



Welcome to the community

**UnitedHealthcare Community Plan of California, Inc.
Member Handbook**

Combined Evidence of Coverage (EOC)
and Disclosure Form

**United
Healthcare
Community Plan**

Welcome to UnitedHealthcare Community Plan!

Thank you for joining UnitedHealthcare Community Plan of California, Inc. UnitedHealthcare Community Plan of California, Inc. is a health plan for people who have Medi-Cal. UnitedHealthcare Community Plan of California, Inc. works with the State of California to help you get the health care you need.

Member Handbook

This Member Handbook tells you about your coverage under UnitedHealthcare Community Plan of California, Inc. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of UnitedHealthcare Community Plan of California, Inc. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of UnitedHealthcare Community Plan of California, Inc. rules and policies and based on the contract between UnitedHealthcare Community Plan of California, Inc. and Department of Health Care Services (DHCS). If you would like more information, call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785**, TTY **711**.

Call **1-866-270-5785**, TTY **711** to ask for a copy of the contract between UnitedHealthcare Community Plan of California, Inc. and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the UnitedHealthcare Community Plan of California, Inc. website at myuhc.com/CommunityPlan to view the Member Handbook. You may also request, at no cost, a copy of the UnitedHealthcare Community Plan of California, Inc. non-proprietary clinical and administrative policies and procedures, or how to access this information on the UnitedHealthcare Community Plan of California, Inc. website.

Contact us

UnitedHealthcare Community Plan of California, Inc. is here to help. If you have questions, call **1-866-270-5785**, TTY **711**. UnitedHealthcare Community Plan of California, Inc. is here 7:00 a.m. to 7:00 p.m. PST, Monday through Friday, except State holidays. If you call after-hours, your call will be answered by voicemail. A representative will call you back in one business day 7:00 a.m. – 7:00 p.m. PST, Monday – Friday. The call is toll free.

You can also visit online at any time at myuhc.com/CommunityPlan.

Thank you,

UnitedHealthcare Community Plan of California, Inc.
4365 Executive Drive, Suite 500
San Diego, CA 92121

Table of contents

Welcome to UnitedHealthcare Community Plan!	2
Member Handbook	2
Contact us	3
1. Getting started as a member	6
How to get help	6
Who can become a member	7
Identification (ID) cards	8
Ways to get involved as a member	9
2. About your health plan	10
Health plan overview	10
How your plan works	11
Changing health plans	12
Continuity of care	14
Costs	15
3. How to get care	17
Getting health care services	17
Where to get care	24
Provider network	25
Primary Care Provider (PCP)	29
4. Benefits and services	36
What your health plan covers	36
Medi-Cal benefits covered by UnitedHealthcare Community Plan	37
Care coordination	52
Coordinated Care Initiative (CCI) benefits	52
Health Homes Program	52
Other Medi-Cal programs and services	54
Services you cannot get through UnitedHealthcare Community Plan or Medi-Cal	58
Evaluation of new and existing technologies	58

4 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

5. Rights and responsibilities	<u>59</u>
Your rights	<u>59</u>
Your responsibilities	<u>60</u>
Health Plan Notices of Privacy Practices	<u>61</u>
Notice about laws	<u>67</u>
Notice about Medi-Cal as a payer of last resort	<u>67</u>
Notice about estate recovery	<u>68</u>
Notice of Action	<u>68</u>
6. Reporting and solving problems	<u>69</u>
Complaints	<u>70</u>
Appeals	<u>71</u>
What to do if you do not agree with an appeal decision	<u>72</u>
Complaints and Independent Medical Reviews (IMR) with the Department of Managed Health Care	<u>73</u>
State Hearings	<u>74</u>
Fraud, waste and abuse	<u>75</u>
7. Important numbers and words to know	<u>76</u>
Important phone numbers	<u>76</u>
Words to know	<u>76</u>
Notice of non-discrimination	<u>87</u>

1. Getting started as a member

How to get help

UnitedHealthcare Community Plan of California, Inc. wants you to be happy with your health care. If you have any questions or concerns about your care, UnitedHealthcare Community Plan of California, Inc. wants to hear from you!

Member Services

UnitedHealthcare Community Plan of California, Inc. Member Services is here to help you. UnitedHealthcare Community Plan of California, Inc. can:

- Answer questions about your health plan and covered services
- Help you choose or change a Primary Care Provider (PCP)
- Tell you where to get the care you need
- Help you get interpreter services if you do not speak English
- Help you get information in other languages and formats
- Help arrange a ride to and from your doctor's office or hospital
- Help you find a specialist provider
- Get you a new ID card
- Help you file a grievance or ask for a State Fair Hearing
- Help you file an appeal, if a requested service has been denied
- Help you get a case manager or help you talk to an advice nurse
- Help you get Durable Medical Equipment
- Help you get printed materials, if you prefer that format
- Help you with any other questions or concerns

If you need help, call **1-866-270-5785**, TTY **711**. UnitedHealthcare Community Plan of California, Inc. is here 7:00 a.m. to 7:00 p.m. PST, Monday through Friday, except State holidays. The call is toll free.

You can also visit online at any time at myuhc.com/CommunityPlan.

Who can become a member

You qualify for UnitedHealthcare Community Plan of California, Inc. because you qualify for Medi-Cal and live in San Diego County. You can contact the San Diego County Department of Health and Human Services at the phone numbers listed in the Important Phone Numbers section of this handbook. You may also qualify for Medi-Cal through Social Security because you are receiving SSI/SSP. You may reach the Social Security Administration Office at one of the following locations:

1333 Front St, San Diego, CA 92101	Phone: 1-855-820-0097
8505 Aero Dr, San Diego, CA 92123	Phone: 1-866-331-6397
700 E 24th St A, National City, CA 91950	Phone: 1-866-331-2203
846 Arnele Ave, El Cajon, CA 92020	Phone: 1-866-964-0012

For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711). Or visit www.healthcareoptions.dhcs.ca.gov.

Transitional Medi-Cal

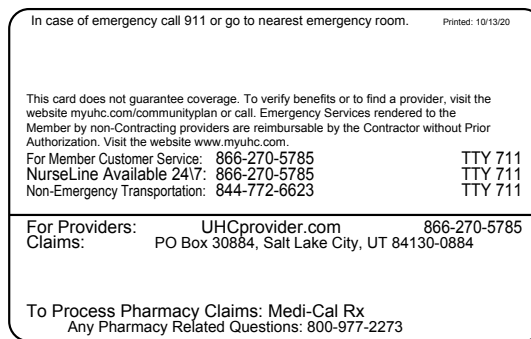
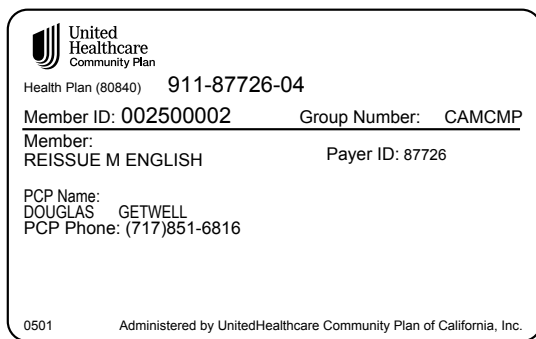
Transitional Medi-Cal is also called “Medi-Cal for working people.” You may be able to get Transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money
- Your family started receiving more child or spousal support

You can ask questions about qualifying for Transitional Medi-Cal at your local county health and human services office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx or call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711).

Identification (ID) cards

As a member of UnitedHealthcare Community Plan of California, Inc., you will get a UnitedHealthcare Community Plan of California, Inc. ID card. You must show your UnitedHealthcare Community Plan of California, Inc. ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should carry all health cards with you at all times. Here is a sample BIC and UnitedHealthcare Community Plan of California, Inc. ID card to show you what yours will look like:



If you do not get your UnitedHealthcare Community Plan of California, Inc. ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call Member Services right away. UnitedHealthcare Community Plan of California, Inc. will send you a new card for free. Call **1-866-270-5785**, TTY **711**.

Ways to get involved as a member

UnitedHealthcare Community Plan of California, Inc. wants to hear from you. Each year, several times per year, UnitedHealthcare Community Plan of California, Inc. has meetings to talk about what is working well and how UnitedHealthcare Community Plan of California, Inc. can improve. Members are invited to attend. Come to a meeting!

Public Policy Committee

UnitedHealthcare Community Plan of California, Inc. has a group called Public Policy Committee. This group is made up of members, providers and health plan leaders. You can join this group if you would like. The group talks about how to improve UnitedHealthcare Community Plan of California, Inc. policies and is responsible for helping the health plan to provide services that:

- Are easy to understand
- Provide comfort to members and their families
- Treat members, providers and the community with respect

The membership term is two (2) years and you will receive compensation for your time. The committee meets every three (3) months for 60-90 minutes. Transportation will be provided to and from the meetings, if needed.

If you would like to be a part of this group, call **1-866-270-5785**, TTY **711**. Or send an email to uhcpolicycomm@uhc.com and let us know you would like to participate.

Community Advisory Committee

UnitedHealthcare Community Plan of California, Inc. has a group called the Community Advisory Committee. This group is made up of health plan members, community advocates and providers. You can join this group if you would like. At the meetings, participants discuss the way services are delivered and give us feedback on cultural and linguistic services. It is a chance to ask questions and address concerns with a variety of people. Meetings are held a minimum of three times per year.

If you would like to be a part of this group, call **1-866-270-5785**, TTY **711**.

2. About your health plan

Health plan overview

UnitedHealthcare Community Plan of California, Inc. is a health plan for people who have Medi-Cal in San Diego County. UnitedHealthcare Community Plan of California, Inc. works with the State of California to help you get the health care you need.

You may talk with one of the UnitedHealthcare Community Plan of California, Inc. Member Services representatives to learn more about the health plan and how to make it work for you. Call **1-866-270-5785**, TTY **711**.

When your coverage starts and ends

When you enroll in UnitedHealthcare Community Plan of California, Inc., you should receive a UnitedHealthcare Community Plan of California, Inc. member ID card within two weeks of enrollment. You must show your UnitedHealthcare Community Plan of California, Inc. ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions.

Your Medi-Cal coverage will need to be renewed every year. The county will send you a Medi-Cal renewal form. Complete this form and return it to your local county human services agency.

You may ask to end your UnitedHealthcare Community Plan of California, Inc. coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711). Or visit www.healthcareoptions.dhcs.ca.gov. You can also ask to end your Medi-Cal.

UnitedHealthcare Community Plan of California, Inc. is the health plan for Medi-Cal members in San Diego County. Your coverage with UnitedHealthcare Community Plan of California, Inc. might change if you no longer have Medi-Cal or if you move out of the county. UnitedHealthcare Community Plan of California, Inc. coverage may also end if your local county health and human services office receives information that changes your eligibility for Medi-Cal. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx. If you go to jail or prison, your coverage with UnitedHealthcare Community Plan of California, Inc. will end. If you are not sure if you are still covered by UnitedHealthcare Community Plan of California, Inc., please call **1-866-270-5785**, TTY **711**.

Managed Long-Term Services and Supports (MLTSS)

Individuals dually eligible for Medicare and Medi-Cal must join a Medi-Cal managed care plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

Special Considerations for American Indians in Managed Care

American Indians have a right to not enroll in a Medi-Cal managed care plan or they may leave their Medi-Cal managed care plan and return to Fee-For-Service (FFS) Medi-Cal at any time and for any reason.

If you are an American Indian, you have the right to get health care services at Indian Health Clinics (IHC). You may also stay with or disenroll from UnitedHealthcare Community Plan of California, Inc. while getting health care services from these locations. For information on enrollment and disenrollment call **1-866-270-5785**, TTY **711**.

How your plan works

UnitedHealthcare Community Plan of California, Inc. is a managed care health plan contracted with DHCS. UnitedHealthcare Community Plan of California, Inc. works with doctors, hospitals, pharmacies and other health care providers in the UnitedHealthcare Community Plan of California, Inc. service area to give health care to you, the member. While you are a member of UnitedHealthcare Community Plan of California, Inc., you may be eligible to get some additional services provided through Fee-For-Service (FFS) Medi-Cal. These include outpatient prescriptions, non-prescription drugs and some medical supplies.

Member Services will tell you how UnitedHealthcare Community Plan of California, Inc. works, how to get the care you need, how to schedule provider appointments within standard access times, and how to arrange for transportation services.

To learn more, call **1-866-270-5785**, TTY **711**. You can also find member service information online at myuhc.com/CommunityPlan.

Changing health plans

You may leave UnitedHealthcare Community Plan of California, Inc. and join another health plan in your county of residence at any time. Call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711) to choose a new plan. You can call between 8:00 a.m. and 6:00 p.m. Monday through Friday. Or visit www.healthcareoptions.dhcs.ca.gov.

It takes up to 30 days to process your request to leave UnitedHealthcare Community Plan of California, Inc. and enroll in another plan in your county if there are no issues with the request. To find out the status of your request, call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711).

If you want to leave UnitedHealthcare Community Plan of California, Inc. sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled.

Members who can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance programs, members with special health care needs, and members already enrolled in Medicare or another Medi-Cal or commercial managed care plan.

You may ask to leave UnitedHealthcare Community Plan of California, Inc. in person at your local county health and human services office. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx. Or call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711).

College students who move to a new county or out of California

If you move to a new county in California to attend college, UnitedHealthcare Community Plan of California, Inc. will cover emergency room and urgent care services in your new county for some conditions.

If you are enrolled in Medi-Cal and will attend college in a different county in California, you do not need to apply for Medi-Cal in that county.

When you temporarily move away from home to go to college in another county in California there are two options available to you. You may:

- Notify your local San Diego County office that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code in the State's database. Use this choice if you want to get routine or preventive care in your new county. You may have to change health plans. For questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at 1-800-430-4263 (TTY/TDD 1-800-430-7077 or 711).

Or

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room and urgent care services in the new county for some conditions. To learn more, go to Section 3, "How to get care." For routine or preventive health care, you would need to use the UnitedHealthcare Community Plan of California, Inc. regular network of providers located in the head of the household's county of residence.

If you are leaving California temporarily to attend college in another state and you want to keep your Medi-Cal coverage, contact your eligibility worker at your local San Diego County office. As long as you are eligible, Medi-Cal will cover emergencies in another state, and emergencies requiring hospitalization in Canada and Mexico if the service is approved and the doctor and hospital meet Medi-Cal rules. If you want Medicaid in another state, you will need to apply in that state. You will not be eligible for Medi-Cal and UnitedHealthcare Community Plan of California, Inc. will not pay for your health care.

Continuity of care

As a member of UnitedHealthcare Community Plan of California, Inc., you will get your health care from providers in UnitedHealthcare Community Plan of California, Inc. network. In some cases, you may be able to go to providers who are not in the UnitedHealthcare Community Plan of California, Inc. network, which is called continuity of care. If you have continuity of care, you will be able to go to the provider for up to 12 months, or more in some cases. If your providers do not join the UnitedHealthcare Community Plan of California, Inc. network by the end of 12 months, you will need to switch to providers in the UnitedHealthcare Community Plan of California, Inc. network.

Providers who leave UnitedHealthcare Community Plan

If your provider stops working with UnitedHealthcare Community Plan of California, Inc., you may be able to keep getting services from that provider. This is another form of continuity of care. Services UnitedHealthcare Community Plan of California, Inc. provides for continuity of care include but are not limited to:

- Acute conditions
- Chronic physical and behavioral conditions
- Pregnancy
- Maternal mental health services
- Terminal illness
- Care of a newborn child between birth and age 36 months
- Performance of a surgery or other procedure that is authorized by UnitedHealthcare Community Plan of California, Inc. as part of a documented course of treatment and has been recommended and documented by the provider
- For other conditions that may qualify, contact Member Services

Continuity of care is not available if you have not seen your doctor at least once during the last 12 months; your doctor is not willing to work with UnitedHealthcare Community Plan of California, Inc. or if UnitedHealthcare Community Plan of California, Inc. has documented quality of care concerns with your doctor.

To learn more about continuity of care and eligibility qualifications, and to hear about all available services, call Member Services.

Costs

Member costs

UnitedHealthcare Community Plan of California, Inc. serves people who qualify for Medi-Cal. In most cases, UnitedHealthcare Community Plan of California, Inc. members do not have to pay for covered services, premiums or deductibles. Except for emergency care, you may have to pay for care from providers who are out of the network. For a list of covered services, go to “Benefits and services.”

For members with a share of cost

You may have to pay a share of cost each month. The amount of your share of cost depends on your income and resources. Each month you will pay your own medical bills until the amount that you have paid equals your share of cost. After that, your care will be covered by UnitedHealthcare Community Plan of California, Inc. for that month. You will not be covered by UnitedHealthcare Community Plan of California, Inc. until you have paid your entire share of cost for the month. After you meet your share of cost for the month, you can go to any UnitedHealthcare Community Plan of California, Inc. doctor. If you are a member with a share of cost, you do not need to choose a PCP.

How a provider gets paid

UnitedHealthcare Community Plan of California, Inc. pays providers in these ways:

- **Capitation payments:**
UnitedHealthcare Community Plan of California, Inc. pays some providers a set amount of money every month for each UnitedHealthcare Community Plan of California, Inc. member. This is called a capitation payment. UnitedHealthcare Community Plan of California, Inc. and providers work together to decide on the payment amount.
- **Fee-for-service payments:**
Some providers give care to UnitedHealthcare Community Plan of California, Inc. members and then send UnitedHealthcare Community Plan of California, Inc. a bill for the services they provided. This is called a fee-for-service payment. UnitedHealthcare Community Plan of California, Inc. and providers work together to decide how much each service costs.
- **UnitedHealthcare Community Plan of California, Inc. pays its providers for services that need prior authorization if you or your doctor get an approval before you get the services. Utilization Management (UM) decisions are based on medical necessity and the suitability of care. We do not offer any rewards for denying coverage. We do not offer incentives to our employees, doctors or anyone related to our plan to use benefits inappropriately. We do offer qualified providers incentive tied to clinical activities that drive improved quality preventive care, better management of their patient population and better care for the individual member. If you have a question on the UM process or a denial, call our Member Services department at **1-866-270-5785**, TTY **711**. Language assistance is available.**

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 15 Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

2 | About your health plan

To learn more about how UnitedHealthcare Community Plan of California, Inc. pays providers, call **1-866-270-5785**, TTY **711**.

Asking UnitedHealthcare Community Plan to pay a bill

If you get a bill for a covered service, do not pay the bill. Call Member Services right away at **1-866-270-5785**, TTY **711**.

If you pay for a service that you think UnitedHealthcare Community Plan of California, Inc. should cover, you can file a claim. Use a claim form and tell UnitedHealthcare Community Plan of California, Inc. in writing why you had to pay. Call **1-866-270-5785**, TTY **711** to ask for a claim form. UnitedHealthcare Community Plan of California, Inc. will review your claim to decide if you can get money back.

3. How to get care

Getting health care services

Please read the following information so you will know from whom or what group of providers health care may be obtained.

You can begin to get health care services on your effective date of coverage. Always carry your UnitedHealthcare Community Plan of California, Inc. ID card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards you have with you. Never let anyone else use your BIC or UnitedHealthcare Community Plan of California, Inc. ID card.

New members must choose a Primary Care Provider (PCP) in the UnitedHealthcare Community Plan of California, Inc. network. The UnitedHealthcare Community Plan of California, Inc. network is a group of doctors, hospitals and other providers who work with UnitedHealthcare Community Plan of California, Inc. You must choose a PCP within 30 days from the time you become a member in UnitedHealthcare Community Plan of California, Inc. If you do not choose a PCP, UnitedHealthcare Community Plan of California, Inc. will choose one for you.

You may choose the same PCP or different PCPs for all family members in UnitedHealthcare Community Plan of California, Inc.

To look for and choose a provider, you can use the Provider Directory. The Provider Directory can be found at myuhc.com/CommunityPlan, on the Member Portal, or by calling Member Services at **1-866-270-5785**, TTY **711**. If you need a Provider Directory, call Member Services at **1-866-270-5785**, TTY **711**.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the UnitedHealthcare Community Plan of California, Inc. network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call **1-866-270-5785**, TTY **711**. You can also find the Provider Directory on the UnitedHealthcare Community Plan of California, Inc. website at myuhc.com/CommunityPlan.

If you cannot get the care you need from a participating provider in the UnitedHealthcare Community Plan of California, Inc. network, your PCP must ask UnitedHealthcare Community Plan of California, Inc. for approval to send you to an out-of-network provider.

For assistance, contact Member Services at **1-866-270-5785**, TTY **711**.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 17
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

3 | How to get care

Initial Health Assessment (IHA)

UnitedHealthcare Community Plan of California, Inc. recommends that, as a new member, you visit your new PCP within the first 120 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling that may help you.

When you call to schedule your IHA appointment, tell the person who answers the phone that you are a member of UnitedHealthcare Community Plan of California, Inc. Give your UnitedHealthcare Community Plan of California, Inc. ID number.

Interpretation services and accommodations for any disability are available, if needed. Your provider or a clinic staff can also help you complete health history questionnaire.

Take your BIC and UnitedHealthcare Community Plan of California, Inc. ID card to your appointment. It is a good idea to take a list of your medications and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. Children are able to receive much needed early preventive services like hearing and vision screening, assessments of developmental process and many more services that are recommended by pediatricians' Bright Futures guidelines. In addition to preventive care, routine care also includes care when you are sick. UnitedHealthcare Community Plan of California, Inc. covers routine care from your PCP.

Your PCP will:

- Give you all your routine care, including regular checkups, shots, treatment, prescriptions and medical advice
- Keep your health records
- Refer (send) you to specialists if needed
- Order X-rays, mammograms or lab work if you need them

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care, unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services your plan covers, and what it does not cover, read “Benefits and services” in this handbook.

Urgent care

Urgent care is not for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments that do not need pre-approval (prior authorization) are available within 48 hours of your request for an appointment. If the urgent care services you need require pre-approval, you will be offered an appointment within 96 hours of your request.

For urgent care, call your PCP. If you cannot reach your PCP, call **1-866-270-5785**, TTY **711**.

NurseLine – Your 24-hour health information resource

Not sure what kind of care you need?

Sometimes it’s difficult to know what kind of care you need, so we have licensed health care professionals available to assist you by phone 24 hours a day, 7 days a week. Here are some of the ways they can help you: They can answer questions about a health concern and instruct you on self-care at home if appropriate. They can advise you about whether you should get medical care, and how and where to get care (for example, if you are not sure whether your condition is an Emergency Medical Condition, they can help you decide whether you need Emergency Care or Urgent Care, and how and where to get that care). They can tell you what to do if you need care and a Plan Medical Office is closed. You can reach one of these licensed health care professionals by calling this toll-free number **1-866-270-5785**, TTY **711**. When you call, a trained support person may ask you questions to help determine how to direct your call.

What are NurseLine services?

NurseLine offers a variety of health information and resources. Registered nurses give information and support for any health question or concern.

How does it work?

Call the toll-free number **1-866-270-5785**, TTY **711** for the hearing impaired. Nurses are ready to discuss your health concerns and answer your questions.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 19
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

3 | How to get care

When can I call?

You can call the toll-free NurseLine anytime, 24 hours a day, 7 days a week. There is no limit to the number of times you can call.

How can NurseLine help me?

If you're sick or injured, it can be hard to make health care decisions. You may not know if you should go to the emergency room, visit an urgent care center, see your doctor or use self-care. A NurseLine nurse can help you decide. You may just want to learn more about a health issue. With NurseLine, answers are just a phone call away.

What kinds of issues can NurseLine address?

The nurses can address many health issues. These include:

- Minor injuries
- Common illnesses
- Self-care tips and treatment options
- Recent diagnoses and chronic conditions
- Choosing medical care
- Illness prevention
- Nutrition and fitness
- Questions to ask your doctor
- How to take medicine safely
- Men's, women's and children's health

If you have an emergency, call **911** for help, or go to the nearest emergency room so that you can be seen.

If you need care and your provider's office is closed

Call your PCP if you need care that is not an emergency. Your provider's phone is answered 24 hours a day, 7 days a week. Your provider or someone from the office will help you make the right choice for your care.

You may be told to:

- Go to an after-hours clinic or urgent care center
- Go to the office in the morning
- Go to the emergency room (ER)
- Get medicine from your pharmacy

20 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

If you need urgent care out of the area, go to the nearest urgent care facility. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services. You do not need pre-approval (prior authorization). If you need mental health urgent care, call your county Mental Health Plan or Member Services at **1-866-270-5785**, TTY **711**. You may call your county Mental Health Plan or your UnitedHealthcare Community Plan of California, Inc. Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do not need pre-approval (prior authorization) from UnitedHealthcare Community Plan of California, Inc. You have the right to use any hospital or other setting for emergency care.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a prudent (reasonable) layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed. Examples may include, but are not limited to:

- Active labor
- Broken bone
- Severe pain
- Chest pain
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts

Do not go to the ER for routine care. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You may also call the 24/7 NurseLine at **1-866-270-5785**, TTY **711**.

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the UnitedHealthcare Community Plan of California, Inc. network. If you go to an ER, ask them to call UnitedHealthcare Community Plan of California, Inc. You or the hospital to which you were admitted should call UnitedHealthcare Community Plan of California, Inc. within 24 hours after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, UnitedHealthcare Community Plan of California, Inc. will not cover your care.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 21
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

3 | How to get care

If you need emergency transportation, call **911**. You do not need to ask your PCP or UnitedHealthcare Community Plan of California, Inc. first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call UnitedHealthcare Community Plan of California, Inc.

Remember: Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.

Sensitive care

Minor consent services

You may only get the following services without your parent or guardian's permission if you are 12 years old or older:

- Outpatient mental health care for:
 - Sexual assault
 - Physical assault
 - When you have thoughts of hurting yourself or others
- HIV/AIDS prevention/testing/treatment
- Sexually transmitted infections prevention/testing/treatment
- Substance use disorder services

If you are under 18 years old, you can go to a doctor without permission from your parents or guardian for these types of care:

- Family planning/birth control (including sterilization)
- Abortion services

For pregnancy testing, family planning services, birth control, or sexually transmitted infection services, the doctor or clinic does not have to be part of the UnitedHealthcare Community Plan of California, Inc. network. You can choose any provider and go to them for these services without a referral or pre-approval (prior authorization). Services from an out-of-network provider not related to sensitive care may not be covered. For help finding a doctor or clinic giving these services, or for help getting to these services (including transportation), you can call **1-866-270-5785**, TTY **711**. You may also call the 24/7 NurseLine at **1-866-270-5785**, TTY **711**.

Minors can talk to a representative in private about their health concerns by calling the 24/7 NurseLine at **1-866-270-5785**, TTY **711**.

Adult sensitive services

As an adult (18 years or older), you may not want to go to your PCP for certain sensitive or private care. If so, you may choose any doctor or clinic for the following types of care:

- Family planning and birth control (including sterilization)
- Pregnancy testing and counseling
- HIV/AIDS prevention and testing
- Sexually transmitted infections prevention, testing and treatment
- Sexual assault care
- Outpatient abortion services

The doctor or clinic does not have to be part of the UnitedHealthcare Community Plan of California, Inc. network. You can choose any provider and go to them without a referral or pre-approval (prior authorization) for these services. Services from an out-of-network provider not related to sensitive care may not be covered. For help finding a doctor or clinic giving these services, or for help getting to these services (including transportation), you can call **1-866-270-5785**, TTY **711**. You may also call the 24/7 NurseLine at **1-866-270-5785**.

Advance directives

An advance health directive is a legal form. On it, you can list what health care you want in case you cannot talk or make decisions later on. You can list what care you do not want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at drugstores, hospitals, law offices and doctors' offices. You may have to pay for the form. You can also find and download a free form online. You can ask your family, PCP or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. UnitedHealthcare Community Plan of California, Inc. will tell you about changes to the state law no longer than 90 days after the change.

You can call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785** for more information.

3 | How to get care

Organ and tissue donation

Adults can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at www.organdonor.gov.

Where to get care

You will get most of your care from your PCP. Your PCP will give you all of your routine preventive (wellness) care. You will also go to your PCP for care when you are sick. Be sure to call your PCP before you get non-emergency medical care. Your PCP will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call NurseLine at **1-866-270-5785**.

If you need urgent care, call your PCP. Urgent care is care you need within 48 hours but is not an emergency. It includes care for such things as cold, sore throat, fever, ear pain or sprained muscle.

For emergencies, call **911** or go to the nearest emergency room.

Moral objection

Some providers have a moral objection to some covered services. This means they have a right to **not** offer some covered services if they morally disagree with the services. If your provider has a moral objection, they will help you find another provider for the needed services. UnitedHealthcare Community Plan of California, Inc. can also work with you to find a provider.

Some hospitals and other providers do not offer one or more of the services listed below. These services are available and UnitedHealthcare Community Plan of California, Inc. must ensure you or your family member sees a provider or is admitted to a hospital that will perform the following covered services:

- Family planning and contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments
- Abortion

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want. Or call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785** to make sure you can get the health care services you need.

24 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

Provider Directory

The UnitedHealthcare Community Plan of California, Inc. Provider Directory lists providers that participate in the UnitedHealthcare Community Plan of California, Inc. network. The network is the group of providers that work with UnitedHealthcare Community Plan of California, Inc.

The UnitedHealthcare Community Plan of California, Inc. Provider Directory lists hospitals, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, long-term services and supports (LTSS), Freestanding Birth Centers (FBCs), Indian Health Clinics (IHCs) and Rural Health Clinics (RHCs).

The Provider Directory has UnitedHealthcare Community Plan of California, Inc. network provider names, specialties, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. If you want information about a doctor's education, training, and board certification, please call **1-866-270-5785**, TTY **711**.

You can find the online Provider Directory at myuhc.com/CommunityPlan.

If you need a printed Provider Directory, call **1-866-270-5785**, TTY **711**.

Provider network

The provider network is the group of doctors, hospitals and other providers that work with UnitedHealthcare Community Plan of California, Inc. to provide your covered services.

Note: American Indians may choose an IHC as their PCP.

If your PCP, hospital or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call **1-866-270-5785**, TTY **711**. For more about moral objections, read the "Moral objection" section earlier in this chapter.

If your provider has a moral objection, he or she can help you find another provider who will give you the services you need. UnitedHealthcare Community Plan of California, Inc. can also help you find a provider who will perform the service.

3 | How to get care

In network providers

You will use providers in the UnitedHealthcare Community Plan of California, Inc. network for your health care needs. You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other providers in the UnitedHealthcare Community Plan of California, Inc. network.

To get a Provider Directory of network providers, call **1-866-270-5785**, TTY **711**. You can also find the Provider Directory online at myuhc.com/CommunityPlan. In the online directory, you can use the Provider Look-up Tool as a step-by-step process on how to search for a clinic or provider.

For emergency care, call **911** or go to the nearest emergency room.

Except for emergency care, you may have to pay for care from providers who are out of network.

Out-of-network providers who are inside the service area

Out-of-network providers are those that do not have an agreement to work with UnitedHealthcare Community Plan of California, Inc. Except for emergency care, you may have to pay for care from providers who are out of the network. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network.

UnitedHealthcare Community Plan of California, Inc. may give you a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. If we give you a referral to an out-of-network provider, we will pay for your care.

If you need help with out-of-network services, call **1-866-270-5785**, TTY **711**.

Outside the service area

If you are outside of the UnitedHealthcare Community Plan of California, Inc. San Diego service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call **1-866-270-5785**, TTY **711**.

Out-of-network providers are those that do not have an agreement to work with UnitedHealthcare Community Plan of California, Inc. Except for emergency care, you may have to pay for care from providers who are out of the network. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network. If you need help with out-of-network services, call Member Services at **1-866-270-5785**, TTY **711**.

For emergency care, call **911** or go to the nearest emergency room. UnitedHealthcare Community Plan of California, Inc. covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, UnitedHealthcare Community Plan of California, Inc. will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, UnitedHealthcare Community Plan of California, Inc. will not cover your care.

Note: American Indians may get services at out-of-network IHCs.

If you have questions about out-of-network or out-of-service area care, call **1-866-270-5785**, TTY **711**. If the office is closed and you want help from a representative, call NurseLine at **1-866-270-5785**.

Rady Children's

Members under 18 years old can choose Rady Children's Specialists of San Diego as their designated Medical Group. Services covered by Rady include hospital services, physician/professional services, durable medical equipment, diagnostic services, dialysis, home health, hospice, physical/occupational/speech therapy, prosthetics/orthotics, skilled nursing facility, and transportation. Members who are assigned to a Rady primary care specialist have access to Rady Network providers and UnitedHealthcare Community Plan of California, Inc. network providers.

Doctors

You will choose your doctor or a Primary Care Provider (PCP) from the UnitedHealthcare Community Plan of California, Inc. Provider Directory. The doctor you choose must be a participating provider. This means the provider is in the UnitedHealthcare Community Plan of California, Inc. network. To get a copy of the UnitedHealthcare Community Plan of California, Inc. Provider Directory, call **1-866-270-5785**, TTY **711**. Or find it online at myuhc.com/CommunityPlan.

If you are choosing a new doctor, you should also call to make sure the PCP you want is taking new patients.

If you had a doctor before you were a member of UnitedHealthcare Community Plan of California, Inc., and that doctor is not part of the UnitedHealthcare Community Plan of California, Inc. network, you may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call **1-866-270-5785**, TTY **711**.

If you need a specialist, your PCP will refer you to a specialist in the UnitedHealthcare Community Plan of California, Inc. network.

3 | How to get care

Remember, if you do not choose a PCP, UnitedHealthcare Community Plan of California, Inc. will choose one for you. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, you do not have to choose a PCP.

If you want to change your PCP, you must choose a PCP from the UnitedHealthcare Community Plan of California, Inc. Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call **1-866-270-5785**, TTY **711**.

Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital in the network. The hospitals in the UnitedHealthcare Community Plan of California, Inc. network are listed in the Provider Directory. Hospital services, other than emergencies, must have pre-approval (prior authorization).

Timely access to care

Appointment type	You should be able to get an appointment within:
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointment that do require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-doctor)	10 business days
Non-urgent appointment for ancillary (supporting) services for the diagnosis or treatment of injury, illness or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes

28 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

Travel time and distance to care

UnitedHealthcare Community Plan of California, Inc. must follow travel time and distance standards for your care. Those standards help to make sure you can get care without having to travel too long or too far from where you live. Travel time and distance standards depend on the county you live in.

If UnitedHealthcare Community Plan of California, Inc. is not able to provide care to you within these travel time and distance standards, DHCS may approve a different standard, called an alternative access standard. For UnitedHealthcare Community Plan of California, Inc.'s time and distance standards for where you live, visit myuhc.com/CommunityPlan. Or call **1-866-270-5785**, TTY **711**.

If you need care from a provider and that provider is located far from where you live, call Member Services at **1-866-270-5785**, TTY **711**. They can help you find care with a provider located closer to you. If UnitedHealthcare Community Plan of California, Inc. cannot find care for you with a closer provider, you can ask UnitedHealthcare Community Plan of California, Inc. to arrange transportation for you to go to your provider, even if that provider is located far from where you live.

It is considered far if you cannot get to that provider within the UnitedHealthcare Community Plan of California, Inc.'s travel time and distance standards for your county, regardless of any alternative access standard UnitedHealthcare Community Plan of California, Inc. may use for your ZIP Code.

Primary Care Provider (PCP)

You must choose a PCP within 30 days of enrolling in UnitedHealthcare Community Plan of California, Inc. Depending on your age and sex, you may choose a general practitioner, OB/GYN, family practitioner, internist or pediatrician as your Primary Care Provider (PCP). A nurse practitioner (NP), physician assistant (PA) or certified nurse midwife may also act as your PCP. If you choose an NP, PA or certified nurse midwife, you may be assigned a doctor to oversee your care.

You can choose an Indian Health Clinic (IHC), Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) as your PCP. Depending on the type of provider, you may be able to choose one PCP for your entire family who are members of UnitedHealthcare Community Plan of California, Inc.

If you do not choose a PCP within 30 days of enrollment, UnitedHealthcare Community Plan of California, Inc. will assign you to a PCP. If you are assigned to a PCP and want to change, call **1-866-270-5785**, TTY **711**. The change happens the first day of the next month.

3 | How to get care

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need (perform screenings, give immunizations, etc.)
- Treat minor urgent conditions
- Treat chronic health conditions
- Refer (send) you to a specialist if you need one
- Arrange for hospital care if you need it

You can look in the Provider Directory to find a PCP in the UnitedHealthcare Community Plan of California, Inc. network. The Provider Directory has a list of IHFs, FQHCs and RHCs that work with UnitedHealthcare Community Plan of California, Inc.

You can find the UnitedHealthcare Community Plan of California, Inc. Provider Directory online at myuhc.com/CommunityPlan. Or you can request a Provider Directory to be mailed to you by calling **1-866-270-5785**, TTY **711**. You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP.

It is best to stay with one PCP so he or she can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the UnitedHealthcare Community Plan of California, Inc. provider network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

To change your PCP, call **1-866-270-5785**, TTY **711**.

UnitedHealthcare Community Plan of California, Inc. may ask you to change your PCP if the PCP is not taking new patients, has left the UnitedHealthcare Community Plan of California, Inc. network or does not give care to patients your age. UnitedHealthcare Community Plan of California, Inc. or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If UnitedHealthcare Community Plan of California, Inc. needs to change your PCP, UnitedHealthcare Community Plan of California, Inc. will tell you in writing.

If you change PCPs, you will get a new UnitedHealthcare Community Plan of California, Inc. member ID card in the mail. It will have the name of your new PCP. Call Member Services if you have questions about getting a new ID card.

30 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

Appointments

When you need health care:

- Call your PCP
- Have your UnitedHealthcare Community Plan of California, Inc. ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC and UnitedHealthcare Community Plan of California, Inc. ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpreting services, if needed
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready in case you need them

If you have an emergency, call **911** or go to the nearest emergency room.

Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call **1-866-270-5785**, TTY **711**. Tell UnitedHealthcare Community Plan of California, Inc. the amount charged, the date of service and the reason for the bill. You are not responsible to pay a provider for any amount owed by UnitedHealthcare Community Plan of California, Inc. for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers who are not in the network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary, not available in the network and pre-approved by UnitedHealthcare Community Plan of California, Inc.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you can also file a claim form with UnitedHealthcare Community Plan of California, Inc. You will need to tell UnitedHealthcare Community Plan of California, Inc. in writing why you had to pay for the item or service. UnitedHealthcare Community Plan of California, Inc. will read your claim and decide if you can get money back. For questions or to ask for a claim form, call **1-866-270-5785**, TTY **711**.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 31
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

3 | How to get care

Referrals

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist. Your PCP's office can help you set up a time to go to the specialist.

Other services that might need a referral include in-office procedures, X-rays and lab work.

Your PCP may give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as he or she thinks you need treatment.

If you have a health problem that needs special medical care for a long time, you may need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the UnitedHealthcare Community Plan of California, Inc. referral policy, call **1-866-270-5785**, TTY **711**.

You do not need a referral for:

- PCP visits
- Obstetrics/Gynecology (OB/GYN) visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call Office of Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling (12 years or older)
- Sexually transmitted infection services (12 years or older)
- Acupuncture (the first two services per month with an in network provider; additional appointments will need a prior authorization)
- Chiropractic services (a prior authorization may be required when provided by out-of-network FQHCs, RHCs and IHCs)
- Podiatry services
- Eligible dental services
- Initial mental health assessment
- In network specialist visits

Minors also do not need a referral for:

- Outpatient mental health services for:
 - Sexual assault
 - Physical assault
 - When you have thoughts of hurting yourself or others (minors 12 years or older)
- Pregnancy care
- Sexual assault care
- Substance use disorder treatment (minors 12 years or older)

Pre-approval (prior authorization)

For some types of care, your PCP or specialist will need to ask UnitedHealthcare Community Plan of California, Inc. for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that UnitedHealthcare Community Plan of California, Inc. must make sure that the care is medically necessary or needed.

Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

The following services always need pre-approval (prior authorization), even if you get them from a provider in the UnitedHealthcare Community Plan of California, Inc. network:

- Hospitalization, if not an emergency
- Services out of the UnitedHealthcare Community Plan of California, Inc. service area, if not an emergency or urgent
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h)(1), UnitedHealthcare Community Plan of California, Inc. will decide routine pre-approvals (prior authorizations) within 5 working days of when UnitedHealthcare Community Plan of California, Inc. gets the information reasonably needed to decide.

For requests in which a provider indicates or UnitedHealthcare Community Plan of California, Inc. determines that following the standard timeframe could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function, UnitedHealthcare Community Plan of California, Inc. will make an expedited (fast) pre-approval (prior authorization) decision. UnitedHealthcare Community Plan of California, Inc. will give notice as quickly as your health condition requires and no later than 72 hours after getting the request for services.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 33
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

3 | How to get care

UnitedHealthcare Community Plan of California, Inc. does not pay the reviewers to deny coverage or services. If UnitedHealthcare Community Plan of California, Inc. does not approve the request, UnitedHealthcare Community Plan of California, Inc. will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

UnitedHealthcare Community Plan of California, Inc. will contact you if UnitedHealthcare Community Plan of California, Inc. needs more information or more time to review your request.

You never need pre-approval (prior authorization) for emergency care, even if it is out of the network and out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval (prior authorization) for sensitive services, such as family planning, HIV/AIDS services, and outpatient abortions.

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked.

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, call **1-866-270-5785**, TTY **711**.

UnitedHealthcare Community Plan of California, Inc. will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from UnitedHealthcare Community Plan of California, Inc. to get a second opinion from a network provider. However, if you need a referral, your network provider can help you get a referral for a second opinion if you need one.

If there is no provider in the UnitedHealthcare Community Plan of California, Inc. network to give you a second opinion, UnitedHealthcare Community Plan of California, Inc. will pay for a second opinion from an out-of-network provider. UnitedHealthcare Community Plan of California, Inc. will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, UnitedHealthcare Community Plan of California, Inc. will decide within 72 hours.

If UnitedHealthcare Community Plan of California, Inc. denies your request for a second opinion, you may appeal. To learn more about appeals, go to “Appeals” in this handbook.

Women's health specialists

You may go to a women's health specialist within UnitedHealthcare Community Plan of California, Inc. network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call **1-866-270-5785**, TTY **711**. You may also call the 24/7 NurseLine at **1-866-270-5785**.

4. Benefits and services

What your health plan covers

This section explains your covered services as a member of UnitedHealthcare Community Plan of California, Inc. Your covered services are free as long as they are medically necessary and provided by an in-network provider. You must ask us for pre-approval (prior authorization) if the care is out-of-network except for sensitive services, emergencies or urgent care services. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask UnitedHealthcare Community Plan of California, Inc. for this. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury. For more details on your covered services, call **1-866-270-5785**, TTY **711**.

UnitedHealthcare Community Plan of California, Inc. offers services such as:

- Outpatient (ambulatory) services
- Telehealth services
- Mental health services (outpatient)
- Emergency services
- Hospice and palliative care
- Hospitalization
- Maternity and newborn care
- Rehabilitative and habilitative (therapy) services and devices
- Laboratory and radiology services, such as X-rays
- Preventive and wellness services and chronic disease management
- Diabetes Prevention Program
- Substance use disorder treatment services
- Pediatric services
- Vision services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)
- Long-term services and supports (LTSS)

Read each of the sections below to learn more about the services you can get.

Medi-Cal benefits covered by UnitedHealthcare Community Plan

Outpatient (ambulatory) services

Adult immunizations

You can get adult immunizations (shots) from a network provider without pre-approval (prior authorization). UnitedHealthcare Community Plan of California, Inc. covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

You can also get some adult immunization (shots) services in a pharmacy through Medi-Cal Rx.

Allergy care

UnitedHealthcare Community Plan of California, Inc. covers allergy testing and treatment, including allergy desensitization, hyposensitization or immunotherapy.

Anesthesiologist services

UnitedHealthcare Community Plan of California, Inc. covers anesthesia services that are medically necessary when you get outpatient care.

For dental procedures, we cover the following services when authorized by UnitedHealthcare Community Plan of California, Inc.:

- IV sedation or general anesthesia services administered by a medical professional
- Facility services related to the sedation or anesthesia in an outpatient surgical center, Federally Qualified Health Center (FQHC), dental office, or hospital setting

Chiropractic services

UnitedHealthcare Community Plan of California, Inc. covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month in combination with acupuncture, audiology, occupational therapy and speech therapy services. UnitedHealthcare Community Plan of California, Inc. may pre-approve other services as medically necessary.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 37
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

4 | Benefits and services

The following members are eligible for chiropractic services:

- Children under age 21
- Pregnant women through the end of the month that includes 60-days following the end of a pregnancy
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility
- All members when services are provided at hospital outpatient departments, FQHCs or RHCs that are in the UnitedHealthcare Community Plan of California, Inc.'s network

Dialysis/hemodialysis services

UnitedHealthcare Community Plan of California, Inc. covers dialysis treatments. UnitedHealthcare Community Plan of California, Inc. also covers hemodialysis (chronic dialysis) services if your PCP and UnitedHealthcare Community Plan of California, Inc. approve it.

Outpatient surgery

UnitedHealthcare Community Plan of California, Inc. covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures must have pre-approval (prior authorization).

Physician services

UnitedHealthcare Community Plan of California, Inc. covers physician services that are medically necessary.

Podiatry (foot) services

UnitedHealthcare Community Plan of California, Inc. covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative and electrical treatment of the human foot. This includes the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg controlling the functions of the foot.

Treatment therapies

UnitedHealthcare Community Plan of California, Inc. covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Telehealth services

Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your provider. Or telehealth may involve sharing information with your provider without a live conversation. You can receive many services through telehealth. It is important that both you and your provider agree that the use of telehealth for a particular service is appropriate for you. You can contact your provider to learn which types of services may be available through telehealth.

Mental health services

Outpatient mental health services

The UnitedHealthcare Community Plan of California, Inc. covers a member for an initial mental health assessment without needing pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in the UnitedHealthcare Community Plan of California, Inc. network without a referral.

Your PCP or mental health provider will make a referral for additional mental health screening to a specialist within the UnitedHealthcare Community Plan of California, Inc. network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, UnitedHealthcare Community Plan of California, Inc. can provide mental health services for you. UnitedHealthcare Community Plan of California, Inc. covers mental health services such as:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Development of cognitive skills to improve attention, memory and problem solving
- Outpatient services for the purposes of monitoring medication therapy
- Outpatient laboratory and supplies
- Psychiatric consultation

For help finding more information on mental health services provided by UnitedHealthcare Community Plan of California, Inc., call **1-866-270-5785**, TTY **711**.

If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to get an assessment. To learn more, read “What your health plan does not cover” on page 58.

Emergency services

Inpatient and outpatient services needed to treat a medical emergency

UnitedHealthcare Community Plan of California, Inc. covers all services that are needed to treat a medical emergency that happens in the U.S. or requires you to be in a hospital in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, a prudent layperson could expect it to result in:

- Serious risk to your health; or
- Serious harm to bodily functions; or
- Serious dysfunction of any bodily organ or part; or
- In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
 - There is not enough time to safely transfer you to another hospital before delivery
 - The transfer may pose a threat to your health or safety or to that of your unborn child

A pharmacist or hospital emergency room may give you a 72-hour emergency supply of a prescription drug if they think you need it. Medi-Cal Rx will pay for the emergency supply.

Emergency transportation services

UnitedHealthcare Community Plan of California, Inc. covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S., except for emergency services that require you to be in the hospital in Canada or Mexico.

Hospice and palliative care

UnitedHealthcare Community Plan of California, Inc. covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts. Adults may not receive both hospice care and palliative care services at the same time.

Hospice care is a benefit that services terminally ill members. Hospice care requires the member to have a life expectancy of 6 months or less. It is an intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Some drugs and biological services (some may be available through Fee-For-Service (FFS) Medi-Cal Rx)
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

Palliative care is patient- and family-centered care that improves quality of life by anticipating, preventing and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Hospitalization

Anesthesiologist services

UnitedHealthcare Community Plan of California, Inc. covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.

Inpatient hospital services

UnitedHealthcare Community Plan of California, Inc. covers medically necessary inpatient hospital care when you are admitted to the hospital.

Surgical services

UnitedHealthcare Community Plan of California, Inc. covers medically necessary surgeries performed in a hospital.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 41
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

4 | Benefits and services

Maternity and newborn care

UnitedHealthcare Community Plan of California, Inc. covers these maternity and newborn care services:

- Breastfeeding education and aids
- Delivery and postpartum care
- Breast pumps and supplies
- Prenatal care
- Birthing center services
- Certified Nurse Midwife (CNM)
- Licensed Midwife (LM)
- Diagnosis of fetal genetic disorders and counseling

The Provisional Postpartum Care Extension Program

The Provisional Postpartum Care Extension (PPCE) Program provides extended coverage for Medi-Cal members who have a maternal mental health condition during pregnancy or the time period after pregnancy.

UnitedHealthcare Community Plan of California, Inc. covers maternal mental health care for women during pregnancy and for up to two months after the end of pregnancy. The PPCE program extends that coverage for up to 12 months after the diagnosis or from the end of the pregnancy, whichever is later.

To qualify for the PPCE program, your doctor must confirm your diagnosis of a maternal mental health condition within 150 days after the end of pregnancy. Ask your doctor about these services if you think you need them. If your doctor thinks you should have the services from PPCE, your doctor completes and submits the forms for you.

Rehabilitative and habilitative (therapy) services and devices

This benefit includes services and devices to help people with injuries, disabilities or chronic conditions to gain or recover mental and physical skills.

The plan covers:

Acupuncture

UnitedHealthcare Community Plan of California, Inc. covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of needles) are limited to two services per month, in combination with audiology, chiropractic, occupational therapy and speech therapy services when provided by a physician, dentist, podiatrist or acupuncturist. UnitedHealthcare Community Plan of California, Inc. may pre-approve (prior authorize additional services as medically necessary.

Audiology (hearing)

UnitedHealthcare Community Plan of California, Inc. covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services. UnitedHealthcare Community Plan of California, Inc. may pre-approve (prior authorize) additional services as medically necessary.

Behavioral health treatments

Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual.

BHT services teach skills using behavioral observation and reinforcement, or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence and are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.

4 | Benefits and services

Cancer clinical trials

UnitedHealthcare Community Plan of California, Inc. covers routine patient care costs for patients accepted into Phase I, Phase II, Phase III or Phase IV clinical trials if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health, the FDA, the Department of Defense or the Veterans Administration.

Cardiac rehabilitation

UnitedHealthcare Community Plan of California, Inc. covers inpatient and outpatient cardiac rehabilitative services.

Durable medical equipment (DME)

UnitedHealthcare Community Plan of California, Inc. covers the purchase or rental of DME supplies, equipment and other services with a prescription from a doctor. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability. UnitedHealthcare Community Plan of California, Inc. does not cover comfort, convenience or luxury equipment, features and supplies, and other items not generally used primarily for health care.

Enteral and parenteral nutrition

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. Enteral and parenteral nutrition products are covered when medically necessary.

Hearing aids

UnitedHealthcare Community Plan of California, Inc. covers hearing aids if you are tested for hearing loss and have a prescription from your doctor. UnitedHealthcare Community Plan of California, Inc. may also cover hearing aid rentals, replacements and batteries for your first hearing aid.

Home health services

UnitedHealthcare Community Plan of California, Inc. covers health services provided in your home, when prescribed by your doctor and found to be medically necessary.

Medical supplies, equipment and appliances

UnitedHealthcare Community Plan of California, Inc. covers medical supplies that are prescribed by a doctor. Some medical supplies are covered through Fee-For Services (FFS) Medi-Cal Rx and not UnitedHealthcare Community Plan of California, Inc.

44 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

Occupational therapy

UnitedHealthcare Community Plan of California, Inc. covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to two services per month in combination with acupuncture, audiology, chiropractic and speech therapy services. UnitedHealthcare Community Plan of California, Inc. may pre-approve (prior authorize) additional services as medically necessary.

Orthotics/prostheses

UnitedHealthcare Community Plan of California, Inc. covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. This includes implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

Ostomy and urological supplies

UnitedHealthcare Community Plan of California, Inc. covers ostomy bags, urinary catheters, draining bags, irrigation supplies and adhesives. This does not include supplies that are for comfort, convenience or luxury equipment or features.

Physical therapy

UnitedHealthcare Community Plan of California, Inc. covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications.

Pulmonary rehabilitation

UnitedHealthcare Community Plan of California, Inc. covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

Reconstructive services

UnitedHealthcare Community Plan of California, Inc. covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, disease, or breast reconstruction after a mastectomy. Some limitations and exceptions may apply.

Skilled nursing facility services

UnitedHealthcare Community Plan of California, Inc. covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24-hour per day basis.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 45
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

4 | Benefits and services

Speech therapy

UnitedHealthcare Community Plan of California, Inc. covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic and occupational therapy services. UnitedHealthcare Community Plan of California, Inc. may pre-approve (prior authorize) additional services as medically necessary.

Transgender services

UnitedHealthcare Community Plan of California, Inc. covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.

Laboratory and radiology services

UnitedHealthcare Community Plan of California, Inc. covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures, such as CT scans, MRI and PET scans, are covered based on medical necessity.

Preventive and wellness services and chronic disease management

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Family planning services
- American Academy of Pediatrics Bright Futures recommendations
- Preventive services for women recommended by the American College of Obstetricians and Gynecologists
- Help to quit smoking, also called smoking cessation services
- United States Preventive Services Task Force Grade A and B recommended preventive services

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include all methods of birth control approved by the Federal Food and Drug Administration. UnitedHealthcare Community Plan of California, Inc.'s PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may also choose a doctor or clinic not connected with UnitedHealthcare Community Plan of California, Inc. without having to get pre-approval (prior authorization) from UnitedHealthcare Community Plan of California, Inc. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call **1-866-270-5785**, TTY **711**.

46 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts one year. It can last for a second year for members who qualify. The program-approved lifestyle supports and techniques include, but are not limited to:

- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback
- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet program eligibility requirements to join DPP. Call UnitedHealthcare Community Plan of California, Inc. to learn more about the program and eligibility.

Substance use disorder services

The plan covers:

- Alcohol misuse screenings and illicit-drug screenings

Pediatric services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services that are recommended by pediatricians' Bright Futures guidelines to help you or your child stay healthy. These services are at no cost to you.
- If you or your child are under 21 years old, UnitedHealthcare Community Plan of California, Inc. covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.
- UnitedHealthcare Community Plan of California, Inc. will make appointments and provide transportation to help children get the care they need.

4 | Benefits and services

- Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help you or your child’s doctor look for any problems with your or your child’s medical, dental, vision, hearing, mental health, and any substance use disorders. UnitedHealthcare Community Plan of California, Inc. covers screening services (including blood lead level assessment) any time there is a need for them, even if it is not during your or your child’s regular check-up. Also, preventive care can be shots you or your child need. UnitedHealthcare Community Plan of California, Inc. must make sure that all enrolled children get needed shots at the time of any health care visit. Preventive care services and screenings are available at no cost and without pre-approval (prior authorization).
- When a physical problem or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and UnitedHealthcare Community Plan of California, Inc. is responsible for paying for the care, then UnitedHealthcare Community Plan of California, Inc. covers the care at no cost to you. These services include:
 - Doctor, nurse practitioner, and hospital care
 - Shots to keep you healthy
 - Physical, speech/language, and occupational therapies
 - Home health services, which could be medical equipment, supplies, and appliances
 - Treatment for vision and hearing, which could be eyeglasses and hearing aids
 - Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities
 - Case management and health education
 - Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance
- Care coordination to help you or your child get the right care even if UnitedHealthcare Community Plan of California, Inc. is not responsible for paying for that care. These services include:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, which could include orthodontics

Vision services

The plan covers:

- Routine eye exam once every 24 months; UnitedHealthcare Community Plan of California, Inc. may pre-approve (prior authorize) additional services as medically necessary
- Eyeglasses (frames and lenses) once every 24 months; contact lenses when required for medical conditions such as aphakia, aniridia, and keratoconus

Non-emergency medical transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) to get to your appointments when it's a Medi-Cal covered service. If you cannot get to your medical, dental, mental health, substance use, and pharmacy appointment by car, bus, train or taxi, you can ask your doctor for NEMT. Your doctor will decide the correct type of transportation to meet your needs.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. UnitedHealthcare Community Plan of California, Inc. allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, UnitedHealthcare Community Plan of California, Inc. will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

NEMT must be used when:

- It is physically or medically needed as determined with a written authorization by a doctor or other provider; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- You need help from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.
- It is approved in advance by UnitedHealthcare Community Plan of California, Inc. with a written authorization by a doctor.

To ask for NEMT services that your doctor has prescribed, please call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785**, TTY **711** or 1-844-772-6623 at least 3 business days (7:00 a.m. – 7:00 p.m. PST, Monday through Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

4 | Benefits and services

Limits of NEMT

There are no limits for receiving NEMT to or from medical, dental, mental health and substance use disorder appointments covered under Medi-Cal when a provider has prescribed it for you. Some pharmacy services are covered under NEMT such as pharmacy trips for medication. For more information or to ask for NEMT services related to pharmacy, please call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785** or 1-844-772-6623, 7:00 a.m. – 7:00 p.m. PST, Monday through Friday. Reservations are accepted within 3 business days prior to your appointment. If the appointment type is covered by Medi-Cal but not through the health plan, UnitedHealthcare Community Plan of California, Inc. will provide or help you schedule your transportation.

What does not apply?

Transportation will not be provided if your physical and medical condition allows you to get to your medical appointment by car, bus, taxi or other easily accessible method of transportation. Transportation will not be provided if the service is not covered by Medi-Cal. A list of covered services is in this Member Handbook.

Cost to member

There is no cost when transportation is authorized by UnitedHealthcare Community Plan of California, Inc.

Non-medical transportation (NMT)

You can use non-medical transportation (NMT) when you are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider
- Picking up prescriptions and medical supplies

UnitedHealthcare Community Plan of California, Inc. allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. UnitedHealthcare Community Plan of California, Inc. gives mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

Before getting approval for mileage reimbursement, you must state to UnitedHealthcare Community Plan of California, Inc. by phone, by email or in person that you tried to get all other reasonable transportation choices and could not get one. UnitedHealthcare Community Plan of California, Inc. allows the lowest cost NMT type that meets your medical needs.

To ask NMT for services that have been authorized, call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785** or 1-844-772-6623, 7:00 a.m. – 7:00 p.m. PST, Monday – Friday. Call 1-844-772-6623 at least 3 days in advance or as soon as you can when you have an urgent appointment. Reservations are accepted within 3 business days prior to your appointment. Please have your member ID card ready when you call.

Note: American Indians may contact their local IHC to request NMT services.

Limits of NMT

There are no limits for getting NMT to or from medical, dental, mental health and substance use disorder appointments when UnitedHealthcare Community Plan of California, Inc. has authorized it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide or help you schedule your transportation. Members cannot drive themselves or be reimbursed directly.

What does not apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition
- You are in a wheelchair and are unable to move in and out of the vehicle without help from the driver
- The service is not covered by Medi-Cal

Cost to member

There is no cost when transportation is authorized by UnitedHealthcare Community Plan of California, Inc.

Long-term services and supports (LTSS)

UnitedHealthcare Community Plan of California, Inc. covers these LTSS benefits for members who qualify:

- Skilled nursing facility services as approved by UnitedHealthcare Community Plan of California, Inc.
- Home and Community Based Services as approved by UnitedHealthcare Community Plan of California, Inc.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 51 Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

Care coordination

UnitedHealthcare Community Plan of California, Inc. offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call **1-866-270-5785**, TTY **711**.

Coordinated Care Initiative (CCI) benefits

The California Coordinated Care Initiative (CCI) works to improve care coordination for dual eligibles (people who qualify for both Medi-Cal and Medicare). CCI has two main parts:

Cal MediConnect

The Cal MediConnect program aims to improve care coordination for beneficiaries dually eligible for Medicare and Medi-Cal. It lets them enroll in a single plan to manage all of their benefits, instead of having separate Medi-Cal and Medicare plans. It also aims for high-quality care that helps people stay healthy and in their homes for as long as possible.

UnitedHealthcare Community Plan does not offer the Cal MediConnect program in San Diego.

Managed Long-Term Services and Supports (MLTSS)

Individuals dually eligible for Medicare and Medi-Cal must join a Medi-Cal managed care plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

Health Homes Program

UnitedHealthcare Community Plan of California, Inc. covers Health Homes Program (HHP) services for members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health services, and community-based long-term services and supports (LTSS) for members with chronic conditions.

You may be contacted if you qualify for the program. You can also call UnitedHealthcare Community Plan of California, Inc., or talk to your doctor or clinic staff, to find out if you can receive HHP services.

You may qualify for HHP if:

- You have certain chronic health conditions. You can call UnitedHealthcare Community Plan of California, Inc. to find out the conditions that qualify, and you meet one of the following:
 - You have three or more of the HHP eligible chronic conditions
 - You stayed in the hospital in the last year
 - You visited the emergency department three or more times in the last year; or
 - You do not have a place to live

You do not qualify to receive HHP services if:

- You receive hospice services; or
- You have been residing in a skilled nursing facility for longer than the month of admission and the following month

Covered HHP services

HHP will give you a care coordinator and care team that will work with you and your health care providers, such as your doctors, specialists, pharmacists, case managers and others, to coordinate your care. UnitedHealthcare Community Plan of California, Inc. provides HHP services, which include:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social supports

Cost to member

There is no cost to the member for HHP services.

Other Medi-Cal programs and services

Other services you can get through Fee-For-Service (FFS) Medi-Cal or other Medi-Cal programs

Sometimes UnitedHealthcare Community Plan of California, Inc. does not cover services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. This section lists these services. To learn more, call **1-866-270-5785**, TTY **711**.

Prescription drugs

Covered drugs

Most prescription drugs are covered by Medi-Cal Rx. Some drugs may be covered by UnitedHealthcare Community Plan of California, Inc. Your provider can prescribe you drugs that are on the Medi-Cal Rx Contract Drugs List.

Sometimes, a drug is needed and is not on the Contract Drug List. These drugs will need to be approved before they can be filled at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours.

- A pharmacist or hospital emergency room may give you a 72-hour emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency supply.
- Medi-Cal Rx may say no to the request. If they say no, they will send you a letter to tell you why. They will tell you what your choices are.

To find out if a drug is on the Contract Drug List or to get a copy of the Contract Drug List, call Medi-Cal Rx at 800-977-2273 (TTY/TDD 800-977-2273 and press 5 or 711), visit the Medi-Cal Rx website at www.Medi-CalRx.dhcs.ca.gov/home/, or call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785**, TTY **711**.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at www.Medi-CalRx.dhcs.ca.gov/home/. You can also find a pharmacy near you by calling Medi-Cal Rx at 800-977-2273 (TTY/TDD 800-977-2273 and press 5 or 711). Or call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785**, TTY **711**.

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your Medi-Cal Benefits Identification Card (BIC). Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

Specialty mental health services

Some mental health services are provided by county mental health plans instead of UnitedHealthcare Community Plan of California, Inc. These include specialty mental health services (SMHS) for Medi-Cal members who meet medical necessity rules. SMHS may include these outpatient, residential and inpatient services:

- Outpatient services:
 - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
 - Medication support services
 - Day treatment intensive services
 - Day rehabilitation services
 - Crisis intervention services
 - Crisis stabilization services
 - Targeted case management services
 - Therapeutic behavioral services (covered for members under 21 years old)
 - Intensive care coordination (ICC) (covered for members under 21 years old)
 - Intensive home-based services (IHBS) (covered for members under 21 years old)
 - Therapeutic foster care (TFC) (covered for members under 21 years old)
- Residential services:
 - Adult residential treatment services
 - Crisis residential treatment services
- Inpatient services:
 - Acute psychiatric inpatient hospital services
 - Psychiatric inpatient hospital professional services
 - Psychiatric health facility services

To learn more about specialty mental health services the county mental health plan provides, you can call your county mental health plan. To find all counties' toll-free telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MHPContaktList.aspx.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 55
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

4 | Benefits and services

Substance use disorder services

The county provides substance use disorder services to Medi-Cal members who meet medical necessity rules. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. To find all counties' telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

For information about outpatient substance abuse services or residential treatment services, contact San Diego County Crisis Triage Line at 1-888-724-7240, 24 hours a day, 7 days a week.

Dental services

Medi-Cal covers some dental services, including:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planning
- Periodontal maintenance
- Complete and partial dentures
- Orthodontics for children who qualify
- Topical fluoride

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY/TDD 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at www.denti-cal.ca.gov.

California Children's Services (CCS)

CCS is a Medi-Cal program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If UnitedHealthcare Community Plan of California, Inc. or your PCP believes your child has a CCS-eligible condition, he or she will be referred to the CCS county program to be assessed for eligibility.

CCS program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS condition. UnitedHealthcare Community Plan of California, Inc. will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

UnitedHealthcare Community Plan of California, Inc. does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services and equipment.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with health conditions such as:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns
- Severely crooked teeth

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 57
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

4 | Benefits and services

Medi-Cal pays for CCS services. If your child is not eligible for CCS program services, he or she will keep getting medically necessary care from UnitedHealthcare Community Plan of California, Inc.

To learn more about CCS, you can visit the CCS web page at www.dhcs.ca.gov/services/ccs. Or call **1-866-270-5785**, TTY **711**.

Institutional long-term care

UnitedHealthcare Community Plan of California, Inc. covers long-term care.

FFS Medi-Cal covers your stay if it lasts longer than the month after you enter a facility. To learn more, call **1-866-270-5785**, TTY **711**.

Services you cannot get through UnitedHealthcare Community Plan or Medi-Cal

There are some services that neither UnitedHealthcare Community Plan of California, Inc. nor Medi-Cal will cover, including, but not limited to:

- Experimental services
- Fertility preservation
- In Vitro Fertilization (IVF)
- Permanent home modifications
- Vehicle modifications
- Cosmetic Surgery

To learn more call **1-866-270-5785**, TTY **711**.

Evaluation of new and existing technologies

We look at and review new technologies, which include treatments, drugs, devices and procedures. To do this, we look at scientific reports and government information, and information from the medical community. We do this to decide whether to cover new technology. Members and providers can ask us to review new technology.

5. Rights and responsibilities

As a member of UnitedHealthcare Community Plan of California, Inc., you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of UnitedHealthcare Community Plan of California, Inc.

Your rights

UnitedHealthcare Community Plan of California, Inc. members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including covered services and member rights and responsibilities.
- To be able to choose a Primary Care Provider within UnitedHealthcare Community Plan of California, Inc.'s network.
- To have timely access to network providers.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care you got.
- To get care coordination.
- To ask for an appeal of decisions to deny, defer or limit services or benefits.
- To get free oral interpretation services for your language.
- To get free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with UnitedHealthcare Community Plan of California, Inc. and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible.
- To disenroll from UnitedHealthcare Community Plan of California, Inc. and change to another health plan in the county upon request. Members who can request an expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 59
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

5 | Rights and responsibilities

- To access Minor Consent Services.
- To get written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage.
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by UnitedHealthcare Community Plan of California, Inc., your providers or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services and emergency services outside UnitedHealthcare Community Plan of California, Inc.'s network pursuant to the federal law.
- To make recommendations about UnitedHealthcare Community Plan's Member Rights and Responsibilities policies.
- To approve release of PHI.
- Access to medical records.
- Protection of oral, written, and ePHI.

Your responsibilities

UnitedHealthcare Community Plan of California, Inc. members have these responsibilities:

- To provide, to the extent possible, information that UnitedHealthcare and practitioners and providers need to care for you.
- To follow plans and instructions for care you have agreed on with your providers.
- To understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Health Plan Notices of Privacy Practices

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

Effective January 1, 2019

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

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

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

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

How We Use or Share Your Information

We must use and share your HI with:

- You or your legal representative
- Government agencies.

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

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

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 61 Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

5 | Rights and responsibilities

- **For Underwriting Purposes.** We may use your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may use your HI to send you appointment reminders and information about your health benefits.

We may use or share your HI as follows:

- **As Required by Law.**
- **To Persons Involved With Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to object, we will use our best judgment. If permitted, after you pass away, we may share HI with family members or friends who helped with your care.
- **For Public Health Activities.** This may be to prevent disease outbreaks.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.
- **For Workers' Compensation.** To comply with labor laws.
- **For Research.** To study disease or disability.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law. We may give HI to funeral directors.
- **For Organ Transplant.** To help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates if needed to give you services.** Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.

- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
 1. Alcohol and Substance Abuse
 2. Biometric Information
 3. Child or Adult Abuse or Neglect, including Sexual Assault
 4. Communicable Diseases
 5. Genetic Information
 6. HIV/AIDS
 7. Mental Health
 8. Minors' Information
 9. Prescriptions
 10. Reproductive Health
 11. Sexually Transmitted Diseases

We will only use your HI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain promotional mailings. If you let us share your HI, the recipient may further share it. You may take back your consent. To find out how, call the phone number on your ID card.

Your Rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete, you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 63
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

5 | Rights and responsibilities

- **To get an accounting of HI** shared in the six years prior to your request. This will not include any HI shared for the following reasons: (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website (www.uhccommunityplan.com).

Using Your Rights

- **To Contact your Health Plan.** Call the phone number on your ID card. Or you may contact the UnitedHealth Group Call Center at **1-866-633-2446**, or TTY **711**.
- **To Submit a Written Request.** Mail to:
UnitedHealthcare Privacy Office
MN017-E300
P.O. Box 1459
Minneapolis, MN 55440
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

¹ This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus Wisconsin Insurance; Health Plan of Nevada, Inc.; Optimum Choice, Inc.; Oxford Health Plans (NJ), Inc.; Physicians Health Choice of Texas LLC; Preferred Care Partners, Inc.; Rocky Mountain Health Maintenance Organization, Inc.; Symphonix Health Insurance, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of River Valley; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc. This list of health plans is completed as of the effective date of this notice. For a current list of health plans subject to this notice go to www.uhc.com/privacy/entities-fn-v2-en or call the number on your health plan ID card.

Financial Information Privacy Notice

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2019

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

Information We Collect

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

Sharing of FI

We will only share FI as permitted by law.

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

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

Confidentiality and Security

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

5 | Rights and responsibilities

Questions About This Notice

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

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: AmeriChoice Health Services, Inc.; CNIC Health Solutions, Inc.; Dental Benefit Providers, Inc.; gethealthinsurance.com Agency, Inc.; Golden Outlook, Inc.; HealthAllies, Inc.; LifePrint East, Inc.; Life Print Health, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; OneNet PPO, LLC; OptumHealth Care Solutions, Inc.; Optum Women’s and Children’s Health, LLC; OrthoNet, LLC; OrthoNet of the Mid-Atlantic, Inc.; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; POMCO Network, Inc.; POMCO of Florida, Ltd.; POMCO West, Inc.; POMCO, Inc.; Spectera, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Services LLC; and UnitedHealthcare Services Company of the River Valley, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. This list of health plans is completed as of the effective date of this notice. For a current list of health plans subject to this notice go to www.uhc.com/privacy/entities-fn-v2-en or call the number on your health plan ID card.

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services UnitedHealthcare Community Plan of California, Inc. provided to you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

- Personal Injury Program at <http://dhcs.ca.gov/PI>
- Workers Compensation Recovery Program at <http://dhcs.ca.gov/WC>

To learn more, call 1-916-445-9891.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to members. UnitedHealthcare Community Plan of California, Inc. will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

Medi-Cal members may also have other health coverage (OHC) provided to them at no cost. By law, members are required to exhaust all services provided by the OHC before using services through the MCP. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. Federal and state laws require Medi-Cal members to report private health insurance. To report or change private health insurance, go to <http://dhcs.ca.gov/mymedi-cal>. Or go through your health plan. Or call 1-800-541-5555 (TTY/TDD 1-800-430-7077 or 711). Outside of California, call 1-916-636-1980. If you do not report changes to your OHC promptly, and because of this, get Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice about estate recovery

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums for nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.

To learn more about the estate recovery, go to <http://dhcs.ca.gov/er>. Or call 1-916-650-0490 or get legal advice.

Notice of Action

UnitedHealthcare Community Plan of California, Inc. will send you a Notice of Action (NOA) letter any time UnitedHealthcare Community Plan of California, Inc. denies, delays, terminates or modifies a request for health care services. If you disagree with the plan's decision, you can always file an appeal with UnitedHealthcare Community Plan of California, Inc. See the Appeals section below for important information on filing your Appeal. When UnitedHealthcare Community Plan of California, Inc. sends you a NOA it will inform you of all rights you have if you disagree with a decision we made.

6. Reporting and solving problems

There are two kinds of problems that you may have with UnitedHealthcare Community Plan of California, Inc.:

- A **complaint (or grievance)** is when you have a problem with UnitedHealthcare Community Plan of California, Inc. or a provider, or with the health care or treatment you got from a provider
- An **appeal** is when you don't agree with UnitedHealthcare Community Plan of California, Inc.'s decision not to cover or change your services

You have the right to file grievances and appeals with UnitedHealthcare Community Plan of California, Inc. to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact UnitedHealthcare Community Plan of California, Inc. first to let us know about your problem. Call us between 7:00 a.m. to 7:00 p.m. PST, Monday through Friday, except State holidays at **1-866-270-5785**, TTY **711**. Tell us about your problem.

If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) and ask them to review your complaint or conduct an Independent Medical Review. You can call the DMHC at 1-888-466-2219 (TTY/TDD 1-877-688-9891 or 711) or visit the DMHC website for more information: www.dmhc.ca.gov.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-888-452-8609.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call **1-866-270-5785**, TTY **711**.

To report incorrect information about your additional health insurance, please call Medi-Cal Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-800-541-5555.

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from UnitedHealthcare Community Plan of California, Inc. or a provider. There is no time limit to file a complaint. You can file a complaint with UnitedHealthcare Community Plan of California, Inc. at any time by phone, in writing or online.

- **By phone:** Call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785**, TTY **711** between 7:00 a.m. and 7:00 p.m. PST, Monday through Friday, except State holidays. Give your health plan ID number, your name and the reason for your complaint.
- **By mail:** Call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785**, TTY **711** and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

UnitedHealthcare Community Plan of California, Inc.
Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

Your doctor's office will have complaint forms available.

- **Online:** Visit the UnitedHealthcare Community Plan of California, Inc. website. Go to myuhc.com/CommunityPlan.

If you need help filing your complaint, we can help you. We can give you free language services. Call **1-866-270-5785**, TTY **711**.

Within 5 days of getting your complaint, we will send you a letter letting you know we got it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call UnitedHealthcare Community Plan of California, Inc. about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not get a letter.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call us at **1-866-270-5785**, TTY **711** and we will make a decision within 72 hours of receiving your complaint.

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the UnitedHealthcare Community Plan of California, Inc. grievance process or eligible for Independent Medical Review. Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling 1-800-977-2273

70 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

(TTY/TDD 800-977-2273 and press 5 or 711) or going to www.Medi-CalRx.dhcs.ca.gov. However, complaints related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review. DMHC's toll-free telephone number is 1-888-466-2219 and the TDD line is 1-877-688-9891. You can find the Independent Medical Review/Complaint form and instructions online at the DMHC website: www.dmhc.ca.gov.

Appeals

An appeal is different from a complaint. An appeal is a request for UnitedHealthcare Community Plan of California, Inc. to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you can file an appeal. Your PCP or other provider can also file an appeal for you with your written permission.

You must file an appeal within 60 calendar days from the date on the NOA you got from UnitedHealthcare Community Plan of California, Inc. If you are currently getting treatment and you want to continue getting treatment, then you must ask UnitedHealthcare Community Plan of California, Inc. for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date UnitedHealthcare Community Plan of California, Inc. says services will stop. When you request an appeal under these circumstances, treatment will continue upon your request. We may require you to pay for the cost of services if the final decision denies or changes a service.

You can file an appeal by phone, in writing or online:

- **By phone:** Call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785**, TTY **711** between 7:00 a.m. and 7:00 p.m. PST, Monday through Friday, except State holidays. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call UnitedHealthcare Community Plan of California, Inc. at **1-866-270-5785**, TTY **711** and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:

UnitedHealthcare Community Plan of California, Inc.
Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

Your doctor's office will have appeal forms available.

- **Online:** Visit the UnitedHealthcare Community Plan of California, Inc. website. Go to myuhc.com/CommunityPlan.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 71
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

6 | Reporting and solving problems

If you need help filing your appeal, we can help you. We can give you free language services. Call **1-866-270-5785**, TTY **711**.

Within 5 days of getting your appeal, we will send you a letter letting you know we got it. Within 30 days, we will tell you our appeal decision. If UnitedHealthcare Community Plan of California, Inc. does not tell you its appeal decision within 30 days you can request a State Hearing and an Independent Medical Review. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has final say.

If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call **1-866-270-5785**, TTY **711**. We will make a decision within 72 hours of receiving your appeal about whether we will expedite your appeal.

What to do if you do not agree with an appeal decision

If you filed an appeal and got a letter from UnitedHealthcare Community Plan of California, Inc. telling you we did not change our decision, or you never got a letter telling you of our decision and it has been past 30 days, you can:

- Ask for a **State Hearing** from the California Department of Social Services (CDSS), and a judge will review your case.
- File an Independent Medical Review/Complaint form with the Department of Managed Health Care (DMHC) to have UnitedHealthcare Community Plan of California, Inc.'s decision reviewed or ask for an **Independent Medical Review (IMR)** from the DMHC. During DMHC's IMR and an outside doctor who is not part of UnitedHealthcare Community Plan of California, Inc. will review your case. DMHC's toll-free telephone number is 1-888-466-2219 and the TDD line is 1-877-688-9891. You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website: www.dmhc.ca.gov.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below have more information on how to ask for a State Hearing and an IMR.

Complaints and appeals related to Medi-Cal Rx pharmacy benefits are not handled by UnitedHealthcare Community Plan of California, Inc. You can submit complaints and appeals about Medi-Cal Rx pharmacy benefits by calling 800-977-2273 (TTY/TDD 800-977-2273 and press 5 or 711). However, complaints and appeals related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review.

If you do not agree with a decision related to your Medi-Cal Rx pharmacy benefit, you may ask for a State Hearing. Medi-Cal Rx pharmacy benefit decisions are not subject to the IMR process with the DMHC.

Complaints and Independent Medical Reviews (IMR) with the Department of Managed Health Care

An IMR is when an outside doctor who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with UnitedHealthcare Community Plan of California, Inc. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision but you only have 120 days to request a State Hearing so if you want an IMR and a State hearing file your complaint as soon as you can. Remember, if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health problem is urgent.

If your complaint to DMHC does not qualify for an IMR, DMHC will still review your complaint to make sure UnitedHealthcare Community Plan of California, Inc. made the correct decision when you appealed its denial of services. UnitedHealthcare Community Plan of California, Inc. has to comply with DMHC's IMR and review decisions.

Here is how to ask for an IMR.

The term "grievance" is for "complaints" and "appeals."

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-866-270-5785**, TTY **711** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 73
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

6 | Reporting and solving problems

grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with people from the California Department of Social Services (CDSS). A judge will help to resolve your problem or tell you that UnitedHealthcare Community Plan of California, Inc. made the correct decision. You have the right to ask for a State Hearing if you have already filed an appeal with UnitedHealthcare Community Plan of California, Inc. and you are still not happy with the decision or if you did not get a decision on your appeal after 30 days

You must ask for a State Hearing within 120 days from the date on UnitedHealthcare Community Plan of California, Inc.'s notice telling you of the appeal decision. Your PCP can ask for a State Hearing for you with your written permission.

You can ask for a State Hearing by phone or mail.

- **By phone:** Call the CDSS Public Response Unit at 1-800-952-5253 (TTY/TDD 1-800-952-8349 or 711).
- **By mail:** Fill out the form provided with your appeals resolution notice.

Send it to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-37
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call **1-866-270-5785**, TTY **711**.

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. UnitedHealthcare Community Plan of California, Inc. must follow what the judge decides.

74 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

If you want the CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health or ability to function fully in danger, you or your PCP can contact the CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than 3 business days after it gets your complete case file from UnitedHealthcare Community Plan of California, Inc.

Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it by calling the confidential toll-free number 1-800-822-6222 or submitting a complaint online at www.dhcs.ca.gov/.

Provider fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service
- Offering free or discounted items and services to members in an effort to influence which provider is selected by the member
- Changing member's primary care physician without the knowledge of the member

Fraud, waste and abuse by a person who gets benefits includes:

- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

<https://www.uhc.com/fraud>

1-866-242-7727, TTY 711

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 75
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

7. Important numbers and words to know

Important phone numbers

UnitedHealthcare Community Plan of California, Inc.
Member Services **1-866-270-5785, TTY 711**

Words to know

Active labor – The period of time when a woman is in the three stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

Acute – A medical condition that is sudden, requires fast medical attention and does not last a long time.

American Indian – An individual, defined at title 25 of the U.S.C. sections 1603(c), 1603(f), 1679(b) or who has been determined eligible, as an Indian, pursuant to 42 C.F.R. 136.12 or Title V of the Indian Health Care Improvement Act, to receive health care services from Indian health care providers (Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization-I/T/U) or through referral under Contract Health Services.

Appeal – A member’s request for UnitedHealthcare Community Plan of California, Inc. to review and change a decision made about coverage for a requested service.

Benefits – Health care services and drugs covered under this health plan.

California Children’s Services (CCS) – A Medi-Cal program that provides services for children up to age 21 with certain diseases and health problems.

California Health and Disability Prevention (CHDP) – A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth access regular health care. Your PCP can provide CHDP services.

76 **Questions?** Call Member Services toll free at **1-866-270-5785, TTY 711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

7 | Important numbers and words to know

Case manager – Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

Certified Nurse Midwife (CNM) – An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.

Chiropractor – A provider who treats the spine by means of manual manipulation.

Chronic condition – A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

Clinic – A facility that members can select as a Primary Care Provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Clinic (IHC) or other primary care facility.

Community-based adult services (CBAS) – Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint – A member's verbal or written expression of dissatisfaction about UnitedHealthcare Community Plan of California, Inc., a provider, or quality of services provided. A complaint is the same as a grievance.

Continuity of care – The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months, if the provider and UnitedHealthcare Community Plan of California, Inc. agree.

Contract Drugs List (CDL) – The approved drug list for Medi-Cal Rx from which your doctor may order covered drugs you need.

Coordination of Benefits (COB) – The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

Copayment – A payment you make, generally at the time of service, in addition to the insurer's payment.

Coverage (covered services) – The health care services provided to members of UnitedHealthcare Community Plan of California, Inc., subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 77
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

7 | Important numbers and words to know

DHCS – The California Department of Health Care Services. This is the State office that oversees the Medi-Cal program.

Disenroll – To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

DMHC – The California Department of Managed Health Care. This is the State office that oversees managed care health plans.

Durable Medical Equipment (DME) – Equipment that is medically necessary and ordered by your doctor or other provider. UnitedHealthcare Community Plan of California, Inc. decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) – EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early.

Emergency medical condition – A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson’s knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a body function
- Cause a body part or organ to not work right

Emergency room care – An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical transportation – Transportation in an ambulance or emergency vehicle to an emergency room to get emergency medical care.

Enrollee – A person who is a member of a health plan and gets services through the plan.

Excluded services – Services that are not covered by the California Medi-Cal Program.

Family planning services – Services to prevent or delay pregnancy.

78 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

7 | Important numbers and words to know

Federally Qualified Health Center (FQHC) – A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

Fee-For-Service (FFS) Medi-Cal – Sometimes your Medi-Cal plan does not cover services but you can still get them through Medi-Cal FFS, such as many pharmacy services.

Follow-up care – Regular doctor care to check a patient’s progress after a hospitalization or during a course of treatment.

Formulary – A list of drugs or items that meet certain criteria and are approved for members.

Fraud – An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs) – Health facilities where childbirth is planned to occur away from the pregnant woman’s residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance – A member’s verbal or written expression of dissatisfaction about UnitedHealthcare Community Plan of California, Inc., a provider, or the services provided. A complaint is an example of a grievance.

Habilitation services and devices – Health care services that help you keep, learn or improve skills and functioning for daily living.

Health Care Options (HCO) – The program that can enroll or disenroll you from the health plan.

Health care providers – Doctors and specialists such as surgeons, doctors who treat cancer or doctors who treat special parts of the body, and who work with UnitedHealthcare Community Plan of California, Inc. or are in the UnitedHealthcare Community Plan of California, Inc. network. UnitedHealthcare Community Plan of California, Inc. network providers must have a license to practice in California and give you a service UnitedHealthcare Community Plan of California, Inc. covers.

You usually need a referral from your PCP to go to a specialist. Your PCP must get pre-approval from UnitedHealthcare Community Plan of California, Inc. before you get care from the specialist.

You do **not** need a referral from your PCP for some types of service, such as family planning, emergency care, OB/GYN care or sensitive services.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 79
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

7 | Important numbers and words to know

Types of health care providers include, but are not limited to:

- Audiologist is a provider who tests hearing.
- Certified nurse midwife is a nurse who cares for you during pregnancy and childbirth.
- Family practitioner is a doctor who treats common medical issues for people of all ages.
- General practitioner is a doctor who treats common medical issues.
- Internist is a doctor who treats common medical issues in adults.
- Licensed vocational nurse is a licensed nurse who works with your doctor.
- A counselor is a person who helps you with family problems.
- Medical assistant or certified medical assistant is a non-licensed person who helps your doctors give you medical care.
- Mid-level practitioner is a name used for health care providers, such as nurse-midwives, physician assistants or nurse practitioners.
- Nurse anesthetist is a nurse who gives you anesthesia.
- Nurse practitioner or physician assistant is a person who works in a clinic or doctor's office who diagnoses, treats and cares for you, within limits.
- Obstetrician/gynecologist (OB/GYN) is a doctor who takes care of a woman's health, including during pregnancy and birth.
- Occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.
- Pediatrician is a doctor who treats children from birth through the teen years.
- Physical therapist is a provider who helps you build your body's strength after an illness or injury.
- Podiatrist is a doctor who takes care of your feet.
- Psychologist is a person who treats mental health issues but does not prescribe drugs.
- Registered nurse is a nurse with more training than a licensed vocational nurse and who has a license to do certain tasks with your doctor.
- Respiratory therapist is a provider who helps you with your breathing.
- Speech pathologist is a provider who helps you with your speech.

Health insurance – Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Home health care – Skilled nursing care and other services given at home.

Home health care providers – Providers who give you skilled nursing care and other services at home.

80 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

7 | Important numbers and words to know

Hospice – Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness. Hospice care is available when the member has a life expectancy of 6 months or less.

Hospital – A place where you get inpatient and outpatient care from doctors and nurses.

Hospitalization – Admission to a hospital for treatment as an inpatient.

Hospital outpatient care – Medical or surgical care performed at a hospital without admission as an inpatient.

Indian Health Clinic (IHC) – A health clinic operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization.

Inpatient care – When you have to stay the night in a hospital or other place for the medical care you need.

Long-term care – Care in a facility for longer than the month of admission.

Managed care plan – A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. UnitedHealthcare Community Plan of California, Inc. is a managed care plan.

Medi-Cal Rx – A Medi-Cal pharmacy benefit service known as “Medi-Cal Rx” that provides pharmacy benefits and services, including prescription drugs and some medical supplies to all Medi-Cal beneficiaries, both in Fee-For-Service (FFS) and in Managed Care through the FFS delivery system.

Medical home – A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

Medically necessary (or medical necessity) – Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under the age of 21, Medi-Cal services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

Medicare – The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 81 Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

7 | Important numbers and words to know

Member – Any eligible Medi-Cal member enrolled with UnitedHealthcare Community Plan of California, Inc. who is entitled to get covered services.

Mental health services provider – Licensed individuals who provide mental health and behavioral health services to patients.

Midwifery services – Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network – A group of doctors, clinics, hospitals and other providers contracted with UnitedHealthcare Community Plan of California, Inc. to provide care.

Network provider (or in-network provider) – Go to “Participating provider.”

Non-covered service – A service that UnitedHealthcare Community Plan of California, Inc. does not cover.

Non-Emergency Medical Transportation (NEMT) – Transportation when you cannot get to a covered medical appointment and/or to pick up prescriptions by car, bus, train or taxi. UnitedHealthcare Community Plan of California, Inc. pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

Non-formulary drug – A drug not listed in the drug formulary.

Non-medical transportation – Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider and when picking up prescriptions and medical supplies.

Non-participating provider – A provider not in the UnitedHealthcare Community Plan of California, Inc. network.

Other health coverage (OHC) – Other health coverage (OHC) refers to private health insurance and service payers other than Medi-Cal. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

Orthotic device – A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

Out-of-area services – Services while a member is anywhere outside of the service area.

82 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

7 | Important numbers and words to know

Out-of-network provider – A provider who is not part of the UnitedHealthcare Community Plan of California, Inc. network.

Outpatient care – When you do not have to stay the night in a hospital or other place for the medical care you need.

Outpatient mental health services – Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies and supplements

Palliative care – Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness.

Participating hospital – A licensed hospital that has a contract with UnitedHealthcare Community Plan of California, Inc. to provide services to members at the time a member gets care. The covered services that some participating hospitals may offer to members are limited by UnitedHealthcare Community Plan of California, Inc.'s utilization review and quality assurance policies or UnitedHealthcare Community Plan of California, Inc.'s contract with the hospital.

Participating provider (or participating doctor) – A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with UnitedHealthcare Community Plan of California, Inc. to offer covered services to members at the time a member gets care.

Physician services – Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

Plan – Go to “Managed care plan.”

Post-stabilization services – Covered services related to an emergency medical condition that are provided after a member is stabilized to maintain the stabilized condition. Post-stabilization care services are covered and paid for.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 83
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

7 | Important numbers and words to know

Pre-approval (or prior authorization) – Your PCP or other providers must get approval from UnitedHealthcare Community Plan of California, Inc. before you get certain services. UnitedHealthcare Community Plan of California, Inc. will only approve the services you need. UnitedHealthcare Community Plan of California, Inc. will not approve services by non-participating providers if UnitedHealthcare Community Plan of California, Inc. believes you can get comparable or more appropriate services through UnitedHealthcare Community Plan of California, Inc. providers. A referral is not an approval. You must get approval from UnitedHealthcare Community Plan of California, Inc.

Prescription drug coverage – Coverage for medications prescribed by a provider.

Prescription drugs – A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter (OTC) drugs that do not require a prescription.

Primary care – Go to “Routine care.”

Primary Care Provider (PCP) – The licensed provider you have for most of your health care. Your PCP helps you get the care you need. Some care needs to be approved first, unless:

- You have an emergency
- You need OB/GYN care
- You need sensitive services
- You need family planning services/birth control

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- Ob/gyn
- Indian Health Clinic (IHC)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval) – A formal process requiring a health care provider to get approval to provide specific services or procedures.

84 **Questions?** Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

7 | Important numbers and words to know

Prosthetic device – An artificial device attached to the body to replace a missing body part.

Provider Directory – A list of providers in the UnitedHealthcare Community Plan of California, Inc. network.

Psychiatric emergency medical condition – A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.

Public health services – Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider – Doctor qualified in the area of practice appropriate to treat your condition.

Reconstructive surgery – Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral – When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval (prior authorization).

Rehabilitative and habilitative therapy services and devices – Services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

Routine care – Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC) – A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.

Sensitive services – Services for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.

Serious illness – A disease or condition that must be treated and could result in death.

Service area – The geographic area UnitedHealthcare Community Plan of California, Inc. serves. This includes the county of San Diego.

Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 85
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

7 | Important numbers and words to know

Skilled nursing care – Covered services provided by licensed nurses, technicians and/or therapists during a stay in a Skilled Nursing Facility or in a member’s home.

Skilled nursing facility – A place that gives 24-hour-a-day nursing care that only trained health professionals may give.

Specialist (or specialty doctor) – A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.

Specialty mental health services – Services for members who have mental health services needs that are a higher level of impairment than mild to moderate.

Terminal illness – A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

Triage (or screening) – The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services) – Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider, if network providers are temporarily not available or accessible.



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

UnitedHealthcare Community Plan:

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

If you need these services, please call the toll-free member phone number listed on your member ID card.

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

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

Email: UHC_Civil_Rights@uhc.com

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

Web: Office for Civil Rights Complaint Portal at
https://ocrportal.hhs.gov/ocr/cp/complaint_confirmation.jsf

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building, Washington, D.C. 20201

Phone: Toll-free **1-800-368-1019, 1-800-537-7697** (TDD).

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number on your health plan member ID card, TTY **711**, 7 a.m. – 7 p.m. PST, Monday – Friday.

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Questions? Call Member Services toll free at **1-866-270-5785**, TTY **711**, 7 a.m. – 7 p.m. PST, 87
Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

[Table of contents](#)

English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-866-270-5785, TTY: 711**.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición los servicios gratuitos de asistencia lingüística. Llame al **1-866-270-5785, TTY: 711**.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-866-270-5785, TTY: 711**.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-270-5785, TTY: 711**.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-866-270-5785, TTY: 711번으로 전화해 주십시오.

Traditional Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-866-270-5785, TTY: 711**

Simplified Chinese

请注意：如果您不会说英语，您可以免费获取语言帮助服务。请致电
1-866-270-5785 (听障专线: 711)

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք
1-866-270-5785, TTY: 711

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-866-270-5785, TTY: 711**

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با
TTY: 711 , 1-866-270-5785 تماس بگیرید.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-866-270-5785, TTY: 711 まで、お電話にてご連絡ください。

Mon-Khmer

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ
ទូរស័ព្ទ **1-866-270-5785, TTY: 711**។

88 **Questions?** Call Member Services toll free at **1-866-270-5785, TTY 711**, 7 a.m. – 7 p.m. PST, Monday – Friday, except State holidays. Visit online at myuhc.com/CommunityPlan.

Hmong

LUS QHIA: Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau **1-866-270-5785, TTY: 711.**

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਵਿੱਚ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।
1-866-270-5785, TTY: 711 'ਤੇ ਕਾਲ ਕਰੋ।

Arabic

ملحوظة: إذا كنت تتحدث، فاذكر اللغة، حيث إن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم **1-866-270-5785** الهاتف النصي **711**.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-866-270-5785, TTY: 711 पर कॉल करें।

Thai

โปรดทราบ: หากท่านพูดภาษาอังกฤษไม่ได้ มีบริการให้ความช่วยเหลือด้านภาษาให้แก่ท่านโดยไม่เสียค่าใช้จ่าย
โทร **1-866-270-5785, TTY: 711.**

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ
☎ **1-866-270-5785, TTY: 711**



We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-866-270-5785**, TTY **711**, 7:00 a.m. – 7:00 p.m. PST, Monday – Friday, except State holidays. You can also visit our website at myuhc.com/CommunityPlan.

UnitedHealthcare Community Plan of California, Inc.
4365 Executive Drive, Suite 500
San Diego, CA 92121

myuhc.com/CommunityPlan

1-866-270-5785, TTY **711**

**United
Healthcare
Community Plan**

