


MICHIGAN

## **UnitedHealthcare Community Plan**

2014 Medicaid Member Handbook





Welcome to UnitedHealthcare Community Plan. Thank you for choosing us. As 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.

We are here to help you make good health decisions. You choose your own UnitedHealthcare Community Plan doctor — your Primary Care Provider (PCP) — who will help you get medical care. We want you to visit your PCP often for regular and preventive care.

We want to answer any questions you have about your health plan. We will help you choose or change your PCP, get care with a specialist or have you work with a nurse to help you with any special medical needs.

This member handbook will help you learn how to use your health benefits. Please read it and keep it in a safe place for future use.

It is our goal that when people ask you which health plan you have, you proudly say, “UnitedHealthcare Community Plan. It’s Great Coverage!”

**Welcome** aboard and thank you for becoming a part of our UnitedHealthcare Community Plan family.

*Don Schmidt Jr.*  
*President/CEO*  
UnitedHealthcare Community Plan

**UnitedHealthcare Community Plan Member Handbook**  
January 2014



# Telephone Numbers

**UnitedHealthcare Community Plan Customer Service** ..... **1-800-903-5253**

**Call us to:**

- Change your Primary Care Provider (PCP)
- Ask about UnitedHealthcare Community Plan doctors or other health care providers
- Ask about covered medications or other pharmacy questions
- Ask about covered short-term outpatient mental health services
- Ask about covered benefits
- Ask for a list of UnitedHealthcare Community Plan doctors and hospitals, a Provider Directory
- Obtain an audio reading of UnitedHealthcare Community Plan materials for the visually impaired
- Use the AT&T Language Line, interpretation services:
  - We can help you in over 130 languages
- Get UnitedHealthcare Community Plan information or written materials
- Ask about UM decisions

**Transportation or Gas Reimbursement** ..... **1-877-892-3995**

*\*\* It is best to call four days in advance to set up your ride or ask for gas reimbursement.*

To set up FREE non-emergency transportation or ask for gas reimbursement to go to and from:

- Doctor's visits
- Medical equipment companies for supplies
- Mental Health Clinics
- Health Departments
- Vision Clinics
- Urgent visits to your doctor's office or Urgent Care centers – if you need an urgent ride to your doctor's office or an Urgent Care center sooner than the four-day advance notice, call us and we will help you.

**Vision Services, VSP (Vision Service Plan)** ..... **1-800-877-7195**

To set up FREE services for all routine eye exams, frames and lenses. Or visit VSP at [www.vsp.com](http://www.vsp.com).

**Dental Services** ..... **1-800-642-3195**

The State of Michigan Medicaid program, not UnitedHealthcare Community Plan, covers dental services. You can go to any dentist that accepts Medicaid and present your green mihealth card. Ask your doctor or call your DHS Case Worker for more details.

**Medicaid Help Line** ..... **1-800-642-3195**

**Michigan Enrolls** ..... **1-888-367-6557**  
..... or **1-800-975-7630**

**Michigan Relay (Hearing Impaired)** ..... **711**

The Michigan Relay Center makes it possible for hearing-impaired and/or speech-impaired persons to call UnitedHealthcare Community Plan. They can be reached 24 hours a day, 7 days a week.

*These are ALL toll-free phone numbers!*

# Free Services for You: At-A-Glance Benefit Summary

You can get these services FREE, when you set them up with your UnitedHealthcare Community Plan doctor:

<b>Doctor Services</b>	<b>Free Covered Services</b>
Office Visit – When you are Sick Office Visit – Preventive and gynecological exams Preventive Services – Immunizations, Mammography Screening, Pap Smears Allergy Testing	
<b>Hospital Services</b>	<b>Free Covered Services</b>
Hospital Room, Board and Miscellaneous Inpatient and Outpatient Surgical Procedures Includes doctor services, all related surgical services, anesthesia, Lab and X-ray X-ray and Laboratory Tests	
<b>Medicine/Prescription/Rx</b>	<b>Free Covered Services</b>
Written prescription from your PCP or UnitedHealthcare Community Plan specialist	
<b>Maternity Care</b>	<b>Free Covered Services</b>
Prenatal and Post-Partum Visits Maternity – Delivery in Hospital and Well-Baby care in Hospital Healthy First Steps Program – To help you and your new baby	
<b>Mental Health</b>	<b>Free Covered Services</b>
United Behavioral Health (UBH) 20 Outpatient Mental Health visits every year	
<b>Eye Care</b>	<b>Free Covered Services</b>
Vision Service Plan – VSP Eye exams, designer-type frames (Altair eyewear) and prescription lenses	1-800-877-7195
<b>Transportation or Gas Reimbursement</b>	<b>Free Covered Services</b>
Rides or gas reimbursement to get Medical Care and Services It is best to call four days in advance to set up your ride or ask for gas reimbursement	1-877-892-3995
<b>Urgent and Emergency Care</b>	<b>Free Covered Services</b>
After-Hours Urgent Care, Emergency Room and Emergency Ambulance	
<b>Other Services</b>	<b>Free Covered Services</b>
X-rays, Laboratory and Radiology, Durable Medical Equipment (DME), Skilled Nursing Facility Care, Home Health Care, Stop Smoking Program, Hospice Care and Physical, Occupational and Speech Therapy	

Your UnitedHealthcare Community Plan doctor's 24-hour, 7-days-a-week phone number is on your UnitedHealthcare Community Plan ID card. This summary highlights your UnitedHealthcare Community Plan benefits. Read your Member Handbook and Certificate of Coverage for full details.

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# Welcome to UnitedHealthcare Community Plan

Thank you for choosing UnitedHealthcare Community Plan as your new health care plan. We have put this handbook together for you. Please read it and make sure you know how UnitedHealthcare Community Plan works and how to get your FREE health care benefits. This is your “key” to UnitedHealthcare Community Plan as a new member.

This handbook, plus your UnitedHealthcare Community Plan Certificate of Coverage (COC), will tell you about:

- UnitedHealthcare Community Plan HMO
- FREE covered services
- UnitedHealthcare Community Plan doctors and providers
- Your benefits
- Your coverage
- Your rights and responsibilities

If you have questions about UnitedHealthcare Community Plan after reading this handbook, call our Customer Service department at 1-800-903-5253.

If you have new ideas for UnitedHealthcare Community Plan, please let us know. We want to know what is important to you. Tell us how we can help you with new and improved benefits and services.

If you need help reading this handbook, need it in another language or in an alternative format for your special needs, let us know and we will help you.

You can look at this Member Handbook, our Provider Directory and other information about UnitedHealthcare Community Plan on our website at **[UHCCommunityPlan.com](http://UHCCommunityPlan.com)**.

**UnitedHealthcare Community Plan may not cover all your health care expenses. Read this Member Handbook and your Certificate of Coverage (COC) to find out which health care services are covered.**

Again, welcome! We are happy to have you as part of our UnitedHealthcare Community Plan family.

# Common Terms

What does it mean?

Terms	Description
<b>Action or Denial</b>	A UnitedHealthcare Community Plan decision to deny or limit authorizations, services or payment
<b>Beneficiary</b>	A person determined eligible by the State of Michigan for the Medical Assistance Program
<b>Benefits</b>	Health care services provided for by Michigan Medicaid
<b>Formal Appeal</b>	A request to review a UnitedHealthcare Community Plan adverse determination or denial of payment
<b>Grievance</b>	A complaint submitted on behalf of a member
<b>Covered Services</b>	Medically necessary health care services and benefits
<b>Family Practice and General Practice Doctors</b>	Doctors trained to treat adults and children
<b>UnitedHealthcare Community Plan Provider or Specialist</b>	Doctors, hospitals, pharmacies or other medical service providers you must use for your health care
<b>HMO</b>	Health Maintenance Organization. A health plan where a PCP manages all your health care needs
<b>Internal Medicine Doctors</b>	Doctors trained to treat adults
<b>Medically Necessary</b>	The services, equipment or supplies necessary for the diagnosis, care or treatment of a member's physical or mental condition according to accepted medical practices and standards
<b>Member</b>	A Medicaid Program recipient enrolled with UnitedHealthcare Community Plan
<b>Nurse Practitioner</b>	A registered nurse who has advanced training and certification
<b>OB/GYN</b>	Doctors trained to treat women
<b>PCP</b>	Primary Care Provider (Your personal doctor)
<b>Pediatricians</b>	Doctors trained to treat children and teens
<b>Physician Assistant</b>	A health professional who works as part of a team with a doctor
<b>Referral</b>	When your PCP sends you to a specialist for a covered service
<b>Utilization Management (UM) Decision</b>	UnitedHealthcare Community Plan decisions made against set criteria * See <i>Utilization Review Policy and Procedures for more detail.</i>

See your Certificate of Coverage for more definitions and details.



# The Basics

## What is UnitedHealthcare Community Plan?

UnitedHealthcare Community Plan is a Health Maintenance Organization (HMO). We offer health care services to members eligible for Michigan Medicaid.

## What Does UnitedHealthcare Community Plan Give Me?

With UnitedHealthcare Community Plan, you will have a personal doctor to work with for all your FREE health care needs. Your personal doctor is called your **Primary Care Provider or PCP**. You will get most of your care from your PCP. Your PCP will give you the care you need or send you to a UnitedHealthcare Community Plan provider or specialist. A UnitedHealthcare Community Plan provider or specialist are doctors, hospitals, labs, pharmacies, and other medical professionals who work together with UnitedHealthcare Community Plan to make sure you get the best care. UnitedHealthcare Community Plan may not pay for services you get if you did not have them approved by your PCP first.

## Your Eligibility

- You must be eligible for Medicaid to be enrolled with UnitedHealthcare Community Plan.
- If you enrolled with UnitedHealthcare Community Plan within the past 90 days, you can change to a new health plan when you call MIEnrolls at 1-888-367-6557 or 1-800-975-7630.

- If you have been enrolled with UnitedHealthcare Community Plan for more than 90 days, the State will not let you change to a new health plan for a year. When you can make a change, the State will send you information in the mail.
- UnitedHealthcare Community Plan cannot enroll, disenroll or change your health plan. You must contact MIEnrolls at 1-888-367-6557 or 1-800-975-7630 to make a change.
- If you have an HMO as your primary insurance, you will not be able to enroll with UnitedHealthcare Community Plan.
- Your UnitedHealthcare Community Plan benefits cannot be cancelled if you become sick.

## If You Move Out of the UnitedHealthcare Community Plan Area

You are covered for medically necessary care when approved in advance by UnitedHealthcare Community Plan until you can change to a new health plan. Call your Department of Human Services, DHS caseworker and UnitedHealthcare Community Plan Customer Service department right away to tell them of your change in address or phone number.

## When the Number of People in Your Family Changes

Did you have a baby? Did your child grow up and move out? Call your **DHS caseworker** right away and let them know. Then call UnitedHealthcare Community Plan and let us know too.

# The Basics (cont.)

## Keep in Touch

Call your **DHS caseworker right away** if your name, address or phone number changes. Then call UnitedHealthcare Community Plan and let us know too. That way Medicaid and UnitedHealthcare Community Plan can keep in touch with you to give you important information about your health benefits.

## Your Michigan “mihealth” ID Card

After you sign up for medical benefits, the Michigan Department of Community Health will send each Medicaid beneficiary a permanent plastic identification card. It is called the **mihealth (“my health”) card**.

Your mihealth card has a beneficiary name and beneficiary ID number on it. Carry this card with you at all times. If you don't have a mihealth card, see or call your DHS caseworker.

If you lose your mihealth card, call the Medicaid Helpline at 1-800-642-3195.

## Your UnitedHealthcare Community Plan ID Card


Every member of UnitedHealthcare Community Plan will get a UnitedHealthcare Community Plan ID card. Carry your UnitedHealthcare Community Plan ID card and your **mihealth card** with you at all times.

Your UnitedHealthcare Community Plan ID card will have your name, Member ID, Medicaid Number, effective date of coverage and your PCP's name and telephone number on it.

Call the UnitedHealthcare Community Plan Customer Service department and ask for a new UnitedHealthcare Community Plan ID card if:

- You do not get a UnitedHealthcare Community Plan ID card for every enrolled UnitedHealthcare Community Plan family member
- The information on your UnitedHealthcare Community Plan ID card is wrong
- You lose or damage your UnitedHealthcare Community Plan ID card

When you use your UnitedHealthcare Community Plan ID card, you agree to give UnitedHealthcare Community Plan access to information to manage your health care and process your claims.

	UnitedHealthcare   Community Plan	Michigan
Health Plan (80840)	911-95467-00	
Member ID: 999999999	Group: MIPHCP	
Member: SUBSCRIBER BROWN	Payer ID: 95467	
State Assigned ID: 999999999		
PCP Name: DR. PROVIDER BROWN		
PCP Phone: (999)999-9999		
Effective Date 99/99/9999		
0501	Administered by UnitedHealthcare Community Plan, Inc.	

In an emergency go to nearest emergency room or call 911.	Printed: 07/26/11
	
This card does not guarantee coverage. For coordination of care call your PCP. To verify benefits or to find a provider, visit the website <a href="http://www.uhcc.com/communityplan">www.uhcc.com/communityplan</a> or call.	
For Members:	800-903-5253 TTY 711
Non-Emergency Transportation:	877-892-3995
Outpatient Mental Health:	800-903-5253
Vision:	800-877-7195
For Providers:	<a href="http://www.uhcccommunityplan.com">www.uhcccommunityplan.com</a> 800-903-5253
Medical Claims:	PO Box 30991, Salt Lake City, UT 84130-0991
Pharmacy Claims:	OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacists:	877-305-8952

# Customer Service Department

It is important to us that you have someone to turn to when you have questions. When you call the UnitedHealthcare Community Plan Customer Service department, our staff is ready to help you.

We are proud to have members from many cultures. We know you may feel better talking in your first language. We can get a translator on the phone to help us talk with you. This service is free of charge to our members. We want you to know what services you can get and how to get them.

## UnitedHealthcare Community Plan Customer Service Will Help You

- Find out what services are covered
- Learn about UnitedHealthcare Community Plan education programs
- Select or change your PCP
- If you have a problem getting your health care
- If you have an idea about how to make UnitedHealthcare Community Plan better
- Get well-child care and immunizations for your children
- Report a newborn
- Learn how to get care with specialists, hospitals and pharmacies
- Learn about your Rights and Responsibilities

If you have a problem or question about your health, call your PCP. If you need to know about your health care plan, call us. We are here to help you. If you need more help, call us at 1-800-903-5253.

## If You Get a Bill

As a UnitedHealthcare Community Plan member, you do not have any copays or deductibles for covered services. If you receive a bill, do not throw it away. First, call the doctor, hospital or other health care provider and make sure they know you are a UnitedHealthcare Community Plan member. Tell them to send the bill to UnitedHealthcare Community Plan or to call us. Do not pay for covered medical services yourself. If you need more help, call us at 1-800-903-5253.

# How UnitedHealthcare Community Plan Works



## Your Personal Doctor (PCP)

At UnitedHealthcare Community Plan, your personal doctor is the key to your health care. Your personal doctor is your **Primary Care Provider or PCP**. Most of your care will be given or arranged by your PCP. Call your PCP when you have a question or need care. See your PCP first for any care you need. Your PCP's phone number is on your UnitedHealthcare Community Plan ID card.

**If you have an urgent problem, you can reach your PCP 24 hours a day, 7 days a week.**

## Choosing Your PCP

There are several kinds of doctors who may be PCPs:

- Pediatricians — Who treat children and teens
- Family practice and general practice doctors — Who treat adults and children
- Internal medicine doctors — Who treat adults
- Nurse practitioners
- Physician assistant

You can pick one provider for the whole family or you can pick a different provider for each family member. You should pick a family practice provider or pediatrician for your children under 14 years old. These providers have training to care for children.

You can look at UnitedHealthcare Community Plan Provider Directory at **UHCommunityPlan.com** to find a PCP, or call us and ask for a copy. A UnitedHealthcare Community Plan Customer Service Representative can help you find a PCP near your home, who speaks your language or has office hours that are best for you and your family.

If you have a chronic health condition like diabetes or end-stage renal disease, you may be able to have a specialist take care of you as your PCP. Call us and we will help you.

If you choose a PCP in a hospital clinic or a health center, your medical records will be in one place, but you may not always see the same PCP. There are also certain health centers where you might be seen by a resident doctor (a doctor who has finished medical school and is taking special training).

## Changing Your PCP

We want you to be happy with your PCP. We want your PCP to know you and any medical needs you have. If you want to change your PCP, the UnitedHealthcare Community Plan Customer Service department will help you. When you change your PCP, you will get a new UnitedHealthcare Community Plan ID card with the new PCP name and phone number on it.

It is important that you, your PCP and other UnitedHealthcare Community Plan providers have a good relationship. You will need to work with each other well so you can get the medical care you need. You need to set up and follow your medical plan together. **If you do not follow your medical plan with your UnitedHealthcare Community Plan providers, we can: ask you to select a new PCP, select a new PCP for you or ask your PCP to find a new UnitedHealthcare Community Plan provider for you. If your non-compliant behavior continues, we may ask the State to disenroll you from UnitedHealthcare Community Plan.**

## UnitedHealthcare Community Plan Doctors

If you want to know how UnitedHealthcare Community Plan chooses doctors and checks their credentials, call us or write to ask for more details.

## Continuity of Care

To make sure care you started can be finished, UnitedHealthcare Community Plan will work with your treating doctor. You can continue treatment for up to 90 days if:

- You are a new member and are in an ongoing course of care with a non-UnitedHealthcare Community Plan provider
- UnitedHealthcare Community Plan ends a contract with a UnitedHealthcare Community Plan provider for reason other than cause

If you are less than 13 weeks pregnant, you will need to see a UnitedHealthcare Community Plan provider for all your care.

If you are 13 weeks pregnant, you can continue to see your current OB/GYN provider until your postpartum care for that delivery is complete.

## Visiting Your PCP

It is important that all family members set up a visit to meet their PCP and to transfer records from your old doctor. Get to know your PCP and let them get to know you. Then, when you get sick, your PCP will be able to give you better care. To set up a visit, change a visit or cancel a visit with your PCP, call the phone number on your UnitedHealthcare Community Plan ID card.

# How UnitedHealthcare Community Plan Works (cont.)

Go see your PCP when you become a UnitedHealthcare Community Plan member. Then set up a visit once each year even if you are not sick. Your “well-visit” will help you and your PCP know about any health problems before they get serious.

## Be Part of Your Good Health

Work with your PCP or other UnitedHealthcare Community Plan providers to improve your health. Talk to your doctors about any care you need. When you are active in your own health plan, you build strong relationships with your doctors. Let them know if you have problems or your health changes. Keep notes and take them with you to your next visit. Share your concerns and ask questions.

## Second Opinion

You may get a free Second Opinion from a UnitedHealthcare Community Plan provider if you do not agree with your PCP treatment plan. The provider giving the Second Opinion must have appropriate knowledge, training, education and experience. If necessary, we will arrange for a Second Opinion at no cost to you, even if the provider is not currently a UnitedHealthcare Community Plan provider.

A recommendation from a UnitedHealthcare Community Plan provider is not a guarantee of medical necessity or UnitedHealthcare Community Plan authorization. If you disagree with a UnitedHealthcare Community Plan decision to deny a service, you may file an Appeal. See *Grievance/Appeal*, page 40.

Remember, if you go to a provider that is not a UnitedHealthcare Community Plan provider and UnitedHealthcare Community Plan did not authorize the visit(s) in advance, you may have to pay the bill.

## New Medical Ideas

UnitedHealthcare Community Plan regularly reviews new technology. UnitedHealthcare Community Plan covers new medical treatments and medicines after we review information about its safety and effectiveness. UnitedHealthcare Community Plan doctors and pharmacists review requests for new medical treatment and medicines. We review scientific evidence from medical literature to help decide whether UnitedHealthcare Community Plan should approve the use of the equipment, procedure or medicine.

## Utilization Review Policy and Procedures

UnitedHealthcare Community Plan has policies and steps we follow in decision making about approving medical services. We want to make sure that the health care services provided are medically necessary, right for your condition and are provided in the best care facility. UnitedHealthcare Community Plan makes sure that quality care is delivered. The criteria used in UnitedHealthcare Community Plan decision-making are available to you and your doctor if you ask for it.

No UnitedHealthcare Community Plan employee or provider is rewarded in any way for not giving you the care or services you need or for saying that you should not get them.

A UM Decision is when UnitedHealthcare Community Plan looks at the appropriateness, medical need and efficiency of health care services, procedures and facilities against our set criteria. Included may be: discharge planning, concurrent planning, pre-certification, approval in advance and clinical case appeals. Also, it may cover proactive processes like concurrent clinical review, peer review and appeals from a provider, payer or patient/member.

## **Prior Authorization**

In some cases, your PCP or specialist must get UnitedHealthcare Community Plan approval first by showing us that the service or equipment for you is medically necessary and right for your condition. This is called a prior authorization.

## **Quality Improvement Program**

UnitedHealthcare Community Plan has a quality improvement (QI) program to give you quality health care and great customer service. UnitedHealthcare Community Plan Board of Directors is responsible for our QI program. The UnitedHealthcare Community Plan QI program makes sure that UnitedHealthcare Community Plan sets goals and takes action to improve how we are doing. If you would like more information about the UnitedHealthcare Community Plan QI program or our progress toward our goals, call us and ask.

## **Health Screenings**

Health screenings are physical exams and tests done by a doctor or other medical professional. Periodic medical exams may include a review of your medical history, a physical exam and special testing. Health screenings are important because they may find problems before you feel sick or have serious life-threatening complications. For more information about health screenings and a recommended schedule, visit our website or call us.

## **Case Management Program**

UnitedHealthcare Community Plan case management program has nurses to help high-risk, very sick members with their health care needs and services. Our nurse case managers can help in certain areas like pediatrics, pregnancy and kidney disease. Our nurse case managers can help you get the care you need with your PCP. We want you to be healthy and stay out of the emergency room (ER) and hospital. Call us for more information.

# How UnitedHealthcare Community Plan Works (cont.)

## Disease Management

Getting you well and helping you stay that way is one of our goals. That's why we offer programs to help our members who have chronic illnesses or who are pregnant. If you are living with a chronic illness or you are pregnant, call us for more information.

## How UnitedHealthcare Community Plan Pays Our Providers

UnitedHealthcare Community Plan pays our PCPs one of two ways. We pay them an agreed-upon fee every month to give our members all the primary care they need no matter how much it costs. This is called *capitation*. We also pay some of our PCPs and specialists every time they see one of our members. This is known as *fee-for-service*. We pay our hospitals and all other types of providers in the UnitedHealthcare Community Plan network the same way. They get paid each time they care for one of our members. UnitedHealthcare Community Plan never holds back any payment to any of our providers for giving too much service. If you have any questions about these arrangements, call us.

## Ways to Participate in UnitedHealthcare Community Plan

UnitedHealthcare Community Plan has a Board of Directors. This Board looks at the way UnitedHealthcare Community Plan does business and makes suggestions. Some people who serve on the board are members just like you. If you would like to become a board member, give us a call. Members vote on a new board member when a seat opens up or when a term is up. If you can't be on the board but have some ideas, we would still like to hear from you. Call us so we can get your suggestions.



# When You Need a Specialist

## Specialist Services

When your PCP sends you to see a specialist, it is called a “referral.” Your PCP will select the UnitedHealthcare Community Plan specialist. If you think your doctor is not sending you to a specialist you think you need, call us.

**For most specialty services, you will need to work with your PCP before you get care.**

Some specialist’s services your PCP may refer you to are:

- Cardiologist services
- Oral surgeon services
- Ears, Nose and Throat (ENT) services
- Orthopedic services
- Ophthalmologist services
- Home Health services
- Endocrinologist services

## Out-of-Plan Specialty Services

Sometimes members need to see a very specialized type of doctor. UnitedHealthcare Community Plan will work with your PCP to make sure you get the specialist or service when you need it, for as long as you need it, even if the provider is not currently a UnitedHealthcare Community Plan provider. There is no cost to you when UnitedHealthcare Community Plan authorizes the care or service in advance, before you see the provider.

**If you see a specialist without being sent by your PCP and without UnitedHealthcare Community Plan authorization in advance, you may have to pay the bill. Always work with your PCP first for any services you need.**

## Self-Referral Services

Most of the time you will work with your PCP first when you need medical care. But there are some kinds of care that you can set up for yourself without being sent by your PCP. These are called “self-referral” services. UnitedHealthcare Community Plan self-referral services are listed below with the pages where they are discussed in your member handbook.

- Vision services (page 29)
- Mental Health services (page 30)
- Women’s health care (GYN) services (page 19)
- Pregnancy (OB) services (page 19)
- Pediatric services (page 21)

# Your Health Care Services

## Adults

UnitedHealthcare Community Plan wants you to get the care you need to stay healthy. You should see your PCP regularly — not just when you are sick. See your PCP at least once a year for a “well-visit” checkup.

Your PCP may:

- Check your blood pressure
- Check your blood sugar (for diabetes if you are at risk)
- Check your height and weight
- Give you a breast exam to screen for cancer (for women)
- Give you a Pap smear to screen for cancer or sexually transmitted diseases (for women)
- Advise you about substance abuse and mental health
- Perform screening such as rectal exams for older adults
- Talk with you about:
  - Healthy eating
  - The risks of tobacco use
  - Family planning
  - Quitting smoking
  - Weight control
  - Other things to keep you healthy

# Women's Health

## Women

- Women may see any UnitedHealthcare Community Plan OB/GYN for well-woman care without being sent by their PCP.
  - Women age 40 or over should have a mammogram to screen for breast cancer once every 1 to 2 years.
  - Women who are sexually active should have a Pap smear every three years to screen for cervical cancer.
  - Young women, ages 16 – 25, who are sexually active should have a Chlamydia test every year to screen for this sexually transmitted disease.
- Women's Health and Cancer Rights Act: Women's health benefits include breast reconstruction services if elected after a mastectomy.

## Family Planning

Family planning is an important part of staying healthy. Your PCP or a Family Planning Center can help you plan when to have children. You can also get information and prescriptions for birth control like condoms and birth control pills. Family Planning Centers or the Health Department can teach you about sexually transmitted diseases and give you other tips for staying healthy. You may go to any Family Planning Center without being sent by your PCP.

## Pregnant Women

Women may see any UnitedHealthcare Community Plan OB/GYN for obstetrical care without being sent by their PCP (Maternity — prenatal, delivery and postpartum).

- If you think you may be pregnant, see your PCP or a UnitedHealthcare Community Plan OB/GYN right away. It is important to start prenatal care in the first 12 weeks.
- See your PCP or UnitedHealthcare Community Plan OB/GYN throughout your pregnancy.
- Make sure you go to all your visits when your PCP or UnitedHealthcare Community Plan OB/GYN tells you to.
- Make sure you go to your doctor right after you have your baby for follow-up care (between 21 and 56 days after your baby is born).
- You may be able to get help with the Maternal Infant Health Program. Talk to your doctor about these FREE services. See *Covered Services*, page 27.
- You may be able to get FREE formula, milk and food from the Women, Infants and Children (WIC) program. Talk to your doctor or call your local Health Department about these services. See *Outreach Services*, page 35.

**You can call your PCP's office anytime, day or night — 24 hours a day, 7 days a week. Your PCP will help you get the best care.**

# Women's Health (cont.)

## Healthy First Steps

If you are pregnant, UnitedHealthcare Community Plan has a FREE program just for you and your baby. It is called **Healthy First Steps**. You and your growing baby are important to us. We want you to have a healthy pregnancy and healthy baby.

UnitedHealthcare Community Plan has a special prenatal case manager to work with you and your doctors to make sure you and your baby get the care you need. The Healthy First Steps program can help teen mothers-to-be too.

Your prenatal case manager can:

- Help you set up prenatal care visits
- Help you find a doctor for your new baby
- Help you set up visits and health care after your baby is born
- Help you get a ride to your visits
- Help you stay healthy
- Help you with special needs while you are pregnant
- Help you find out about:
  - Childbirth classes
  - Counseling services
- Find baby items and clothes, and give you information about what to expect while you are pregnant
- Keep in touch with you and your doctor if you have any health problems



It is good to get early and regular prenatal care, and to keep all your visits with your doctor, even if this isn't your first baby. Call 1-800-599-5985 to learn more!

## Maternal Infant Health Program (1-800-903-5253)

Early prenatal care is important to you and your baby. Childbirth classes and other pregnancy education classes are covered too. The Maternal Infant Health Program (MIHP) can help you with health care, community services and other needs.

The MIHP can help you have a healthy pregnancy and be a great parent. They give you one-on-one education and support.

MIHP services include:

- Nurses who teach you about:
  - Your pregnancy, labor, delivery
  - Your baby's care and needs
- Dietitians who teach you:
  - To eat healthy while you are pregnant
  - What to feed your new baby
- Social workers who help you with housing, baby supplies, money matters and family concerns
- Childbirth education classes that teach you how to make labor and delivery easier
- Parent education classes that are fun, give you group support and teach you how to be a great parent

Talk to your doctor to learn how these services can help you.

# Children's Health

## Children and Teens

Your children need to see their PCP too. Well-child checkups and immunizations are an important part in your child's health. Well-child care is important for everyone 21 years and younger. Your child's PCP can help keep your child healthy.

- Children and teens may “self-refer” to any UnitedHealthcare Community Plan pediatrician.



**Take your children to their PCP at least once every year, even if they are not sick, for a “well-child” visit!**

The best way to keep your children healthy is to take them to their PCP for well-child checkups at the following ages:

- 1 – 14 days
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- Then once every year from age 2 to 21 years

**Babies need checkups more often — during their first year, they need a total of 6 visits!**

## Children's Special Health Care Services (CSHCS)

If your child is chronically ill, they may qualify to become a Children's Special Health Care Services (CSHCS) Member and get special services and transportation through our plan.

We offer high-quality health care services and case management with a coordinated care plan to those eligible for Michigan Medicaid — Children's Special Health Care Services (CSHCS). Your child's PCP works together with UnitedHealthcare Community Plan, you as the family support caregiver and other community agencies to make sure your child gets the best care.

CSHCS is a state of Michigan program that serves children, and some adults, with special health care needs. CSHCS covers more than 2,700 medical diagnoses.

## Additional Benefits for Medicaid Health Plan Enrollees with Children's Special Health Care Services

1. Help from your **Local Health Department** with:
  - Community resources — schools, community mental health, financial support, childcare, Early On, and the Women, Infants and Children (WIC) program
  - Transitioning to adulthood
  - Orthodontia
    - Only for specific CSHCS qualifying diagnosis, such as cleft palate/cleft lip
    - Medically necessary, related to condition
    - Not for cosmetic purposes
  - Respite
    - CSHCS covers 180 hours of respite care annually when a beneficiary requires skilled nursing and a CSHCS nurse consultant determines appropriate

## Children's Health (cont.)

### 2. Help from the **Family Center for Children and Youth with Special Health Care Needs**

- CSHCS Family Phone Line — a toll-free phone number (800-359-3722) available Monday through Friday from 8 a.m. to 5 p.m.
- Parent-to-parent support network
- Parent/Professional training programs
- Financial help to go to conferences about CSHCS medical conditions and “Relatively Speaking,” a conference for siblings of children with special needs

### 3. Help from the **Children's Special Needs (CSN) Fund**

The CSN Fund helps CSHCS families get items not covered by Medicaid or CSHCS. To see if you qualify for help from the CSN Fund, call 517-241-7420.

Examples include:

- Wheelchair ramps
- Van lifts and tie downs
- Therapeutic tricycles
- Air conditioners
- Adaptive recreational equipment
- Electrical service upgrades for eligible equipment

## Well-Child Care

Your children should see their PCP regularly. Remember to always reschedule any missed appointments as soon as possible.

UnitedHealthcare Community Plan provides these important well-child services to members under age 21:

- Immunizations (shots) to help prevent measles, mumps and other illnesses

- Lab tests (including blood lead level by age and risk)
- Physical exams with a full health history (physical and mental health development)
- Health education to give you information about healthy lifestyles and activity, and how to avoid accidents and diseases (including help for parents and guardians)
- Checkups (exams) by a nurse or doctor
- Eye exams and eyeglasses (if needed)
- Diet evaluation and counseling
- Developmental and speech evaluations
- Height, weight and blood pressure checks
- Follow-up care for any problems found during exams
- Other health care, as needed
- Developmental assessment
- Parent education



## Immunizations (Shots)

UnitedHealthcare Community Plan wants to help you keep your children healthy. During the first years of their life, you should take your children to the doctor every few months for well-child care. They will get their immunizations or shots that protect them from diseases.

UnitedHealthcare Community Plan will pay for your child's shots — it won't cost you any money. It is up to you to schedule the appointment and take your child for these shots. Your child's doctor can help you set up regular visits so your child gets all their shots.

# Recommended immunization schedule for persons aged 0 through 18 years – 2013.

Vaccines	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B (HepB)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose					3 <sup>rd</sup> dose									
Rotavirus (RV) RV-1 (2-dose series); RV-5 (3-dose series)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose													
Diphtheria, tetanus and acellular pertussis (DTaP: <7 years)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			4 <sup>th</sup> dose				5 <sup>th</sup> dose				
Tetanus, diphtheria and acellular pertussis (Tdap: ≥7 years)														(Tdap)		
<i>Haemophilus influenzae</i> type b (Hib)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		3 <sup>rd</sup> or 4 <sup>th</sup> dose									
Pneumococcal conjugate (PCV13)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		4 <sup>th</sup> dose									
Pneumococcal polysaccharide (PPSV23)																
Inactivated Poliovirus (IPV) (<18 years)		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		3 <sup>rd</sup> dose					4 <sup>th</sup> dose				
Influenza (IIV; LAIV) 2 doses for some							Annual vaccination (IIV only)					Annual vaccination (IIV or LAIV)				
Measles, mumps, rubella (MMR)							1 <sup>st</sup> dose					2 <sup>nd</sup> dose				
Varicella (VAR)							1 <sup>st</sup> dose					2 <sup>nd</sup> dose				
Hepatitis A (HepA)																
Human papillomavirus (HPV2: females only; HPV4: males and females)														(3 dose series)		
Meningococcal (Hib-MenCY ≥6 weeks; MCV4-D ≥9 months; MCV4-CRM ≥2 years)														1 <sup>st</sup> dose		booster

Range of recommended ages for all children  
 Range of recommended ages for catch-up immunization  
 Range of recommended ages for certain high-risk groups  
 Range of recommended ages during which catch-up is encouraged and for certain high-risk groups  
 Not routinely recommended

## Children's Health (cont.)

### Blood Lead Poisoning

Lead poisoning is dangerous to your child's health. If you live in an older home (built before 1978), your child may have a higher chance of lead poisoning. Blood lead tests can be part of regular care by your child's PCP.

The test may only require a simple finger stick and one or two drops of blood. Michigan law requires that doctors test Medicaid children for blood lead poisoning before age one and again before age two or between ages three and six years if not tested at age one and two. Ask your child's PCP for more information about lead poisoning and lead tests.



# Urgent – Emergency and Out-of-Area Care

## After-Hours Care

Your PCP is available 24 hours a day, 7 days a week. Call your PCP at the number listed on your UnitedHealthcare Community Plan ID card for help anytime. Your PCP will call you back or have another doctor call you.

## Urgent Care

If you need care, but it is not life-threatening, call your PCP. Your PCP may be able to see you or direct you to the nearest Urgent Care Center.

Examples when you may need urgent care are:

- Ear aches
- Back pain
- Headache
- Flu
- Colds
- Coughs
- Sore throat
- Minor illness or injury
- Minor cuts



## Emergency Care

Emergency care is life-threatening medical care that is needed right away.

Emergency room services may only be used for treatment of a serious medical condition resulting from injury, sickness, or mental illness which arises suddenly and requires immediate care and treatment (generally within 24 hours of onset) to avoid jeopardy to your life or health.

Examples of emergencies are:

- Chest pain
- Severe breathing problems or choking
- Severe wound or heavy bleeding

- Poisoning
- Broken bones
- Sudden loss of feeling or not being able to move
- A woman in labor
- Severe pain in your stomach
- A serious accident
- Strong feeling that you might kill yourself or another person
- Fainting or a severe dizzy feeling
- Severe spasms/convulsions
- Throwing up blood
- Miscarriage (when a pregnant woman loses her baby)
- Damage to your eyes

## What to Do in an Emergency Situation

If you have an injury or sudden illness, call your PCP and follow the instructions you are given. If you have an emergency condition, go directly to the nearest emergency room.

Some medical emergencies require help by a trained professional right on the spot if you are unconscious or cannot be easily moved. When minutes are at stake, emergency personnel can get to you faster than you can get to a hospital. If you call 911, stay on the phone. Don't hang up until you are told to do so. The 911 operators will send police, firefighters or ambulances, and can give you instructions on what to do until help arrives.

In an emergency room, the hospital will give you care to stabilize your emergency condition. You cannot be moved to another hospital

# Urgent – Emergency and Out-of-Area Care (cont.)

unless you agree to it and are stabilized. If the hospital you go to, in an emergency, cannot offer you the best care or the specialist you need is not available, the hospital may ask you to let them move you someplace else. They must give you care to reduce any risk to your health (and the health of an unborn child if you are pregnant) and give medically supervised transportation.

If you go to a non-UnitedHealthcare Community Plan hospital, we may ask to have you moved, when you are stable, to a UnitedHealthcare Community Plan hospital. When you are at a UnitedHealthcare Community Plan hospital, you can still get care with your PCP and UnitedHealthcare Community Plan doctors.

If you go to an emergency room and you are told to call your PCP instead, call and set up a visit. If you need help, call the UnitedHealthcare Community Plan Customer Service department.

**If you are not sure if you have an emergency, call your PCP first.**

## Follow-Up Care

Call your PCP after you are seen in any urgent-care center or emergency room, even if you are out of the area. Call or have someone else call your PCP for you within 24 hours of the emergency. You must see your PCP for any follow-up care.



*Call your PCP if you get care from another doctor or hospital. All follow-up care must be arranged by your PCP.*

## Out-of-Area Care

If you have a health emergency when you are out of town **or out of state**, UnitedHealthcare Community Plan will cover the costs. Give the name and phone number of your PCP to the emergency-room staff.

### Emergency

If you have a medical emergency while you are not in Michigan, go to the nearest emergency room.

### Non-Emergency/Urgent

If you need non-emergency care while traveling outside the service area or when you are not in the state of Michigan, call your PCP or the UnitedHealthcare Community Plan Customer Service department first.

Routine medical care while you are outside the service area or when you are not in Michigan, unless you get it with a participating provider, is not covered.

You must get authorization in advance from your PCP and UnitedHealthcare Community Plan for care with any non-participating provider.

# Covered Services

**UnitedHealthcare Community Plan covers a lot of FREE medically necessary services when you and your PCP arrange your care. You are covered for:**

- Bariatric surgery\*
- Durable Medical Equipment (DME) items like walkers and wheelchairs\*
- End Stage Renal Disease services\*
- Hearing and speech services (hearing aids for members under 21 years of age)
- Home Health services\*
- Hospice care
- Hospitalization in a semi-private room (when medically necessary)\*
- Intermittent or short-term restorative or rehabilitative services in a nursing facility up to 45 days
- Lab tests and x-rays
- Medical supplies\*
- Office visits — including physical exams and preventive health screening
- Outpatient surgery\*
- Physical, speech, language and occupational therapy
- Podiatry services
- Prescription drugs
- Prosthetics and orthotics\*
- Restorative or rehabilitative services not in a nursing facility
- Services by a chiropractor
- Services by a hearing aid dealer
- Surgery, anesthesia and related services\*
- Transplants\*
- Visits to specialists (when your PCP sends you)
- Weight reduction care\*
- Well-baby and Well-child visits — including immunizations or shots

*\* May need to be approved in advance by UnitedHealthcare Community Plan.*

**You are covered for these FREE services without being sent by your PCP:**

- Certified nurse midwife services
- Certified pediatric and family nurse practitioner services
- Eye exams, certain frames and lenses (every 24 months)
- Family planning services at any family planning clinic
- Immunizations or treatment of a communicable disease at any Health Department
- Maternal Infant Health Program (MIHP) services at any Health Department, or MIHP Provider
- Obstetrical care with any UnitedHealthcare Community Plan OB/GYN (prenatal and postnatal care) or certified nurse midwife
- Pediatrician visits by children under the age of 18 to any UnitedHealthcare Community Plan pediatrician
- Replacement frames and lenses (every 12 months — children may have two replacement pairs if lost or broken)
- Services at any Adolescent Health Center
- Short-term outpatient mental health services (up to 20 visits every year)
- Transportation services
- Well-woman care from any UnitedHealthcare Community Plan OB/GYN

## Covered Services (cont.)



### Prescription Drugs

When a UnitedHealthcare Community Plan doctor gives you a prescription, take it to any UnitedHealthcare Community Plan pharmacy and show them your UnitedHealthcare Community Plan ID card. You can get your diabetic supplies at a UnitedHealthcare Community Plan pharmacy too.

Prescription medicines are FREE to you as a UnitedHealthcare Community Plan member. You never have a co-pay for covered medicines\*. You will need a written prescription from your PCP or UnitedHealthcare Community Plan specialist to have your prescription filled.

To find a UnitedHealthcare Community Plan Pharmacy, look in your UnitedHealthcare Community Plan Provider Directory, go to our website at **UHCCCommunityPlan.com** or call us. For your safety, we urge you to select a single pharmacy to get your drugs from. You should get to know the pharmacist and build a relationship.

If the UnitedHealthcare Community Plan pharmacy tells you they cannot fill your prescription or that you have to pay, **do not** leave the pharmacy and **do not** pay for it yourself until you ask for details. As a UnitedHealthcare Community Plan member, your covered medicine is FREE! Ask them to call UnitedHealthcare Community Plan or your doctor. You may need a prior

authorization or another medication that is covered. If it is too soon for you to get a refill, they can tell you when it is OK to come back and get it.

Many medically necessary over-the-counter (OTC) medicines such as aspirin or cold medicine are covered too when you take your prescription to any UnitedHealthcare Community Plan pharmacy.

UnitedHealthcare Community Plan uses a **formulary**, also called a Preferred Drug List, for your prescription coverage. A formulary is a list of medicines that a health plan will cover. Having a formulary helps your doctor prescribe medicines for you. New drugs and forms of treatment are being introduced every year, and UnitedHealthcare Community Plan adds drugs to its formulary, as needed. For a copy of the formulary, call us or go to **UHCCCommunityPlan.com** to see it.

Most medicines used by UnitedHealthcare Community Plan members are included in our formulary. There are both brand name and generic drugs on the formulary. UnitedHealthcare Community Plan requires that generic drugs be used when available. If a specific medication is not listed on the formulary, your doctor may request it through the UnitedHealthcare Community Plan prior authorization process. Talk to your doctor, pharmacist or our Customer Service department if you have questions about the UnitedHealthcare Community Plan Drug

\* Some medicines are covered by the State and not UnitedHealthcare Community Plan. You may have a co-pay for those medicines. The pharmacist will tell you if the medicine you need is covered by the State. To see the list of medicines covered by the State, go to: <https://michigan.fhsc.com/Providers/DrugInfo.asp>. You will use your mihealth card to get the medicine.

Formulary. If you are a new member and you are already taking a medicine that is not listed on our formulary or needs a prior authorization, you can call our Customer Service department. You may be able to get an interim supply of medicine until you can see your UnitedHealthcare Community Plan doctor or get another drug.



### **Transportation or Gas Reimbursement (1-877-892-3995)**

If you do not have a ride to get medical care and services, UnitedHealthcare Community Plan may provide FREE transportation or gas reimbursement for you to go to:

- Doctor's visits
- Medical supply companies
- Dialysis clinics
- Health departments
- Any family planning clinic
- Hospitals for non-emergency care
- UnitedHealthcare Community Plan mental health provider or clinic
- Have lab, x-ray or other medical testing
- UnitedHealthcare Community Plan vision provider to have a vision exam or pick up glasses
- Urgent visits to your doctor's office or Urgent Care centers — if you need an urgent ride to your doctor's office or an Urgent Care center sooner than the Four day advance notice, call us and we will help you.

### **It is best to call 4 days in advance to arrange routine transportation or gas reimbursement.**

Tell them about any special needs you have, like a wheelchair van, special lift or if you need help from your door to the car. If there is a bus service near you, you may be asked to use it unless there is a medical reason you cannot do so.



### **Vision Services – VSP (Vision Services Plan) (1-800-877-7195)**

*You do not need to be sent by your PCP for FREE routine eye services.*

Eye exams, designer type frames (Altair eyewear) and prescription lenses are covered when you see a UnitedHealthcare Community Plan-VSP vision provider.

UnitedHealthcare Community Plan has easy-to-use vision services. VSP provides **all** routine vision services to UnitedHealthcare Community Plan members. At a VSP office, you get all the services you need. You can get your exam, designer-type frames (Altair eyewear) and lenses at a one-stop, easy-to-use office. To find the VSP office near you, call the VSP Member Services Department Monday – Friday from 9 a.m. to 9 p.m. or visit them at **[www.vsp.com](http://www.vsp.com)**. To get your designer-type frames, ask for Altair eyewear.

UnitedHealthcare Community Plan covers routine vision services that include:

- Routine eye exams, certain frames and lenses are covered every 24 months.

## Covered Services (cont.)

- Replacement frames and lenses are covered once every 12 months for adults and twice every 12 months for children.
- Frame repairs are covered (aligning temples, insertion of screws or adjusting frames).
- If you select a frame not covered by UnitedHealthcare Community Plan, you are liable for the difference in cost.
- Some special features on frames or lenses may not be covered.

Non-routine eye exams for the treatment of a medical eye condition are covered.

UnitedHealthcare Community Plan contracts with VSP so you can get your vision services.

If you are diabetic, it is important to have a dilated eye exam every year to screen for conditions that could cause blindness. UnitedHealthcare Community Plan covers an eye exam every year for our members with diabetes.

### **Mental Health – United Behavioral Health (UBH) (1-800-903-5253)**

*You do not need to be sent by your PCP to see a UnitedHealthcare Community Plan mental health provider.*

If you are having a personal or family problem, you can get FREE help. Just call the phone number above. You can get up to 20 outpatient visits every year. If you are suffering from a problem, get care right away.

People who have chronic illnesses often have depression. Sometimes after women have babies, they suffer from depression. UBH can help you if you feel depressed.

If you need long term treatment, UnitedHealthcare Community Plan will work with Community Mental Health to get you the care you need. UnitedHealthcare Community Plan does not cover long term mental health care.

UnitedHealthcare Community Plan contracts with UBH so you can get your mental health services.

### **Diagnostic Lab, X-Ray and Imaging**

Your PCP will set up any medically necessary lab work, x-rays and imaging.

### **Durable Medical Equipment**

Medical items like crutches, walkers, wheelchairs, wound care supplies, prosthetics, orthotics and other items ordered by your PCP may be covered. Some items may need to be approved in advance by UnitedHealthcare Community Plan.

### **End Stage Renal Disease Services**

Your PCP and specialist will set up all medically necessary end stage renal disease services, like dialysis.

## **Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Child and Adolescent Health Centers (CAHCs), Tribal Health Centers (THCs)**

You can go to any FQHC, RHC, CAHC or THC without being sent by your PCP even if it is not a UnitedHealthcare Community Plan provider. You can get your Mental Health services here too.



## **Home Health Services**

Home Health Services are for members who need follow-up medical care after being discharged from the hospital or who have a serious ongoing medical condition. Visiting nurses perform the medical services in the home. Your PCP or specialist can get this kind of care set up for you.

## **Hospice**

Hospice is medical care for people who are terminally ill. If you need Hospice care, talk to your PCP to get it set up.



## **Hospital Care**

Unless it is a life-threatening emergency, your PCP will decide if you need hospital care. Your PCP will arrange in advance for your hospital stay when necessary.

## **Short-Term Nursing Home Care**

Your PCP will decide and work with you and your family if you need short-term nursing home care. Your PCP will make all the arrangements in advance when necessary.

## **Stop Smoking Programs (1-800-480-QUIT or 1-800-480-7848)**

UnitedHealthcare Community Plan has a FREE Smoking Cessation Program for you. This program is for everyone, including women who may be pregnant. If you are ready to quit, call 1-800-480-QUIT (7848) for help.

UnitedHealthcare Community Plan covers smoking cessation medication (pills, patches, inhalers, nasal spray and gum). A personal Health Coach is also available to help you stop smoking. To learn more, and to get your FREE toolkit, call today. You, your personal Health Coach and your PCP can all work together to help you quit smoking.

## **Surgery**

Unless it is a life-threatening emergency, your PCP will set up in advance any surgery you may need.

## **Covered Services (cont.)**

### **Therapy Care**

Physical therapy, occupational therapy, language therapy and speech therapy are covered when set up by your PCP and approved in advance by UnitedHealthcare Community Plan. Some services for persons with developmental disabilities are available through UnitedHealthcare Community Plan. Other services are available through your local school or Community Mental Health department.

### **Transplants**

Some members need to have an organ or tissue transplant. Your PCP and specialist will manage your transplant when medically necessary and approved in advance by UnitedHealthcare Community Plan.

### **Treatment for Sexually Transmitted Diseases**

You should get treatment for sexually transmitted diseases as soon as possible. Talk to your PCP, OB/GYN or family planning center about preventing, testing and treating sexually transmitted diseases.

### **Weight Reduction**

Your PCP will help set up services for weight reduction when medically necessary and approved in advance by UnitedHealthcare Community Plan.



# Services Not Covered by UnitedHealthcare Community Plan

**These services are not covered through UnitedHealthcare Community Plan because Michigan Medicaid does not cover them:**

- Elective abortions (as defined by Medicaid)
- Experimental procedures, treatment plans or medications
- Elective or cosmetic surgery, unless medically necessary
- Services for treatment of infertility

# Services That May Be Covered by Michigan Medicaid

## These services may be covered through Michigan Medicaid:

- Maternal Infant Health Program (MIHP)
- Dental services
- Services available through the intermediate school district
- Inpatient hospital psychiatric services
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility) after 45 days
- Custodial care in a nursing facility
- Outpatient partial hospitalization psychiatric services
- Long-term outpatient mental health services
- Substance-abuse services including:
  - Screening and assessment
  - Detoxification
  - Intense outpatient counseling and other outpatient services
  - Methadone treatment
- Services including therapies provided to persons with developmental disabilities which are billed through Community Mental Health Service Program (CMHSP) providers or Intermediate School Districts
- Home and community-based waiver program services
- Personal care or home help services
- Traumatic Brain Injury Program services
- Transportation for services not covered by UnitedHealthcare Community Plan
  - If you live in Wayne, Oakland or Macomb County and need a ride for dental, substance abuse and some mental health services, call 1-866-569-1902. Call Monday – Friday from 8:00 a.m. to 5:00 p.m.
  - If you live in any other county, call your local DHS office to get a ride for dental, substance abuse and some mental health services.

# Outreach Services

The outreach services listed below are **not** covered by UnitedHealthcare Community Plan. They may be available to you through the State of Michigan or another agency. For more information about the services below, call the phone number listed or the UnitedHealthcare Community Plan Customer Service department.

## Your UnitedHealthcare Community Plan Doctor or DHS Office

These services are covered by the State of Michigan Medicaid program. Talk with your doctor or Department of Human Services, DHS caseworker for more details:

- Dental care
- Home and Community-Based waiver program services
- Personal care or home help service
- Custodial care in the home or nursing facility

## Chore Services (1-800-642-3195 or Your DHS Office)

If you need a Chore Services Worker, contact your local Department of Human Services, DHS office or visit [www.michigan.gov/dhs](http://www.michigan.gov/dhs). A Chore Services Worker can help to prepare meals or do household chores for people who are ill and unable to do these tasks.

## Developmental Disabilities

There are a lot of services available to you. Some services for persons with developmental disabilities are available through UnitedHealthcare Community Plan. Other services are available through your local school or Community Mental Health department.

## Domestic Violence (1-800-799-7233)

If you are in an abusive relationship, get help. You can get help 24 hours a day, 7 days a week. Even if you want to speak in another language, someone is there to help you. You can get information about domestic violence and referrals to shelters.

## Long Term Mental Health

If you have a serious problem that needs long term treatment, UnitedHealthcare Community Plan will work with Community Mental Health to set up your care. Sometimes UnitedHealthcare Community Plan may refer you directly to the Community Mental Health provider in your area.

## Outreach Services (cont.)

### Long Term Nursing Home Care and Alternatives

If you need long term nursing home care longer than 45 days, it may be covered by Michigan Medicaid.

The Waiver Program offers an alternative to nursing home care. This service is for people who need nursing home care but do not want to leave their home. For more information and to see if you qualify, call the local Area Agency on Aging at 1-800-852-7795 or visit [www.aaa1b.com](http://www.aaa1b.com). Or you can call the Michigan Office of Services to the Aging (OSA) at 1-517-373-8230.

### Substance Abuse and Gambling Addictions

For help call:

- **Prescription medication** (medical detoxification) 517-373-4700 or [www.michigan.gov/bhrecovery](http://www.michigan.gov/bhrecovery)
- **Street drugs or alcohol addictions** [www.michigan.gov/bhrecovery](http://www.michigan.gov/bhrecovery)
- **Gambling** 855-2CALLGA (855-222-5542) or [www.gamblersanonymous.org](http://www.gamblersanonymous.org)

Sometimes it's hard to tell if you or someone you care about has an addiction. Addiction to drugs, alcohol, prescription medications or gambling can cause trouble: at work, at home and with your health. Some symptoms of addiction include:

- Violence or fighting with family and friends
- Using drugs, alcohol or gambling to deal with day-to-day problems
- Lying about alcohol, drugs and gambling use
- Using more and more alcohol, drugs or gambling
- Feeling guilty
- Don't feel healthy

### WIC (Women, Infants and Children) (1-800-26-BIRTH or 1-800-262-4784)

WIC is a program offered by the Michigan Department of Community Health. WIC offers healthy foods and nutritional education for children up to age five, pregnant women, and women who have just given birth and are breastfeeding.

# Your Rights

- To be treated with respect, consideration, and recognition of your dignity and right to privacy no matter what your race, religion, color, age, sex, health condition, familial status, height, weight, disability or veteran's status.
- To receive information about all health services including a clear explanation of how to obtain services.
- To choose a personal doctor from our list of UnitedHealthcare Community Plan Primary Care Providers (PCPs).
- To file a grievance, to request a fair hearing, or have an external review, under the Patient's Right to Independent Review Act.
- To voice grievances or appeals about UnitedHealthcare Community Plan or the care it provides.
- To make recommendations regarding UnitedHealthcare Community Plan members rights and responsibilities policies.
- To expect that your medical records and communications will be treated in a confidential manner as required by law.
- To expect UnitedHealthcare Community Plan staff and providers to comply with all enrollee rights requirements.
- To receive full information from your PCP or health care provider as to the nature and consequence of any treatment, test, or procedure that may be involved in your health care.
- To participate in decisions involving your health care and make decisions to accept or refuse medical treatment or surgical treatment from your health care provider.
- To candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- To ask for and receive information about UnitedHealthcare Community Plan, its services, its organization, UnitedHealthcare Community Plan providers and practitioners who provide health care services.
- To ask if UnitedHealthcare Community Plan has special financial arrangements with UnitedHealthcare Community Plan providers that can affect the use of referrals and other services that you might need. To get information, call UnitedHealthcare Community Plan and ask for information about our physician payment arrangements.
- To see any UnitedHealthcare Community Plan OB/GYN for well-woman exams or obstetrical care without a referral from your PCP.
- To see any UnitedHealthcare Community Plan Pediatrician if you are under the age of 18 without a referral from your PCP.
- To get a copy of these rights and responsibilities or have them explained to you if you have any questions.

# Your Responsibilities

- To be an informed member. Read your handbook and call UnitedHealthcare Community Plan if you have any questions.
- To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- To call UnitedHealthcare Community Plan for approval of all hospitalizations, except for emergencies or for urgently needed services.
- To inform UnitedHealthcare Community Plan of any other health insurance coverage, so that your medical bills may be considered appropriately.
- To tell your PCP your complete health history. To tell the truth about any changes in your health. To supply information (to the extent possible) that UnitedHealthcare Community Plan and its providers need in order to provide care.
- To listen to and follow your PCP's advice for care you have agreed on. To help them plan what treatment will work best for you.
- To know the name(s) of your medication(s), to know what they are for, and how to use them.
- To report any emergency treatment within 48 hours to your PCP. Report an emergency stay at a hospital soon after.
- To always carry your UnitedHealthcare Community Plan ID card.
- To respect the rights of other patients, doctors, office staff and staff at UnitedHealthcare Community Plan.
- To tell UnitedHealthcare Community Plan if you move or change phone numbers. Tell us about changes that affect your health,

like childbirth. Call Customer Service and keep us informed.

## Advance Directives

A lot of people today worry about what happens if they become seriously ill or injured and are unable to communicate. Some may not want to spend months or years dependent on life support machines. Others may want every measure taken to keep them alive. Now, more and more people take action before they become seriously ill or injured. You may state your wishes about health care in writing, while you are still healthy and able to make such decisions. This is called an Advance Directive. Tell your doctor and family what your wishes are and give them a copy of your written decision.

UnitedHealthcare Community Plan policy supports your rights to an Advance Directive according to Michigan Law. If you have concerns, questions or if you want to learn more about Advance Directives, call the State of Michigan or the UnitedHealthcare Community Plan Customer Service department.

If you have a complaint concerning an Advance Directive:

For complaints about how your provider follows your wishes, write or call:

**Bureau of Health Professions (BHP),  
Complaint and Allegation Division**

P.O. Box 30670  
Lansing, MI 48909-8170

517-373-9196 or [bphhelp@michigan.gov](mailto:bphhelp@michigan.gov)

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)  
(click on "filing a complaint")

For complaints about how your health plan follows your wishes, write or call:

**Department of Insurance and  
Financial Services (DIFS)**

Toll free at 877-999-6442  
or [www.michigan.gov/difs](http://www.michigan.gov/difs)

## Living Will

A Living Will usually states the type of care you want or do not want. For example, if you have a terminal disease and you need an operation, a Living Will can tell the doctor not to go to any extremes to keep you alive. Examples of extreme care are machines that help you breathe or tubes that feed you. The living will, or advance directive for health care, begins when:

- Your doctor has a copy of it; and
- Your doctor states that you are incompetent and you are in a terminal condition or in a state of permanent unconsciousness.

Michigan's living will law states that you may revoke a living will at any time, and in any manner. All that you must do is tell your doctor or other health care provider that you are revoking it. Someone who saw or heard you revoke your statement may also tell your doctor or other health care provider.

## Durable Power of Attorney for Health Care

This is a written statement naming a person you trust — a husband, wife, parent, adult child, sibling or friend — to make medical decisions if you are not physically or mentally able to.

You may also be able to combine both a Living Will and Durable Power of Attorney for Health Care into one statement. This statement would name someone to make health decisions for you AND say what type of care you should or should not receive.

## Patient Safety

Help improve your safety and take responsibility when it comes to your medical care:

- Tell your doctor *all* your health history.
- Be part of every decision about your health care — talk with your doctor, ask questions.
- Don't wait to hear — call your doctor, ask for test results.
- Tell your doctor about any changes in your health.
- Take your doctor's advice and follow instructions you both agreed to.
- If you don't understand — ask again.

Be an active part of your health care. Know how you can make a difference!

# Grievance/Appeal

## Grievance

### We're Here to Help

We hope being a UnitedHealthcare Community Plan member will be trouble-free and easy for you, but we realize sometimes you may want to tell us about a problem or concern. Examples of a grievance are:

- You are unhappy with the care or service your doctor is giving you.
- You are unhappy about service you receive from UnitedHealthcare Community Plan staff.
- The doctor you want to see is not a UnitedHealthcare Community Plan doctor.
- You are receiving a bill for a service that should be covered by UnitedHealthcare Community Plan.

To tell us about a grievance, call or write our Customer Service department. If a member grievance is received, the Formal Appeal process begins.

## Formal Appeal

It is possible that you might have a more serious concern that requires medical review. This type of concern is called a **Formal Appeal**. Examples of Formal Appeals are:

- The denial or limited authorization of a previously authorized service.
- The reduction, suspension or termination of a previously authorized service.
- The failure to provide services in a timely manner.
- The failure of UnitedHealthcare Community Plan to act within the established timeframes for grievance and appeal disposition.
- Benefits or claims payment, handling or reimbursement for health care services.
- The denial, in whole or in part, of payment for a properly authorized and covered service.

If UnitedHealthcare Community Plan denies, reduces or terminates a medical service, an adverse determination letter is generated that is sent to the member and the provider requesting the service. The adverse determination letter includes the following information:

- The specific reason(s) for the denial;
- A reference to the benefit provision, guideline, protocol or other similar criterion on which the denial is based;
- Notification that you or the practitioner can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the denial is based;



- Explanation of the appeal process, including the right to member representation, the right to submit written comments, documents or other information relevant to the appeal and time frames for deciding appeals. The practitioner also receives notice of appeal rights;
- Your rights to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and the circumstances under which the enrollee may be required to pay the costs of these services;
- If the denial is an urgent pre-service or urgent concurrent denial, a description of an Expedited Appeal process;
- That a plan Physician Advisor, appropriate to the type of review conducted (e.g., physician or chiropractor) is available to discuss the denial determination with the practitioner.

Receipt of Services — If you file

- Any type of Formal Appeal dispute, for a decision to:
  - discontinue,
  - reduce or
  - change a service/items
- And you have been receiving the disputed service/item
- You must:
  - continue to receive the disputed service/item
  - at the previously authorized level
  - until the Formal Appeal is resolved

- The Formal Appeal must be:
  - hand-delivered or
  - post-marked within twelve (12) days from the date on the written notice of decision.
- You can file a Formal Appeal in writing.
  - You or your representative may submit a written Formal Appeal to UnitedHealthcare Community Plan at the following address up to 90 days after the date on the notice of the Adverse Action:

**UnitedHealthcare Community Plan  
Attn: Grievance and Appeals  
Department  
P.O. Box 30991  
Salt Lake City, UT 84130-0991  
1-800-903-5253**

- If you need help writing a Formal Appeal, our UnitedHealthcare Community Plan Appeal Coordinator will help you.
- The Appeal Coordinator will send you an Appeal Acknowledgment Letter.
- If someone else asks for a Formal Appeal on your behalf, we will need your written approval to conduct the Formal Appeal.
- If you have not gotten the service yet:
  - We will review your Formal Appeal
  - You will get an answer in writing within 30 calendar days
- If you already got the service:
  - We will review your Formal Appeal
  - You will get an answer in writing within 30 calendar days

## Grievance/Appeal (cont.)

- If more time is needed and it will benefit the member, UnitedHealthcare Community Plan may ask you for 10 more days
  - We can only ask you for more days one time
- In some cases, a UnitedHealthcare Community Plan Member Appeal Committee hearing will be held.
  - You or your representative has the right to appear before the Appeal Committee to present the appeal.
  - The Appeal Committee completes its review of the appeal as fast as possible, but no more than 30 days from receipt of the appeal request.
  - If UnitedHealthcare Community Plan sees a need for additional information and it is in your best interest, the time frame to resolve the appeal is extended up to 10 business days. Upon initiating such an extension, UnitedHealthcare Community Plan notifies you in writing explaining the reason for the delay.
  - The Committee resolves the appeal and makes a final written determination.
- UnitedHealthcare Community Plan assistance — UnitedHealthcare Community Plan provides the following assistance:
  - UnitedHealthcare Community Plan will provide assistive service for Members with disabilities in presenting their case at the review at no cost to the Member.
  - Qualified sign language interpreters, TTY/TDD for telephone inquiries or other commonly accepted alternative forms of communication.
  - Information to support UnitedHealthcare Community Plan's stance in a format that the Member can understand to discuss and/or refute.
  - Assistance in copying and presenting documents and other evidence for review by UnitedHealthcare Community Plan.
  - UnitedHealthcare Community Plan appropriate plan staff to represent you.
  - Provide you language interpreter service when requested by you at no cost to you.
  - Provide reasonable opportunity for you to present evidence and allegations of fact or law in person as well as in writing with accommodations provided by UnitedHealthcare Community Plan whether by telephone or in writing.

You are required to use the Formal Appeal process in the following manner unless you seek review of an Expedited Appeal:

1. Pursuing the internal UnitedHealthcare Community Plan resolution process first;
2. Submitting a request for review within 60 days of receipt of the final adverse determination, pursuing external review under the Patient's Right to Independent Review Act (PRIRA).

3. UnitedHealthcare Community Plan will give you written notice of an adverse determination and includes the Health Care Request for External Review form (FIS 0018) at each level of the appeal procedure for standard and Expedited Appeals. All requests for an external review, expedited or otherwise, are submitted to:

Department of Insurance and  
Financial Services (DIFS)  
611 West Ottawa, Third Floor  
P.O. Box 30220  
Lansing, MI 48909-7720  
1-877-999-6442

In addition to other rights, the member may at any time during the appeal process, within 90 days of the adverse determination, request a fair hearing with the Department of Community Health Administrative Law Tribunal by mailing the request form sent with the denial notice to:

Michigan Administrative Hearings System  
For the Department of  
Community Health  
P.O. Box 30763  
Lansing, MI 48909-7695  
1-877-833-0870

## **Expedited Appeal**

Your problem may be so urgent that you need a decision about your care very quickly. If the usual 30-day time frame for Formal Appeals would cause serious harm to your life or health, you or your representative can ask for an Expedited Appeal. Your doctor must support this. You can ask for an Expedited Appeal — 24 hours a day, 7 days a week. You will have a decision about your care within 72 hours.

You, your personal representative or your doctor can also request an Expedited Appeal decision from the Department of Insurance and Financial Services (DIFS) at the same address above immediately after filing with UnitedHealthcare Community Plan. You will have a decision about your care within 72 hours.

# Fraud, Waste and Abuse

Help prevent fraud, waste and abuse. As a Medicaid HMO in Michigan, UnitedHealthcare Community Plan needs to make sure that funds are used in an ethical way. UnitedHealthcare Community Plan has steps in place to prevent, identify and deal with fraud, waste and abuse within our membership, our provider network and our internal business. We fully look into each incident. If we find that fraud, waste or abuse took place our policies state that action will be taken.

Examples of fraud, waste and abuse may be when:

A member,

- Shares their UnitedHealthcare Community Plan ID card.
- Shares their Medicaid ID card.
- Overstates an illness or condition.
- Alters a prescription or gets medication to resell it.
- Alters a referral or medical record.
- Uses transportation services for something other than getting medical care.

A provider,

- Bills for services never provided.
- Bills for the same services twice or uses improper coding.
- Overstates a member's illness or condition.
- Receives payment for making patient referrals.
- Gives false information about credentials such as a college degree.

You can report when you suspect there has been fraud, waste or abuse. You may remain anonymous. You will need to identify what you observed, when you observed it, who was present and any further information that may be of assistance. UnitedHealthcare Community Plan employees must report when they suspect a policy or the law has been broken. We have a "no retaliation" policy. We look at suspected fraud, waste and abuse when we are told about it. We report it to the right authorities as required by law.

If you suspect fraud, waste or abuse with a member or provider, you may report it to the following:

- UnitedHealthcare Community Plan Compliance Officer  
UnitedHealthcare Community Plan  
26957 Northwestern Hwy, Suite 400  
Southfield, MI 48033  
Or call toll-free: 1-800-903-5253
- Office of Inspector General  
P.O. Box 30479  
Lansing, MI 48909  
Online at [www.michigan.gov/fraud](http://www.michigan.gov/fraud), or toll-free **1-855-MI-FRAUD (643-7283)**

# Support and Information Resources

Resource	Phone Number	Website
<b>AIDS Counseling and Information</b>	1-800-458-5231	<a href="http://www.cdcnpin.gov">www.cdcnpin.gov</a>
<b>American Diabetes Association</b>	1-800-342-2383	<a href="http://www.diabetes.org">www.diabetes.org</a>
<b>American Foundation for the Blind</b>	1-800-232-5463	<a href="http://www.afb.org">www.afb.org</a>
<b>Arthritis Foundation</b>	1-800-968-3030	<a href="http://www.arthritis.org">www.arthritis.org</a>
<b>Asthma and Allergy Foundation of America</b>	1-800-727-8462	<a href="http://www.aafa.org">www.aafa.org</a>
<b>Autism Society of Michigan</b>	1-800-223-6722	<a href="http://www.autism-mi.org">www.autism-mi.org</a>
<b>Cancer Information Service</b>	1-800-422-6237	<a href="http://www.cancer.gov">www.cancer.gov</a>
<b>Children's Craniofacial Association</b>	1-800-535-3643	<a href="http://www.ccakids.com">www.ccakids.com</a>
<b>Children's Leukemia Foundation of America</b>	1-800-825-2536	<a href="http://www.leukemiamichigan.org">www.leukemiamichigan.org</a>
<b>Crohn's &amp; Colitis Foundation of America</b>	1-800-932-2423	<a href="http://www.cdfa.org">www.cdfa.org</a>
<b>Epilepsy Foundation of Michigan</b>	1-800-377-6226	<a href="http://www.epilepsyfoundation.org/michigan">www.epilepsyfoundation.org/michigan</a>
<b>Hemophilia Foundation of Michigan</b>	1-800-482-3041	<a href="http://www.hfmich.org">www.hfmich.org</a>
<b>Hospital Safety Website</b>	1-202-292-6713	<a href="http://www.leapfroggroup.org/cp">www.leapfroggroup.org/cp</a>
<b>International Hearing Society</b>	1-800-521-5247	<a href="http://www.ihsinfo.org">www.ihsinfo.org</a>
<b>Karmanos Cancer Institute</b>	1-800-527-6266	<a href="http://www.karmanos.org">www.karmanos.org</a>
<b>Lung Lined Respiratory Disorders</b>	1-800-222-5864	
<b>Safe Medication Educational Website</b>	703-679-SAFE	<a href="http://www.safemedicine.org">www.safemedicine.org</a>

## Support and Information Resources (cont.)

Resource	Phone Number	Website
<b>Michigan Child Abuse Hotline</b>	1-800-422-4453	<a href="http://www.childhelpusa.org">www.childhelpusa.org</a>
<b>Michigan Department of Community Health</b>	1-517-373-3740	<a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a>
<b>Brain Injury Association of MI – Family Help Line</b>	1-800-772-4323	<a href="http://www.biami.org">www.biami.org</a>
<b>Multiple Sclerosis Foundation Line</b>	1-248-350-0020	<a href="http://www.nmss.org">www.nmss.org</a> or <a href="http://www.nmssmi.org">www.nmssmi.org</a>
<b>National Diabetes Education Program</b>	1-301-496-3583	<a href="http://www.ndep.nih.gov">www.ndep.nih.gov</a>
<b>National Dissemination Center For Children With Disability</b>	1-800-695-0285	<a href="http://www.nichcy.org">www.nichcy.org</a>
<b>National Domestic Violence Hotline</b>	1-800-799-7233	<a href="http://www.ndvh.org">www.ndvh.org</a>
<b>National Down Syndrome Society</b>	1-800-221-4602	<a href="http://www.ndss.org">www.ndss.org</a>
<b>National Kidney Foundation</b>	1-800-622-9010	<a href="http://www.kidney.org">www.kidney.org</a>
<b>National Spinal Cord Injury Association</b>	1-800-962-9629	<a href="http://www.spinalcord.org">www.spinalcord.org</a>
<b>Neighborhood Service Organization</b>	1-313-961-4890	<a href="http://www.nso-mi.org">www.nso-mi.org</a>
<b>Parents Hotline</b>	1-800-942-4357	
<b>Planned Parenthood</b>	1-800-230-PLAN	<a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a>
<b>Runaway Assistance Program</b>	1-800-292-4517	
<b>Spina Bifida Association</b>	1-800-621-3141	<a href="http://www.sbaa.org">www.sbaa.org</a>
<b>Vulnerable Adult Hotline</b>	1-800-996-6228	



**UnitedHealthcare Community Plan**

26957 Northwestern Hwy.

Suite 400

Southfield, MI 48033

Toll-free telephone

24 hours a day, 7 days a week

**1-800-903-5253**

**[UHCommunityPlan.com](http://UHCommunityPlan.com)**

