



P. O. Box 1037, New York, NY 10268-1037

<Date>

<Barcode><Letter Code>

<Name>

<Address>

<City>, <State> <Zip>

Dear UnitedHealthcare Medicaid Managed Care Member:

This mailing is letting you know about an important update to your member handbook. This update is available on our website at: www.myuhc.com/communityplan. Please read this update carefully. Federal regulations have changed the way you can ask for an appeal and State Fair Hearing. A quick reference guide about these changes is attached. These changes take effect May 1, 2018.

This member handbook update tells you about:

- How long we will take to review your request for services that need prior approval.
- If your request is denied, how to ask for a Plan Appeal asking us to look at your case again.
- If your Plan Appeal is denied, your right to ask for a State Fair Hearing. In most cases, you will need to ask for a Plan Appeal first, **before** you can ask the State for a Fair Hearing.
- Your rights if we decide to change, stop or reduce services that you are getting now, and how you can keep your care the same until your Plan Appeal or Fair Hearing is decided.

Please call member services at 1-800-493-4647 TTY711, 8:00 A.M. - 6:00 P.M., Monday through Friday if you:

- have any questions about this information;
- cannot access the internet to view this update; or
- want to have this update mailed to you.

Please keep this update with your member handbook.

Important Change for UnitedHealthcare Medicaid Managed Care Enrollees

UnitedHealthcare Community Plan is the brand name of UnitedHealthcare of New York, Inc.

Appeals and Fair Hearing Rights

What is changing on May 1, 2018?

New federal Medicaid managed care rules take effect in New York State. These rules change the way Medicaid managed care plans make decisions about health care services and Plan Appeals.

These rules change how you can ask the State for a Fair Hearing about plan decisions. Starting May 1, 2018, if you think a plan decision is wrong, you must first ask for a Plan Appeal **before** asking for a Fair Hearing. If your care is changing, and you want to keep your services the same while your case is reviewed, you must first ask for a Plan Appeal **before** asking for a Fair Hearing.

How does this change affect me?

For some services, you have to ask the plan for approval before you get them. This change means that the plan will make some of these approval decisions faster than they did before. If you think your plan's decision about your health care is wrong, you can ask the plan to look at your case again. This is called a Plan Appeal. This change means **you must first ask for Plan Appeal before you ask for a Fair Hearing**. You will have 60 days to ask for a Plan Appeal.

What if the plan's decision is changing a service I am getting now?

If you want to keep your services the same, this change means **you must first ask for a Plan Appeal** within 10 days or by the date the decision takes effect, whichever is later. Your services will stay the same until there is a decision. If you lose your Plan Appeal, you may have to pay for the services you got while waiting for the decision.

Can someone ask for a Plan Appeal for me?

If you want someone, like your provider, to ask for the Plan Appeal for you, this change means you and that person must sign and date a statement saying this is what you want.

What happens after I ask for a Plan Appeal?

After you ask for a Plan Appeal, this change means the plan will send you your case file, with all the information they have about your request. The plan will then send you their decision about your appeal. This change means if you do not receive a response to your Plan Appeal or the decision is late, you can ask for a Fair Hearing without waiting for the plan's decision.

What if I think the Plan Appeal decision is still wrong?

If you think the plan's decision about your appeal is wrong, you can ask for Fair Hearing. You will have 120 days to ask for Fair Hearing. If the plan said the service is not medically necessary, you can still ask the State for an External Appeal. You will have four months to

UnitedHealthcare Community Plan is the brand name of UnitedHealthcare of New York, Inc.

ask for an External Appeal. If you ask for both, the Fair Hearing decision will always be the final answer.

If the plan is changing care you are getting right now, and you want your services to stay the same, you must ask for a Fair Hearing within 10 calendar days from the appeal decision or by the date the appeal decision takes effect, whichever is later. Your services will stay the same until the fair hearing decision. If you lose your Fair Hearing you may have to pay for services you got while waiting for the decision.

How long can the plan take to decide?

If you request approval for a service, your plan has 14 days to make a decision. If your health is at risk, your plan must fast track your request and decide in 72 hours. The decision may take longer if the plan needs more information. If your plan covers prescription drugs, the plan must make decisions about your prescriptions in 24 hours.

If you ask for a Plan Appeal, the plan has 30 days to make a decision. If your health is at risk, your plan must fast track your appeal and decide in 72 hours. The decision may take longer if the plan needs more information.

Where can I get more information?

Call member services at 1-800-493-4647, TTY 711 8:00a.m. - 6:00 p.m. Monday through Friday. See your member handbook for full information about your appeal rights.

UnitedHealthcare Community Plan is the brand name of UnitedHealthcare of New York, Inc.

NOTICE OF NON-DISCRIMINATION

UnitedHealthcare Community Plan complies with Federal civil rights laws. UnitedHealthcare Community Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare Community Plan provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call UnitedHealthcare Community Plan at 1-800-493-4647. For TTY/TDD services, call 711

If you believe that UnitedHealthcare Community Plan has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with UnitedHealthcare Community Plan by:

- Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
- Email: **UHC_Civil_Rights@uhc.com**
 - Phone: 1-800-514-4912 (TTY/TDD Services, call 711)
 - Facsimile: 1-801-994-1082
-

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201
- Phone: Toll-free 1-800-868-1019, 1-800-537-7697 (TDD)

UnitedHealthcare Community Plan is the brand name of UnitedHealthcare of New York, Inc.

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 Member Services at **1-800-493-4647, TTY 711**, Monday – Friday 8:00 a.m. to 6:00 p.m.

CSNY15MC3978405_001 - Medicaid

UnitedHealthcare Community Plan is the brand name of UnitedHealthcare of New York, Inc.

UCS_61370_UHCNY_MMC_IAD NO AC_12292017

UnitedHealthcare Community Plan is the brand name of UnitedHealthcare of New York, Inc.

UCS_61370_UHCNY_MMC_IAD NO AC_12292017

LANGUAGE ASSISTANCE

ATTENTION: Language assistance services, free of charge, are available to you. English
Call 1-800-493-4647 TTY/711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-493-4647 TTY/711.	Spanish/ Español
注意：您可以免費獲得語言援助服務。請致電 1-800-493-4647 TTY/711。	Chinese/ 中文
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-493-4647 رقم هاتف الصم والبكم TTY/711.	Arabic/ اللغة العربية
주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-800-493-4647 TTY/711로 전화하시기 바랍니다.	Korean/ 한국어
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-493-4647 (телетайп: TTY/711).	Russian/ Русский
ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il 1-800-493-4647 TTY/711.	Italian/ Italiano
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-493-4647 TTY/711.	French/ Français
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-493-4647 TTY/711.	French Creole/ Kreyòl ki soti nan Fransè
אכטונג: אויב איר רעדט אידיש, זענען פאראן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-493-4647 TTY/711.	Yiddish/ אידיש
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-493-4647 TTY/711.	Polish/ Polski
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyong pantulong sa wika nang walang bayad. Tumawag sa 1-800-493-4647 TTY/711.	Tagalog
দৃষ্টি আকর্ষণ: যদি আপনার ভাষা "Bengali বাংলা" হয় তাহলে আপনি বিনামূল্যে ভাষা সহায়তা পাবেন। 1-800-493-4647 TTY/711 নম্বরে ফোন করুন।	Bengali/ বাংলা
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-493-4647 TTY/711.	Albanian/ Shqip
ΠΡΟΣΟΧΗ: Στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-493-4647 TTY/711.	Greek/ Ελληνικά
توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان سے متعلق مدد کی خدمات مفت دستیاب ہیں۔ کال کریں 1-800-493-4647 TTY/711.	Urdu/ اردو