne.gov/behavioral_health/Documents/Spanish-PictureRecoveryWorkbook.pdf
- Hispanic mental health help. <http://www.nrchmh.org/>
- Asian and Pacific Islander mental health help. <http://naapimha.org/>
- Asian and Pacific Islander addiction help. <http://www.napafasa.org/>
- African American mental health help. <http://www.blackmentalhealth.com/>

Health Plan Highlights

Suicide Hotline: Loved one needs help? Do not hesitate.

- **1-800-273-TALK**
- Spanish Language Line — **1-888-628-9454**
 - They also provide the Tele-Interpreters service that can support over 150 languages. If they prefer to chat online, they can connect via this link.
<http://suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>
- Prefer to speak with someone from the military?
 - Call **1-800-273-8255** and **Press 1**.
 - Send a **text message to 838255** to receive confidential support 24 hours a day, 7 days a week, 365 days a year.
 - Or chat online via this link.
<http://www.veteranscrisisline.net/ChatTermsOfService.aspx?account=VeteransChat>
- Need someone who understands the issues facing LGBTQ youth?
 - Call **1-866-488-7386**.
- Parents with Young Children: Talking with another parent can be helpful. Find a local advocate and Parent Support Provider here. **<http://ffcmh.org/chapters>**

Member Support

We want to make it as easy as possible for you to get the most from your mental health and substance use treatment 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 Mental Health and Substance Use Treatment Assessment.
- Print a new member ID card.
- Find a provider.
- Get benefit details.
- Download a new Mental Health and Substance Use Treatment Member Handbook.



Member Services is available to assist you.

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

- Understanding your mental health and substance use treatment benefits.
- Help getting a replacement member ID card.
- Finding a provider or therapist.
- Getting a ride to your provider.

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



Transportation services are available. Call 1-866-726-1472.

Non-Emergency Transportation (NEMT).

Non-Emergency 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. The NEAT services include transportation for life-threatening conditions enroute to seeking emergency medical treatment.

For Emergency Ambulance Transportation (EAT), call 911.

Health Plan Highlights



Your Mental Health and Substance Use Treatment

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 Mental Health and Substance Use Treatment 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. You may also call Member Services at **1-866-675-1607, TTY 711** to complete it by phone.



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, TTY 711**

Mental Illness and Addiction Crisis Line **1-866-675-1607, TTY 711**

Available 24 hours a day, 7 days a week

24/7 NurseLineSM. **1-877-440-9409, TTY 711**

(available 24 hours a day, 7 days a week)

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**



Your Mental Health and Substance Use Treatment Provider

Choosing Your Mental Health and Substance Use Treatment Provider

Call Member Services at **1-866-675-1607, TTY 711** for help finding or changing a provider. If you've been seeing a provider before becoming a UnitedHealthcare member, check to see if your provider is in our network. If you're looking for a new one, 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. There may be times when you need to get services outside of our network. You may have to pay for those services. Call Member Services to learn if they are covered in full.

There are three ways to find the right mental health and substance use treatment provider for you.

1. Look through our printed or electronic Provider Directory.
2. Go to **myuhc.com/CommunityPlan**. Then use the **Behavioral Health Lookup** search.
3. Call Member Services at **1-866-675-1607, TTY 711**. We can answer your questions and help you find a mental health and substance use treatment provider close to you.

Learn more about network providers.

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



Mental Illness and Addiction Crisis Line

1-866-675-1607, TTY 711

Available 24 hours a day, 7 days a week.



NurseLineSM Services – Your 24-Hour Health Information Resource

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. 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.

Making an Appointment With Your Mental Health and Substance Use Treatment Provider

Call your provider's office directly. When you call to make an appointment, be sure to tell the office why you need to see the provider. 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 provider:

Emergency	Immediately or sent to an emergency facility.
Urgent (but not an emergency)	Within 48 hours of request.
Routine/Non-Urgent	Within 14 days of referral.

Transportation Services

Non-Emergency Transportation (NEMT).

Non-Emergency 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.

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.**

Emergency Ambulance Transportation (EAT).

Emergency Ambulance Transportation (EAT) services are not covered by UnitedHealthcare Community Plan. The EAT services for Mental Health and Substance Use Treatment are available to members through Medicaid. The EAT services include transportation for life-threatening conditions enroute to seeking emergency medical treatment. **Call 911.**

Transportation Services.

For services covered by UnitedHealthcare Community Plan, members should call **1-866-726-1472.**

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.**

Preparing for Your 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 provider can review.

During the visit.

When you are with the provider, feel free to:

- Ask questions.
- Take notes if it helps you remember.
- Ask the provider 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 arrive at least 15 minutes early to check in and be ready for your appointment.
- If you cannot keep your appointment, call the provider's office immediately to cancel so your time can be used for another patient.
- Please remember to bring your member ID card and personal identification.

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

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

Call your provider 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/her office phone on how to receive after-hours care. For additional help, you may also call Member Services at **1-866-675-1607, TTY 711**.

If You Need Care When Out of Town

When you are away from home, you can still get help. To get help, you should:

- Call **1-866-675-1607, TTY 711** anytime, 24 hours a day, seven days a week.
 - If you need to be treated right away, go to the nearest emergency room.
-

Out-of-Network Providers

You or your mental health and substance use treatment provider might decide that you need to see a provider that is not in our network. Your provider 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.

No Coverage Outside of United States

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

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 provider 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 a prior authorization for emergencies.

Continued Care if Your Mental Health and Substance Use Treatment Provider Leaves the Network

Sometimes providers leave the network. If this happens to your provider, you will receive a letter from us letting you know. Sometimes UnitedHealthcare Community Plan will pay for you to get covered services from providers for a short time after they leave the network. You may be able to get continued care and treatment when your provider leaves the network if you are being actively treated for a serious medical mental health or substance use problem. To ask for this, please call your provider. Ask them to request an authorization for continued care and treatment from UnitedHealthcare.

Emergency Care

You should call 911 if you are having a **life-threatening emergency**. 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 mental health and substance use treatment provider and let them know about your visit so they can provide follow-up care if needed.

Don't wait.

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

Mental Illness and Addiction Crisis Line

1-866-675-1607, TTY 711

Available 24 hours a day, 7 days a week.

Post-Stabilization Services

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

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.

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.



Benefits

Benefits Covered by UnitedHealthcare Community Plan

As a mental health and substance use treatment member of UnitedHealthcare Community Plan, you are covered for the following services. Remember to always show your current member ID card when getting services. It confirms your coverage. If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Member Services at **1-866-675-1607, TTY 711**, to ask questions about benefits. The amount and length of services provided will be based on your needs and medical necessity. Services may be provided in a provider's office, your home or the community.

Some services need prior authorization. This means your provider must contact us before providing the service. Your provider will coordinate referrals with other doctors. You do not need an authorization for emergency service. We will be notified of mental health hospitalizations. That way we can help with discharge planning and coordination. Your provider can request an authorization by calling Member Services.

What Is a Mental Health and Substance Use Treatment Care Provider?

A mental health and substance use treatment care provider can be a licensed (or otherwise certified) mental health counselor, substance use disorder counselor, doctor, psychiatrist, psychiatric nurse, psychologist, licensed clinical social worker, other professional counselors, certified psychosocial rehabilitation specialist, case manager or a peer support staff. They can support you by helping you create and fulfill your recovery plan, and work with you before and after a crisis. They can connect you with other community services. Doctors can help you with medication if you need and want it.

Benefits

Provider	Definition
Psychiatrist	A psychiatrist is a physician who specializes in the diagnosis, treatment, and prevention of mental health and emotional problems and is the one who can prescribe your medications.
Psychiatric/Mental Health Nurse Practitioner	Psychiatric/mental health nurse practitioners (PMHNP) practice under the supervision of a psychiatrist and provide a wide range of services to adults, children, adolescents and their families including assessment and diagnosis, prescribing medications and providing therapy for individuals with psychiatric disorders or substance use problems.
Medical Psychologist	Can perform all the functions of a psychologist and can also prescribe medications.
Psychologist	Practicing psychologists are trained to administer and interpret a number of tests and assessments that can help diagnose a condition or tell more about the way a person thinks, feels and behaves. Psychologists can also provide talk-therapy.
Psychiatric/Mental Health Nurse	Psychiatric/mental health nurses provide a broad range of psychiatric and medical services, including the assessment and treatment of psychiatric illnesses, case management and psychotherapy.
Licensed Mental Health Professional (LMHP) <ul style="list-style-type: none">• Licensed Clinical Social Worker• Licensed Professional Counselor• Licensed Marriage and Family Therapist	Licensed Mental Health Professionals (LMHPs) can provide case management, inpatient discharge planning services, placement services and a variety of other daily living needs services for individuals. LMHPs can also provide assessment and treatment of psychiatric illnesses including psychotherapy. They may provide services that include assessment and diagnosis of mental health conditions as well as providing individual, family or group therapy.

Benefits

Provider	Definition
Physician Assistant	Physician assistants, also known as PAs, practice medicine on a team under the supervision of physicians and surgeons. They are formally educated to examine patients, diagnose injuries and illnesses, prescribe medication, order and interpret diagnostic tests, refer patients to specialists as required and provide treatment.
Case Manager	Case managers serve to assist members with achieving wellness and autonomy through advocacy, communication, education, identification of service resources and service facilitation.
Addictions Counselor	Addictions counselors counsel individuals with alcohol, tobacco, drug or other problems, such as gambling disorders. May counsel individuals, families or groups, or engage in prevention programs.
Peer Support Specialist	A service provided by a person (who received mental health and substance use treatment services themselves) to help you learn to manage difficulties in your life.

Mental Health and Substance Use Treatment Covered Services

Service	Service Definition	Authorization Requirement
23-Hour Observation Bed	<p>A period of up to 23 hours during which services are provided at less than an acute level of care. It is indicated for those situations where full criteria are not met because of external factors relative to information gathering or risk assessment yet the patient is clearly at risk for harm to self or others.</p>	<p>Yes</p>
Applied Behavioral Analysis (ABA)	<p>For children under the age of 21. ABA therapy is the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA-based therapies teach skills through the use of behavioral observation and reinforcement or prompting to teach each step of targeted behavior. ABA-based therapies are based on reliable evidence and are not experimental.</p>	<p>Yes</p>
Assertive Community Treatment (ACT) (limited to 18 years and older)	<p>Assertive Community Treatment (ACT) services are therapeutic interventions that address the functional problems of individuals who have the most complex and/or pervasive conditions associated with a major mental illness or co-occurring addictions disorder. These interventions are strength-based and focused on promoting symptom stability, increasing the individual's ability to cope and relate to others and enhancing the highest level of functioning in the community.</p>	<p>Yes</p>

Benefits

Service	Service Definition	Authorization Requirement
Community Psychiatric Support and Treatment (CPST)	Community Psychiatric Support and Treatment (CPST) are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the personal treatment plan.	No
Crisis Intervention (CI)	Crisis intervention (CI) services are provided to a person who is experiencing a psychiatric crisis and are designed to interrupt and/or ameliorate a crisis experience, via a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment.	Yes
Electroconvulsive Therapy (ECT)	Electroconvulsive therapy (ECT) is a standard psychiatric treatment in which seizures are electrically induced in patients to provide relief from psychiatric illnesses.	Yes
Family Psychotherapy	Your family can talk with a mental health and substance use treatment care professional about emotional problems you and your family may be having and learn coping skills to help you and your family manage them.	No
Functional Family Therapy (FFT) (under age 21)	Functional Family Therapy (FFT) services are targeted for youth between ages 10 and 18 primarily demonstrating externalizing behaviors or at risk for developing more severe behaviors, which affect family functioning.	No
Group Psychotherapy	A group of people with similar emotional issues meet to talk with a mental health and substance use treatment care professional. The group members share experiences and practice coping skills to learn how to manage issues as independently as possible.	No

Service	Service Definition	Authorization Requirement
Homebuilders (under age 21)	Homebuilders® is an intensive, in-home Evidence-Based Program (EBP) utilizing research-based strategies (e.g., Motivational Interviewing, Cognitive and Behavioral Interventions, Relapse Prevention, Skills Training), for families with children (birth to 18 years) at imminent risk of out-of-home placement (requires a person with placement authority to state that the child is at risk for out-of-home placement without Homebuilders), or being reunified from placement. Homebuilders is provided through the Institute for Family Development (IFD).	No
Individual Psychotherapy	You can talk with a mental health and substance use treatment care professional about emotional issues you may be having and learn coping skills to help you manage them.	No
Inpatient Hospitalization	The need for one or more nights in a hospital for emergency treatment which cannot otherwise be treated in the community by your provider.	Yes
Multi-Systemic Therapy (MST) (under age 21)	Multi-systemic therapy (MST) provides an intensive home/family and community-based treatment for youth who are at risk of out-of-home placement or who are returning from out-of-home placement.	No
Neuropsychological Testing	Neuropsychological testing often done by a psychologist with special training can help your doctor find out how a problem with your brain is affecting your ability to reason, concentrate, solve problems or remember.	No

Benefits

Service	Service Definition	Authorization Requirement
Outpatient Therapy	Individual, family, group outpatient psychotherapy and mental health assessment, evaluation and testing.	No
Peer Support Services	A service provided by a person (who received mental health and substance use treatment services themselves) to help you learn to manage difficulties in your life.	Yes
Pharmacologic Management (all ages)	A doctor or nurse meets with you to discuss the medicines you are taking and orders new prescriptions you might need.	No
Psychiatric Residential Treatment Facilities (PRTF) (under age 21)	A Psychiatric Residential Treatment Facility (PRTF) is any non-hospital facility which provides inpatient services benefit to individuals under the age of 21 to ensure that all medical, psychological, social, behavioral and developmental aspects of the recipient's situation are assessed and treated.	Yes
Psychological Testing	Written, visual or verbal tests that are given by a psychologist to measure your thinking and emotional abilities.	Yes
Psychosocial Rehabilitation (PSR)	Psychosocial rehabilitation (PSR) services are designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their mental illness.	No
Residential Substance Use Services in Accordance With the American Society of Addiction Medicine (ASAM) Levels of Care	Addiction services include an array of individual-centered outpatient, intensive outpatient and residential services consistent with the individual's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use symptoms and behaviors.	Yes

Service	Service Definition	Authorization Requirement
Substance Use and Intensive Outpatient Treatment (IOP)	Substance Use and Intensive Outpatient Treatment (IOP) programs offer both group and individual services of 9 hours a week. IOP allows the individual to be able to participate in their daily affairs, such as work, and then participate in treatment at an appropriate facility in the morning or at the end of the day.	Yes
Therapeutic Group Homes (TGH) (under age 21)	Therapeutic Group Homes (TGHs) provide a community-based residential service in a home-like setting of no greater than eight beds, under the supervision and program oversight of a psychiatrist or psychologist.	Yes
Transcranial Magnetic Stimulation (TMS)	Transcranial Magnetic Stimulation (TMS) is a noninvasive method used to stimulate small regions of the brain.	Yes
Treatment Plan Development	The function of the treatment planner is to produce your community-based, individualized treatment plan.	No

Referral to Coordinated System of Care (CSoC) Services

Coordinated System of Care (CSoC) is a philosophy and approach where children with significant mental health and substance use treatment challenges receive the needed services and supports within their homes and communities. CSoC involves:

- **Wraparound facilitation (WF)** – which is an intensive, individualized care planning and management process. Wraparound is not a treatment, per se. Instead, WF is a care coordination approach that fundamentally changes the way in which individualized care is planned and managed across systems; and
- **Wraparound Agencies (WAA)** – The WAA is responsible for facilitating the wraparound process, developing individualized POCs that cross agencies and assigning one accountable individual to coordinate care.

CSoC services include:

Benefit	Services Included
Parent Support and Training	This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.
Youth Support and Training	Youth support and training services have a recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills.

Benefit	Services Included
Independent Living/Skills Building	Independent living/skills building services are designed to assist children who are, or will be, transitioning to adulthood with support in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to be successful in the domains of employment, housing, education and community life, and to reside successfully in home and community settings.
Short-Term Respite Care	Short-term respite care provides temporary direct care and supervision for the child/youth in the child's home or a community setting that is not facility-based (i.e., not provided overnight in a provider-based facility). The primary purpose is relief to families/caregivers of a child with an SED or relief of the child. The service is designed to help meet the needs of the primary caregiver, as well as the identified child. Respite services help to de-escalate stressful situations and provide a therapeutic outlet for the child.
Crisis Stabilization	The intent of this service is to provide an out-of-home crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of the youth by responding to potential crisis situations.
Case Conference	A case conference is a scheduled face-to-face meeting between two or more of your providers to discuss your treatment.

Specialized Services for Adults

Adults with certain special health care needs (SHCN) may be eligible for additional services, including Assertive Community Treatment and other Home and Community-Based services.

How will I know if I'm eligible for these special services?

If you have a severe mental illness and believe you may be eligible for these services, call UnitedHealthcare Community Plan at **1-866-675-1607, TTY 711**. We can help you get assessed to see if you can get these additional services.

What will happen if I am eligible?

A community care manager or special provider will work closely with you to decide a treatment plan that meets your needs. The care manager will stay involved with you to make a plan for treatment based in the community where you live.

By making and following a plan that uses the services that meet your needs, you can find success in:

- Planning and problem-solving to feel more comfortable and confident with day-to-day living.
- Finding friends, feeling more comfortable with others.
- Learning ways to help you feel better and stay better.
- Avoiding things that cause problems.
- Making a plan/getting support to take classes that interest you or look for a job.



Other Plan Details

Finding a Network Mental Health and Substance Use Treatment Provider

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



Go to myuhc.com/CommunityPlan for the most up-to-date information. Then use the **Behavioral Health Lookup** search.



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 Mental Health and Substance Use Treatment Provider Directory in the mail.

Mental Health and Substance Use Treatment 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 Member Services at **1-866-675-1607, TTY 711**, and we will mail one to you.

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**.

Payment for Services

Will I ever have to pay for mental health or substance use treatment services?

You might have to pay for non-emergency services if any of the following apply:

- The service is not covered by UnitedHealthcare Community Plan or by Medicaid.
- The service has not been approved by UnitedHealthcare Community Plan. You should only have to pay for the service if you signed in writing that you would pay for the service before you got the service.
- You ask for and keep getting services during a Fair Hearing about UnitedHealthcare Community Plan's decision to reduce or stop a service. You would only have to pay for those services if the Fair Hearing decision is not in your favor.
- You are not on Medicaid when you get the service.
- If you see a provider not in UnitedHealthcare Community Plan's network without first getting permission from UnitedHealthcare Community Plan.
- If you receive a service that is not covered and sign a form agreeing to pay for that service.

What if I get a bill from my provider?

If you get a bill from a provider, ask them why they are billing you. Tell them you are a UnitedHealthcare Community Plan member. You do not have to pay bills that Medicaid should pay.

Who do I call if I get a bill?

If you still get a bill, call your provider. If you still have questions, you can call UnitedHealthcare Community Plan Member Services at **1-866-675-1607, TTY 711**. Be sure you have your bill in front of you when you call.

What information will they need?

You will need to tell Customer Support Services:

- Your name.
- Who sent the bill.
- The date of service.
- The amount.
- The provider, hospital or provider's address and phone number.

What if I have other health insurance in addition to Medicaid?

You are required to report all insurance information to Medicaid. Call Health Management Systems (HMS) at 1-800-873-5875 if:

- Your private health insurance is canceled, or
- You have new insurance coverage.

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.

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. 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**.

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).

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 contact Member Services at **1-866-675-1607, TTY 711**, if any of the following changes:

- Address.
- Member name.
- Phone number.
- Other insurance.

UnitedHealthcare Community Plan needs up-to-date records to tell you about new programs, to send you reminders, and to mail you member newsletters, ID cards and other important information.

You should also call Louisiana Medicaid Customer Service Unit toll-free at **1-888-342-6207** if any of the following changes:

- Marital status.
- Household size.
- Income and tax filing status.

You may also go to the Louisiana Medicaid website at www.medicaid.la.gov, or visit a local Medicaid eligibility office.

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

What if I am in crisis or unable to make a decision about my care?

By preparing an advance directive when you are well, you can make sure your wishes are honored when you are sick or hurt or unable to speak for yourself.

What are advance directives?

Advance directives put into writing what treatment you want or do not want. If you are unable to make a decision about your care, they describe what you want done. You may name another person you trust to make decisions for you. Make sure you have your advance directive included in your care plan with your provider. Your provider must put in your medical record whether you have an advance directive.

Do I have to make an advance directive?

No. It is entirely up to you. A provider cannot refuse care based on whether you have an advance directive.

Can I get a psychiatric advance directive (PAD)?

Yes. You are allowed to put into writing what psychiatric treatment you want or do not want. This is called a **psychiatric advance directive (PAD)**. If you are unable to make a decision, the PAD will describe what you want done. In the PAD, you can also list an agent you trust to make decisions for you. For more information, contact the National Resource Center on Psychiatric Advance Directives at www.nrc-pad.org/states/view/84/54/.

You can also call UnitedHealthcare Community Plan Member Services at **1-866-675-1607, TTY 711**, for more information.

Can I get an advance directive for medications and/or hospitalization?

Yes. You can get an advance directive for all mental health treatment, including refusal of treatments. You also can make your requests known by talking to your provider.

How do I get an advance directive?

There are many ways to complete an advance directive. You can contact your Care Coordinator or a Peer or Family Support Specialist. Your provider can assist you and include your directive in your records. There are also local and national groups that may help you complete an advance directive. Be sure that any form you use is valid under law. You also may tell your provider in words so he or she can write it down.

Must a lawyer prepare my advance directive?

No.

Does someone have to approve my advance directive?

No.

Can I ask that someone make mental health decisions for me if I am unable?

Yes. You can choose an “agent” in your psychiatric advance directive (PAD) to make these mental health treatment decisions. You should first speak with this person to make sure they are willing to serve as your agent and that they understand and will enforce your wishes for treatment as outlined in your advance directive. Your PAD must be in writing and signed by an adult witness who knows you. For more information, contact the National Resource Center on Psychiatric Advance Directives at www.nrc-pad.org/content/view/84/54/.

You also can call UnitedHealthcare Community Plan Member Services at **1-866-675-1607, TTY 711**.

If I am unable, can my agent make decisions for me?

Yes. Your agent can make decisions for you about your treatment, including refusals. Your agent can also agree for you to go to a psychiatric facility, but only for evaluation.

Who should have a copy of my advance directive?

Give a copy to your health care provider and any health care center you enter and to your agent. You may give a copy to your Care Coordinator, and you should keep copies for yourself. You may give a copy to persons you trust who can make health care providers aware that you have an advance directive.

Can I change or cancel my advance directive?

Yes. If you change or cancel it, let everyone who has a copy know. Have your adult witness sign and date the changed version.

Other Plan Details

Does my provider have to follow my advance directive?

Not always. Your providers could decide not to follow your psychiatric advance directive (PAD) if:

- The treatment is thought to be unworkable.
- The PAD requests treatment that the provider is not authorized to give.
- The treatment is thought to be unlawful.
- The treatment or refusal of treatment is thought to be not effective or not standard.

How long does my advance directive stay active?

Your PAD stays active until you cancel it. You may cancel or change it at any time.

For information on advance directives, ask your provider 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 at **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 provider 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.

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

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 47 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.

How to appeal an action.

If we deny, reduce, limit or terminate a request for a service you or your provider 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 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.

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.

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.

Other Plan Details

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 provider 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.

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 49 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 him or herself 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
Or online at <http://www.adminlaw.state.la.us/HH.htm>

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.

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 claims 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

Request for State Fair Hearing Form

Member Name: _____

Address: _____

City, State, ZIP Code: _____

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 it 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.

HEALTH PLAN NOTICES OF PRIVACY PRACTICES

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

Effective January 1, 2018.

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

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

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

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

How We Use or Share Your Information

We must use and share your HI with:

- You or your legal representative.
- Government agencies.

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

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

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

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

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

SUMMARY OF FEDERAL LAWS

Alcohol and Drug Abuse Information

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

Genetic Information

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

SUMMARY OF STATE LAWS

General Health Information

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

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



