

THE KEY TO THE GOOD LIFE IS A GREAT PLAN

health **TALK**

WINTER 2010



4 **FACTS** ABOUT SECONDHAND SMOKE



- 1 Three out of five kids aged 3-11 are around secondhand smoke.
- 2 Secondhand smoke makes kids sick. It causes sudden infant death syndrome (SIDS), lung infections and ear problems. It makes asthma worse.
- 3 Secondhand smoke raises the risk of heart disease by 25-30 percent.
- 4 Secondhand smoke raises the risk of lung cancer by 20-30 percent.

A PUBLICATION JUST FOR YOU FROM



Do you need this newsletter or other materials in another language or format? Call 1-800-587-5187 (TTY 1-800-587-5188) or visit www.uhcmedicaid.com/rhodeisland.

¡VOLTEE PARA ESPAÑOL!

▼ ABOUT YOUR PLAN

fraud AND abuse

IF YOU SEE SOMETHING, SAY SOMETHING

Most Medicaid members and providers are honest. However, even a few dishonest people can cause big problems. If you know fraud or abuse is taking place, you must tell someone. You don't have to give your name.

FRAUD AND ABUSE BY MEMBERS INCLUDES:

- letting someone else use your plan or state Medicaid card or number.
- selling or giving your prescription medicine to anyone else.

FRAUD AND ABUSE BY PROVIDERS INCLUDES:

- billing for services that were never given or billing twice for the same service.
- ordering tests or services you don't need.

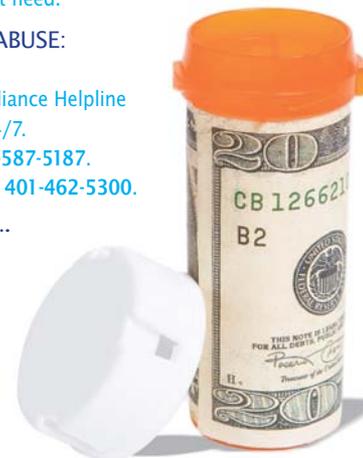
HOW TO REPORT FRAUD AND ABUSE:

Tell us in one of the following ways.

- Call the UnitedHealth Group Compliance Helpline at 1-800-455-4521. You can call 24/7.
- Contact Member Services at 1-800-587-5187.
- Report fraud to the state by calling 401-462-5300.

📞 MAKE A STATEMENT

Learn more about how you can prevent or report fraud and abuse. Visit www.uhcmedicaid.com or www.dhs.ri.gov.



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brisk^{WINTER} air

CONTROLLING ASTHMA WHEN IT'S COLD

Many people with asthma breathe a sigh of relief when winter comes. Outdoor triggers like pollen and weeds go away for a while. But some people feel worse in the winter. Their asthma can be triggered by cold air outside or dry air inside. Indoor triggers like dust mites and pet dander can also build up when windows are closed.

5

TIPS FOR WINTER ASTHMA CONTROL

- 1 DRINK LOTS OF WATER.**
Aim for eight 8-ounce glasses a day.
- 2 USE A HUMIDIFIER INSIDE.**
Clean it and change the filter often.
- 3 COVER YOUR MOUTH AND NOSE OUTSIDE.** Use a scarf or a mask.
- 4 STAY AWAY FROM WOOD-BURNING FIREPLACES OR STOVES.**
If you use one, keep it clean. Make sure your home is well ventilated.
- 5 VACUUM AND DUST OFTEN.**
Keep pets out of bedrooms. Wash bed sheets weekly.

i TIME FOR A CHANGE Do you have asthma? Talk to your doctor about whether you need to change your asthma action plan seasonally. Remember to carry your rescue inhaler with you.

no shame

DON'T BE EMBARRASSED ABOUT DEPRESSION

Depression is a medical problem, like having diabetes or needing eyeglasses. It is nothing to be ashamed of. More than 18 million Americans have it. Some signs include:

- a sad mood that doesn't go away
- not wanting to do things you once enjoyed
- eating much more or less than you used to
- trouble sleeping or sleeping too much
- lack of energy
- a hard time thinking
- thinking about death or suicide

Depression can be treated. Medication can help. So can therapy. You can also try lifestyle changes. Exercising, getting enough sleep and eating healthy may improve your mood.

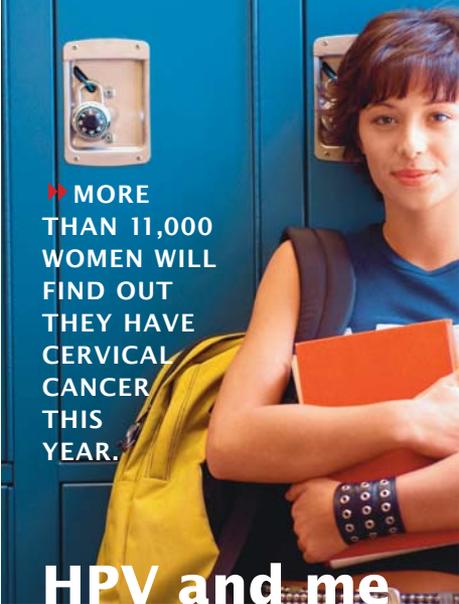
Some people get depressed each winter. This is called seasonal affective disorder (SAD). It's caused by not getting enough sunlight. Sitting by special lamps can help SAD. So can spending time outdoors on sunny days.

i GET HELP If you have symptoms of depression most of the time for more than a few weeks, talk to your doctor.



More than 1 out of 7 low-income Americans have depression.

PREVENTION



MORE THAN 11,000 WOMEN WILL FIND OUT THEY HAVE CERVICAL CANCER THIS YEAR.

HPV and me

YOU CAN PREVENT CERVICAL CANCER

About 70 percent of cervical cancers are caused by the human papillomavirus (HPV). HPV is very common. You get it from unprotected sex. Today, there's a vaccine for HPV. Girls and women aged 9 to 26 should consider getting it. It works best when given to girls well before they become sexually active.

Cervical cancer is treatable when caught early. Pap tests find cancer early, before there are any symptoms. You should start getting Pap tests at age 21 or three years after you start having sex, whichever comes first. You should get a Pap test at least every three years until age 70. If you have had an abnormal Pap test or are infected with HPV, talk to your doctor about getting the test more often.



TAKE CHARGE Talk to your doctor about getting cancer screenings. For more information about cancer, call the National Cancer Institute at 1-800-4 CANCER or visit www.cancer.gov.

HEALTHY LIFESTYLES

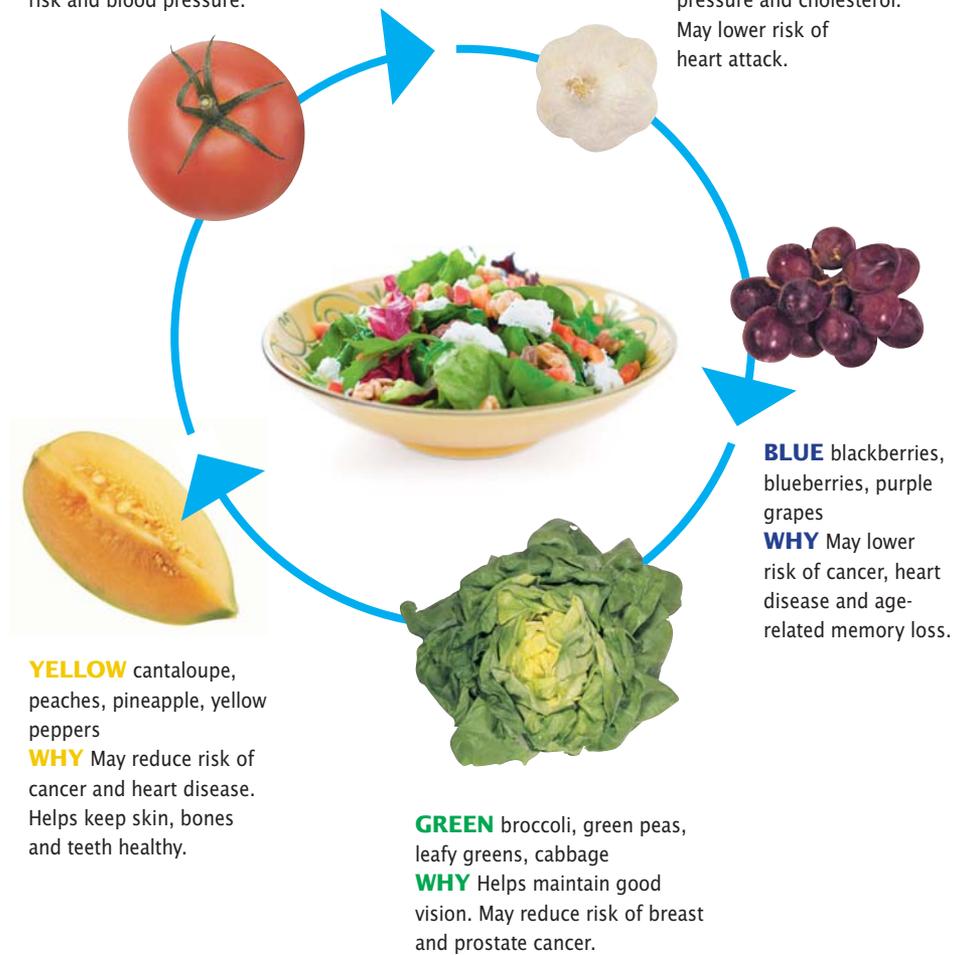
color_{ME} healthy

A COLORFUL DIET IS A HEALTHY ONE

Eating a rainbow of foods can make you healthy. It can help you prevent cancer, heart disease and other problems. Eat at least one food of each color every day. Fruits and vegetables are just as nutritious fresh, canned or frozen.

RED tomatoes, watermelon, pink grapefruit, strawberries
WHY May lower prostate cancer risk and blood pressure.

WHITE garlic, leeks, white onions
WHY May reduce blood pressure and cholesterol. May lower risk of heart attack.



YOUR PYRAMID Make a plan for eating healthy at www.mypyramid.gov. This Web site has many tools for people of all ages and sizes.

▼ SICK DAYS



what to do

ABOUT THE H1N1 AND SEASONAL FLU

Flu season hasn't peaked yet. Both the seasonal flu and the H1N1 ("swine") flu will be spreading for a few more months. You should still be following basic tips for staying healthy. Wash your hands often. Cough or sneeze into a tissue or your elbow. Stay home if you are sick. And don't touch your eyes, nose or mouth.

It's not too late to get a flu shot. Follow the Centers for Disease Control (CDC) guidelines about who needs vaccines the most.

SEASONAL FLU VACCINE

- pregnant women
- children aged 6 months to 18 years old
- people of any age with certain chronic conditions
- healthcare workers
- people who live with or care for children younger than 6 months of age or others at high risk for complications from the flu
- people who live in nursing homes and other long-term care facilities
- people 50 years of age and older

H1N1 VACCINE

- pregnant women
- people aged 6 months to 24 years old
- people aged 25 through 64 years with certain chronic conditions
- healthcare and emergency medical services workers
- people who live with or care for children younger than 6 months of age

 **THE NOSE KNOWS** The seasonal and H1N1 vaccines are also available as nasal sprays for some age groups. But for some people, shots work better. Ask your doctor which type of vaccine is best for you.

▼ BABY BASICS



GET YOUR BABY TESTED FOR LEAD

Lead is a metal in our environment. Before we knew it was dangerous, it was used in paint, gasoline and plumbing. Today there are laws against using it. Other countries don't have the same laws.

 **1 in 4 children are exposed to lead in their homes.**

That's why painted toys or other products made outside the U.S. can have lead. Homes built before 1970 can still have lead in their paint or pipes.

Even small amounts of lead can be dangerous to young children. Over time, lead poisoning can lead to problems. Children may have lower intelligence, slow growth, learning disabilities and other problems.

Have your child tested for lead at 1 and 2 years of age or when your doctor recommends. Lead poisoning can be treated when caught.

 **GET TESTED** Your health plan pays for lead testing.

▼ PRESCRIPTION DRUGS

Q CAN I DRINK ALCOHOL WHEN TAKING MEDICATION?

A It's usually not a good idea. Having a drink with some medicines can make you very sleepy or upset your stomach. Some medicines don't work as well with alcohol. Others can even get stronger. Drinking alcohol with some medicines can be very dangerous. It could cause liver damage or blood pressure problems. If you have any questions, ask your doctor or pharmacist.



Q ARE GENERIC DRUGS AS SAFE AS BRAND-NAME DRUGS?

A Yes. Generic drugs may look different from brand-name drugs, but they act the same. They have the same active ingredients. They meet the same quality standards. In fact, the same company that makes the brand-name drug often makes the generic version, too.

 **IT'S LISTED** Your plan uses a formulary. This is a list of covered prescription drugs. Using generic or formulary drugs saves money. Find out if your medicine is on the formulary. Call 1-800-587-5187 or see www.uhcmedicaid.com.

HEALTH PLAN NOTICES OF
**privacy
practices**

NOTICE FOR MEDICAL INFORMATION

NOTICE FOR FINANCIAL INFORMATION





THIS SAYS
HOW MEDICAL
INFORMATION
ABOUT YOU MAY BE
USED AND SHARED.
IT SAYS HOW YOU CAN
GET ACCESS TO THIS
INFORMATION. READ
IT CAREFULLY.

MEDICAL INFORMATION privacy notice

Effective January 1, 2010

We must by law 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 your HI.**

We must by law follow the terms of this notice.

“Health information” (or HI) in this notice means information that can be used to identify you. And it must relate to your health or health care.

We have the right to change our privacy practices. If we change them, we will mail a notice within 60 days. We will post the new notice on our Web site at www.americhoice.com. We have the right to make changes apply to HI that we have and future information.

HOW WE USE OR SHARE INFORMATION

We **must** use and share your HI if asked for by:

- You or your legal representative.
- The Secretary of the Department of Health and Human Services to make sure your privacy is protected.

We **have the right** to use and share HI. This must be for your treatment, to pay for care and to run our business. For example, we may use and share it:

- **TO PAY** premiums, determine coverage, and process claims. This also may include coordinating benefits. For example, we may tell a doctor you have coverage. We may tell a doctor how much of the bill may be covered.
- **FOR TREATMENT** or managing care. For example, we may share your HI with providers to help them give you care.
- **FOR HEALTH CARE OPERATIONS** related to your care. For example, we may suggest a disease management or wellness program. We may study data to see how we can improve our services.
- **TO TELL YOU ABOUT HEALTH PROGRAMS OR PRODUCTS** This may be other treatments or products and services. These activities may be limited by law as of February 17, 2010.
- **FOR PLAN SPONSORS** We may give enrollment and summary HI to an employer plan sponsor. We may give them other HI if they agree to limit its use per federal law.
- **FOR REMINDERS** on benefits or care, such as appointment reminders.

We **may** use or share your HI as follows:

- **AS STATED BY LAW**
- **TO PERSONS INVOLVED WITH YOUR CARE** This may be to a family member. This may happen if you are unable to agree or object, such as in an emergency or when you agree or fail to object when asked. If you are not able to object, we will use our best judgment.
- **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**, such as to answer a court order or subpoena.
- **FOR LAW ENFORCEMENT**, such as 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, such as 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**, such as to study disease or disability, as allowed by law.
- **TO GIVE INFORMATION ON DECEDENTS** This may be to




using YOUR RIGHTS

a coroner or medical examiner, such as 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, bank 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. (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 per our contract with them. As of February 17, 2010, our associates will be subject to federal privacy laws.
- **TO NOTIFY OF A DATA BREACH** To give notice of unauthorized access to your HI. We may send notice to you or to your plan sponsor.
- **OTHER RESTRICTIONS** Federal and state laws may limit the use and sharing of highly confidential HI. If stricter laws apply, we try to meet those laws. This may include state laws on:
 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

Except as stated in this notice, we use your HI only with your written consent. If you allow us to share your HI, we do not promise that the person who gets it will not share it. You may take back your consent, unless we have acted on it. To find out how, call the phone number on the back of your ID card.

YOUR RIGHTS

You have a right:

- **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 involved in your care or payment for it. 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 A PROVIDER NOT TO SEND HI** to us if you paid for the care in full.
- **TO ASK TO GET CONFIDENTIAL COMMUNICATIONS** in a different way or place. (For example, at a PO 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 at right.
- **TO SEE OR GET A COPY OF HI** that we use to make decisions about you. You must ask in writing. Mail it to the address below. 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. As of February 17, 2010, if we keep an electronic record, you may ask for an electronic copy to be sent to you or a third party. We may charge a fee for this.
- **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 at right. 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: (i) Prior to April 14, 2003. (ii) For treatment, payment, and health care operations. (iii) With you or with your consent. (iv) With correctional institutions or law enforcement. This will not list disclosures if federal law does not make us keep track of them.
- **TO GET A PAPER COPY OF THIS NOTICE** You may ask for a copy at any time. Even if you agreed to get this notice electronically, you have a right to a paper copy. You may also get a copy at our Web site at www.americhoice.com.

TO CONTACT YOUR HEALTH PLAN

Call the phone number on the back of your ID card. Or you may contact the UnitedHealth Group Call Center at 1-866-799-1328.

TO SUBMIT A WRITTEN REQUEST

Mail to:
UnitedHealth Group
PSMG Privacy Office
MN006-W800
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.

This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: ACN Group of California, Inc.; All Savers Insurance Company; All Savers Insurance Company of California; American Medical Security Life Insurance Company; AmeriChoice of Connecticut, Inc.; AmeriChoice of Georgia, Inc.; AmeriChoice of New Jersey, Inc.; AmeriChoice of Pennsylvania, Inc.; Arizona Physicians IPA, Inc.; Arnett HMO, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Evercare of Arizona, Inc.; Evercare of New Mexico, Inc.; Evercare of Texas, LLC; Golden Rule Insurance Company; Great Lakes Health Plan, Inc.; Health Plan of Nevada, Inc.; IBA Health and Life Assurance Company; MAMSI Life and Health Insurance Company; MD - Individual Practice Association, Inc.; Midwest Security Life Insurance Company; National Pacific Dental, Inc.; Neighborhood Health Partnership, Inc.; Nevada Pacific Dental; Optimum Choice, Inc.; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.; Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; Pacific Union Dental, Inc.; PacifiCare Behavioral Health of California, Inc.; PacifiCare Behavioral Health, Inc.; PacifiCare Dental; PacifiCare Dental of Colorado, Inc.; PacifiCare Insurance Company; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; PacifiCare of Arizona, Inc.; PacifiCare of California; PacifiCare of Colorado, Inc.; PacifiCare of Nevada, Inc.; PacifiCare of Oklahoma, Inc.; PacifiCare of Oregon, Inc.; PacifiCare of Texas, Inc.; PacifiCare of Washington, Inc.; Sierra Health & Life Insurance Co., Inc.; Spectera, Inc.; U.S. Behavioral Health Plan, California; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; Unison Family Health Plan of Pennsylvania, Inc.; Unison Health Plan of Delaware, Inc.; Unison Health Plan of Ohio, Inc.; Unison Health Plan of Pennsylvania, Inc.; Unison Health Plan of South Carolina, Inc.; Unison Health Plan of Tennessee, Inc.; Unison Health Plan of the Capital Area, Inc.; United Behavioral Health; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of Illinois; UnitedHealthcare Insurance Company of New York; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Insurance Company of Ohio; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Arkansas, Inc.; UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Florida, Inc.; United HealthCare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Kentucky, Ltd.; United HealthCare of Louisiana, Inc.; UnitedHealthcare of 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 York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Tennessee, Inc.; UnitedHealthcare of Texas, Inc.; United HealthCare of Utah; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.



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TO ACCESS YOUR FI

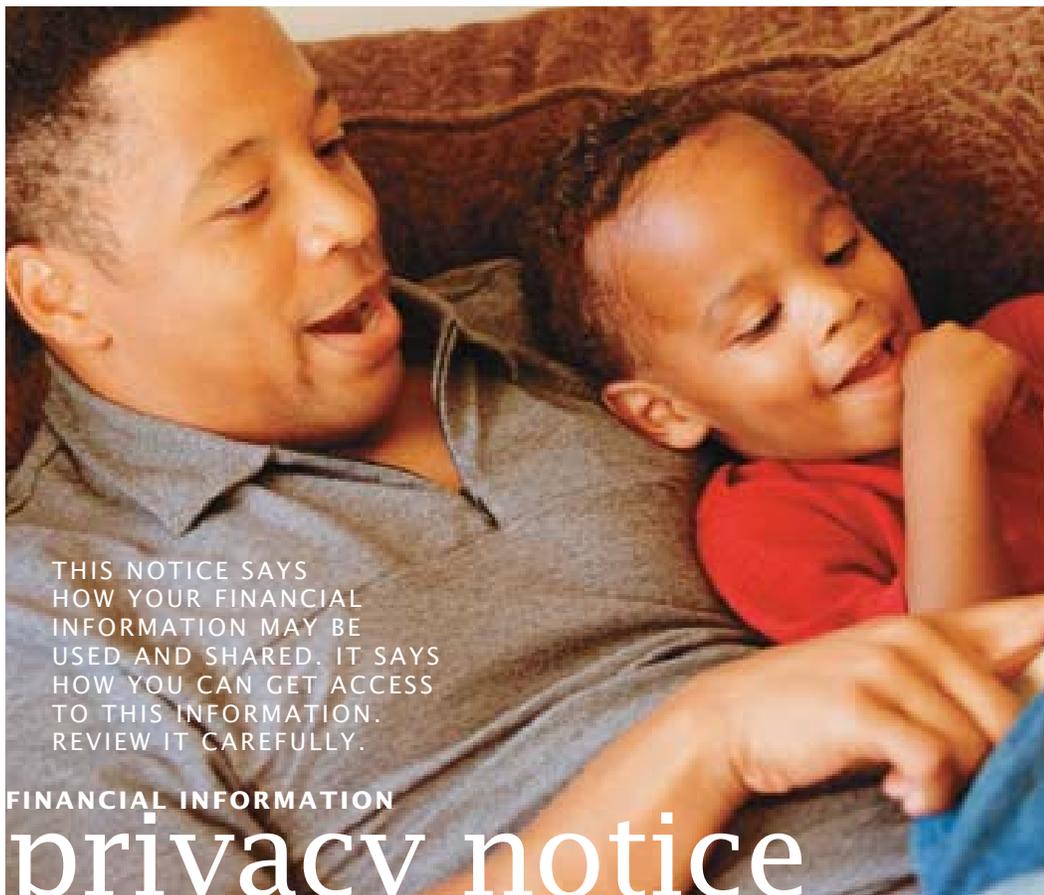
Send a request in writing with your name, address, social security number, phone, and the FI you want to access. State if you want access in person or a copy sent. When we get your request, we will contact you within 30 business days.

TO CORRECT, AMEND, OR DELETE ANY OF YOUR FI

Send a request in writing with your name, address, social security number, phone, the FI in dispute, and the identity of the document or record. Upon receipt of your request, we will contact you within 30 business days. We will tell you if we have made the correction, amendment or deletion. Or we will tell you we refuse to do so and the reasons why. You may challenge this.

TO SEND A REQUEST

United Healthcare
Customer Service -
Privacy Unit
PO Box 740815
Atlanta, GA 30374-0815



THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. IT SAYS HOW YOU CAN GET ACCESS TO THIS INFORMATION. REVIEW IT CAREFULLY.

FINANCIAL INFORMATION privacy notice

Effective January 1, 2010

We protect your **“personal financial information” (FI)**. This means non-health information about an enrollee or an applicant obtained to provide coverage. It is information that identifies the person and is not public.

INFORMATION WE COLLECT

We get FI about you from:

- **APPLICATIONS OR FORMS** This may be name, address, age and social security number.
- **YOUR TRANSACTIONS** with us or others. This may be premium payment data.

SHARING OF FI

We do not share FI about our enrollees or former enrollees, except as required or permitted by law.

To run our business, we may share FI without your consent to our affiliates. This is to tell them about your transactions, such as premium payment.

CONFIDENTIALITY AND SECURITY

We limit access to your FI to our employees and providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards per federal standards to guard your FI. We do regular audits to ensure secure handling.

YOUR RIGHT TO ACCESS AND CORRECT FI

In some states*, you may have a right to ask for access to your FI. You can ask:

- For the source of the FI.
- For a list of disclosures made in the two years before your request.
- To view and copy your FI in person.
- For a copy to be sent. (We may charge a fee.)
- For corrections, amendments or deletions.

* California and Massachusetts

For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in the footnote on page 3, plus the following UnitedHealthcare affiliates: ACN Group IPA of New York, Inc.; ACN Group, Inc.; Administration Resources Corporation; AmeriChoice Health Services, Inc.; Behavioral Health Administrators; Behavioral Healthcare Options, Inc.; DBP Services of New York IPA, Inc.; DCG Resource Options, LLC; Dental Benefit Providers, Inc.; Disability Consulting Group, LLC; HealthAllies, Inc.; Innoviant, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; Mid Atlantic Medical Services, LLC; Midwest Security Care, Inc.; National Benefit Resources, Inc.; OneNet PPO, LLC; OptumHealth Bank, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; PacifiCare Health Plan Administrators, Inc.; PacificDental Benefits, Inc.; ProcessWorks, Inc.; RxSolutions, Inc.; Sierra Nevada Administrators, Inc.; Sierra Nevada Administrators, Inc.; Spectera of New York, IPA, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; United Healthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, Inc.