



Welcome to the
community.

Louisiana

Member Handbook
For Integrated Health Services



UnitedHealthcare Community Plan does not discriminate on the basis of race, ethnicity, color, religion, marital status, sex, sexual orientation, age, disability, national origin, veteran status, ancestry, health history, health status or need for health services. We're glad you are a member of UnitedHealthcare Community Plan.

If you think you were treated unfairly because of your race, ethnicity, color, religion, marital status, sex, sexual orientation, age, disability, national origin, veteran status, ancestry, health history, health status or need for health services, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call Member Services at **1-866-675-1607, TTY 711**, 7 a.m. – 7 p.m., Monday – Friday.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone:

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

Mail:

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

If you need help with your complaint, please call Member Services at **1-866-675-1607, TTY 711**, 7 a.m. – 7 p.m., Monday – Friday.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call Member Services at **1-866-675-1607, TTY 711**, 7 a.m. – 7 p.m., Monday – Friday.

Important Information

Member Services:

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

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

Mental Illness and Addiction Crisis Line

Available 24 hours a day, 7 days a week.

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

NurseLine 1-877-440-9409



Your Health Providers

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

Emergency 911

My Member ID: _____

My Provider's Name: _____

My Provider's Phone Number: _____

My Provider's Address: _____

Thank you for choosing

UnitedHealthcare Community Plan

for your physical health, mental health and substance use treatment plan.

We're happy to have you as a UnitedHealthcare Community Plan member. You are our customer. You are important to us. We want to help you in an easy and caring manner. We work hard to improve the health and quality of life for our members. We look for ways to make our health plan better for you and your family every day.

UnitedHealthcare Community Plan gives you access to many physical health, mental health and substance use treatment providers so you have access to all the services you need. We're dedicated to improving your health and well-being.

Remember, answers to any questions you have are just a click away at myuhc.com/CommunityPlan. Member Services is available to speak with you at **1-866-675-1607, TTY 711**, 7:00 a.m. – 7:00 p.m., Monday – Friday. We are here to help you get the care that you need.

Welcome to UnitedHealthcare Community Plan.

Please take a few minutes to review this physical health, mental health and substance use treatment Member Handbook. We're ready to answer any questions you may have. You can find answers to most questions at myuhc.com/CommunityPlan. Or, you can call Member Services at **1-866-675-1607, TTY 711**, 7:00 a.m. – 7:00 p.m., Monday – Friday.



Getting started.

We want you to get the most from your health plan right away. Start with these three easy steps:

1

Call your provider to schedule an appointment.

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

2

Take your Health Assessment.

This is a short and easy way to get a big picture of your current lifestyle and health. This helps us match you with the benefits and services available to you. Go to myuhc.com/CommunityPlan to complete the Health Assessment today. Also, we will call you soon to welcome you to the UnitedHealthcare Community Plan. During this call, we can explain your plan benefits. We can also help you complete the Health Assessment over the phone. See page 11.

3

Get to know your health plan.

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

What to Do in an Emergency

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

Call NurseLine for help.

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



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Health Plan Highlights

Member ID Card

Your plan ID number
Your member ID number
Member Services phone number

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

In an emergency go to nearest emergency room or call 911. Printed: XXXXXX
This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member Handbook. To find a provider visit the website www.MyUHC.com/CommunityPlan.
For Members: 1-866-675-1607 TTY 711
NurseLine: 1-877-440-9409 TTY 711
Report Fraud: 1-800-488-2917 TTY 711
Mental Health Crisis: 1-866-675-1607 TTY 711
For Providers www.UnitedHealthcareOnline.com 1-866-675-1607
Medical Claims: PO Box 31341, Salt Lake City, UT 84131-0341
Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacist: 1-866-328-3108 Rx Prior Auth: 1-800-310-6826

Your member ID card holds a lot of important information. It gives you access to your physical health benefits, including mental health and substance use treatment benefits. You should have received your member ID card in the mail within 10 days of joining UnitedHealthcare Community Plan. Each family member will have their own card. Check to make sure that all the information is correct. If any information is wrong, call Member Services at **1-866-675-1607, TTY 711**.

- Take your member ID card to your appointments.
- Have it ready when you call Member Services; this helps us serve you better.
- Do not let someone else use your card(s). It is against the law.

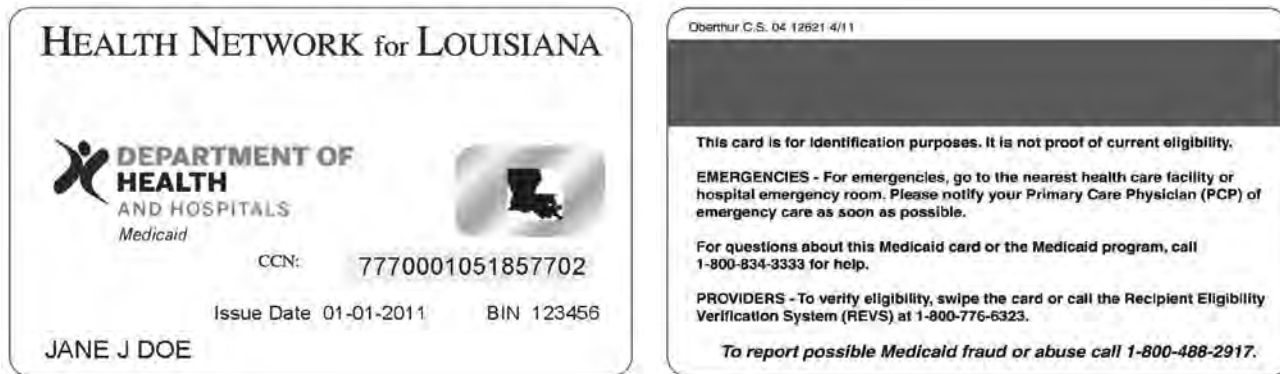
Lost your member ID card?

If you or a family member loses a card, you can print a new one at myuhc.com/CommunityPlan or call Member Services at **1-866-675-1607, TTY 711**.

Health Plan Highlights

State of Louisiana ID Card

The State of Louisiana Medicaid program provides members with a State of Louisiana Medicaid ID card. If you lose and need to replace your State of Louisiana Medicaid ID Card, call toll-free at 1-888-342-6207 (TTY 1-800-220-5404). You can find providers for these services at the state website. Visit the State of Louisiana Medicaid website at www.medicaid.la.gov.



Show both cards. Always show your UnitedHealthcare ID card **and** your state Medicaid card when you get care. This helps ensure that you get all the benefits available. It also prevents billing mistakes.

Member Support

We want to make it as easy as possible for you to get the most from your health plan. As our member, you have many services available to you, including transportation and interpreters if needed. And if you have questions, there are many places to get answers.



Website offers 24/7 access to plan details.

Go to myuhc.com/CommunityPlan to sign up for Web access to your account. This secure website keeps all of your health information in one place. In addition to plan details, the site includes useful tools that can help you:

- Complete your Health Assessment.
- Print a new member ID card.
- Find a provider.
- Get benefit details.
- Download a new Integrated Health Services Member Handbook.



Member Services is available to assist you.

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

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

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



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

- **Emergency Ambulance Transportation (EAT), call 911.**
- **Non-Emergency Transportation (NEMT).** Non-Emergency Transportation (NEMT) services are provided by UnitedHealthcare Community Plan. The NEMT services include Friends and Family providers, municipal transit providers, and non-profit NEMT providers.
- **Non-Emergency Ambulance Transportation (NEAT).** Non-Emergency Ambulance Transportation (NEAT) services are provided by UnitedHealthcare Community Plan.

Note: We can help you get to your doctor appointments for Medicaid-covered services. We will try to use the least expensive way available to get you to the nearest preferred provider within a reasonable distance.



Get connected with Doctor Chat app.

If you have a non-emergency problem, skip the wait of the ER and urgent care and chat with a doctor in minutes. With the UnitedHealthcare Doctor Chat app, you can connect to a doctor wherever you are, like at home, at work or out and about. And there's no cost to you.

To get the UnitedHealthcare Doctor Chat app, download it to your mobile device from the App Store or Google Play™. Once the app is downloaded, you can register your account by going to UHCDoctorChat.com and completing the short form. Doctors will be available to chat through the app from 9:00 a.m. to 9:00 p.m. daily.



Your Health Assessment.

A Health Assessment is a short and easy survey that asks you simple questions about your lifestyle and your health. You may fill it out at myuhc.com/CommunityPlan. It helps us match you with the many benefits and services available to you. Please take a few minutes to fill out the Health Assessment at myuhc.com/CommunityPlan. Click on the Health Assessment button on the right side of the page, after you register and/or log in. You may also call Member Services at **1-866-675-1607, TTY 711** to complete it by phone.



We speak your language.

If you speak a language other than English, we can provide translated printed materials. Or we can provide an interpreter who can help you understand these materials. You'll find more information about Interpretive Services and Language Assistance in the section called Other Plan Details. Or call Member Services at **1-866-675-1607, TTY 711**.

Si usted habla un idioma que no sea inglés, podemos proporcionar materiales impresos traducidos. O podemos proporcionar un intérprete que puede ayudar a entender estos materiales. Encontrará más información acerca de servicios de interpretación y asistencia lingüística en la sección Otros detalles del plan. O llame a Servicios para Miembros al **1-866-675-1607, TTY 711**.

Health Plan Highlights



Emergencies.

In case of emergency, call 911



Other important numbers.

Provider Services 1-866-675-1607, TTY 711

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

Available 24 hours a day, 7 days a week

24/7 NurseLine 1-877-440-9409, TTY 711

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

Fraud and Abuse Hotline

UnitedHealthcare Community Plan 1-877-766-3844

Louisiana Medicaid Fraud Hotline 1-800-488-2917

Healthy Louisiana 1-855-229-6848

TTY 1-855-LAMed4Me (1-855-526-3346)

Member Services Email Address LA_memberservices@uhc.com

Member Services Fax 1-888-624-2748

Transportation Services 1-866-726-1472

You can start using your pharmacy benefit right away.

Your plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan's Preferred Drug List. You and your doctor can use this list to make sure the medicines you need are covered by your plan. You can find the Preferred Drug List online at myuhc.com/CommunityPlan. You can also search by a medicine name on the website. It's easy to start getting your prescriptions filled. Here's how:

1

Are your medicines included on the Preferred Drug List?



Yes.

If your medicines are included on the Preferred Drug List, you're all set. Be sure to show your pharmacist your latest member ID card every time you get your prescriptions filled.



No.

If your prescriptions are not on the Preferred Drug List, schedule an appointment with your doctor within the next 30 days. They may be able to help you switch to a drug that is on the Preferred Drug List. Your doctor can also help you ask for an exception if they think you need a medicine that is not on the list.



Not sure.

View the Preferred Drug List online at UHCCommunityplan.com/la (click on **View Plan Details**, and then **View Drug List**). You can also call Member Services at **1-866-675-1607**, TTY 711. We're here to help.

2

Do you have a prescription?

When you have a prescription from your doctor, or need to refill your prescription, go to a network pharmacy.

Show the pharmacist your member ID card.

Go to myuhc.com/CommunityPlan and click on “Pharmacies & Prescriptions.” You can also call Member Services at **1-866-675-1607**, TTY 711.



3

Do you need to refill a drug that's not on the Preferred Drug List?

If you need refills of medicines that are not on the Preferred Drug List, your pharmacist will be able to provide up to a temporary 3-day supply. To do so, visit a network pharmacy and show your member ID card. If you don't have your member ID card, you can show the pharmacist the information below. Talk to your doctor about your prescription options.

Attention Pharmacist

Please process this UnitedHealthcare Community Plan member's claim using:

BIN: 610494

Processor Control Number: 9999

Group: ACULA

If you receive a message that the member's medication needs a prior authorization or is not on our formulary, please call **OptumRx®** at

1-866-328-3108 for a transitional supply override.



Going to the Doctor

Your Primary Care Provider (PCP)

We call the main doctor you see a Primary Care Provider, or PCP. When you see the same PCP over time, it's easier to develop a relationship with them. Each family member can have their own PCP, or you may all choose to see the same person. You will see your PCP for:

- Routine care, including yearly checkups.
- Coordinate your care with a specialist.
- Treatment for colds and flu.
- Other health concerns.

You have options.

You can choose between many types of network providers for your PCP. Some types of PCPs include:

- Family doctor (also called a general practitioner) – cares for children and adults.
- Gynecologist (GYN) – cares for women.
- Internal medicine doctor (also called an internist) – cares for adults.
- Nurse Practitioner (NP) – cares for children and adults.
- Obstetrician (OB) – cares for pregnant women.
- Pediatrician – cares for children.

Choosing your PCP.

If you've been seeing a doctor before becoming a UnitedHealthcare member, check to see if your doctor is in our network. If you're looking for a new PCP, consider choosing one who's close to your home or work. This may make it easier to get to appointments.

What is a Network Provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our members. You don't need to call us before seeing one of these providers, but you will need to contact your PCP to be referred to a specialist. There may be times when you need to get services outside of our network. Call Member Services to learn if they are covered in full. You may have to pay for those services.

Going to the Doctor

There are three ways to find the right PCP for you.

1. Look through our printed or electronic Provider Directory.
2. Use the Find-a-Doctor search tool at myuhc.com/CommunityPlan.
3. Call Member Services at **1-866-675-1607, TTY 711**.
We can answer your questions and help you find a PCP close to you.

Once you choose a PCP, call Member Services and let us know. We will make sure your records are updated. If you don't want to choose a PCP, UnitedHealthcare can choose one for you, based on your location and language spoken.

Changing your PCP.

It's important that you like and trust your PCP. You can change PCPs at any time. Call Member Services and we can help you make the change.

Learn more about network doctors.

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

We can tell you the following information:

- Name, address, telephone numbers.
- Professional qualifications.
- Specialty.
- Medical school attended.
- Residency completion.
- Board certification status.

Annual Checkups

The importance of your annual checkup.

You don't have to be sick to go to the doctor. In fact, yearly checkups with your PCP can help keep you healthy. In addition to checking on your general health, your PCP will make sure you get the screenings, tests and shots you need. And if there is a health problem, they're usually much easier to treat when caught early.

Here are some important screenings. How often you get a screening is based on your age and risk factors. Talk to your doctor about what's right for you.

For women.

- Pap smear — helps detect cervical cancer.
- Breast exam/Mammography — helps detect breast cancer.

For men.

- Testes exam — helps detect testicular cancer.
- Prostate exam — helps detect prostate cancer.

Well-child visits.

Well-child visits are a time for your PCP to see how your child is growing and developing. They will also offer the needed screenings, like speech and hearing tests, and immunizations during these visits. These routine visits are also a great time for you to ask any questions you have about your child's behavior and overall well-being, including:

- Eating.
- Sleeping.
- Behavior.
- Social interactions.
- Physical activity.

Checkup schedule.

It's important to schedule your well-child visits for these ages:

3 to 5 days	15 months
1 month	18 months
2 months	24 months
4 months	30 months
6 months	3 years
9 months	4 years
12 months	Once a year after age 5

Here are the shots the doctor will likely give, and how they protect your child:

- **Hepatitis A and Hepatitis B:** prevent two common liver infections.
- **Rotavirus:** protects against a virus that causes severe diarrhea.
- **Diphtheria:** prevents a dangerous throat infection.
- **Tetanus:** prevents a dangerous nerve disease.
- **Pertussis:** prevents whooping cough.
- **HiB:** prevents a common form of childhood meningitis.
- **Meningococcal:** prevents a common type of bacterial meningitis.
- **Polio:** prevents a virus that causes paralysis.
- **MMR:** prevents measles, mumps and German measles.
- **Varicella:** prevents chickenpox.
- **Influenza:** protects against the flu virus.
- **Pneumococcal:** prevents ear infections, blood infections, pneumonia and bacterial meningitis.
- **HPV:** protects against a sexually spread virus that can lead to cervical cancer in women and genital warts in men.

Making an Appointment with Your PCP

Call your doctor's office directly. The number should be on your Member ID card. When you call to make an appointment, be sure to tell the office why you need to see the doctor. This will help make sure you get the care you need, when you need it. This is how quickly you can expect to be seen:

How long it should take to see your PCP:

Emergency	Immediately or sent to an emergency facility.
Urgent (but not an emergency)	Within 1 day or 24 hours.
Routine	Within 1 week or 7 days.
Preventive, Well-Child and Regular	Within 1 month.

Prenatal care services.

- First trimester – within 14 days.
- Second trimester – within 7 days.
- Third trimester – within 3 days.
- High-risk pregnancies – within 3 days of referral by a network physician.

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

Call your provider's office directly. When you call to make an appointment, be sure to tell the office why you need to see the provider. This will help make sure you get the care you need, when you need it. This is how quickly you can expect to be seen:

How long it should take to see your provider:

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

Choosing Your Mental Health and Substance Use Treatment Provider

Call Member Services **1-866-675-1607, TTY 711** for help finding or changing a provider. If you've been seeing a provider before becoming a UnitedHealthcare member, check to see if your provider is in our network. If you're looking for a new one, consider choosing one who's close to your home or work. This may make it easier to get to appointments.

What is a Network Provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our members. You don't need to call us before seeing one of these providers. There may be times when you need to get services outside of our network. You may have to pay for those services. Call Member Services to learn if they are covered in full.

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

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

Learn more about network providers.

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



NurseLine Services – Your 24-Hour Health Information Resource

You may not know if you should go to the emergency room, visit an urgent care center, make a provider appointment or use self-care. An experienced NurseLine nurse can give you information to help you decide. Simply call the toll-free number **1-877-440-9409, TTY 711**. You can call the toll-free NurseLine number anytime, 24 hours a day, 7 days a week. And, there's no limit to the number of times you can call.

**Mental Illness and
Addiction Crisis Line**

**1-866-675-1607,
TTY 711**

**Available 24 hours a day,
7 days a week.**

Transportation Services

Emergency Ambulance Transportation (EAT).

Emergency Ambulance Transportation (EAT) services are covered by UnitedHealthcare Community Plan. The EAT services include transportation for life-threatening conditions enroute to seeking emergency medical treatment. **Call 911.**

Non-Emergency Transportation (NEMT).

Non-Emergency Transportation (NEMT) services are provided by UnitedHealthcare Community Plan. The NEMT services include Friends and Family providers, municipal transit providers, and non-profit NEMT providers. Members who reside in a nursing facility or Intermediate Care Facility for the Developmentally Disabled (ICF-DD) can access Non-Ambulance transportation through their nursing facility or ICF-DD. **Call 1-866-726-1472.**

Non-Emergency Ambulance Transportation (NEAT).

Non-Emergency Ambulance Transportation (NEAT) services are provided by UnitedHealthcare Community Plan. NEAT services are provided when NEMT does not meet the medical needs of the member, due to his/her inability to be transported by routine ground transport. Adults in an Intermediate Care Facility for the Developmentally Disabled (ICF-DD) are covered for Non-Emergency Ambulance Transportation (NEAT) service by Medicaid. **Call 1-866-726-1472.**

Transportation Services.

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

How to schedule a ride.

- Call **1-866-726-1472**, 8:00 a.m. to 5:00 p.m., two (2) business days prior to appointment.
- Reservations are accepted two (2) business days prior to appointment, 8:00 a.m. – 5:00 p.m., Monday – Friday. Routine trip requests are not allowed during non-business hours; urgent/same-day and/or hospital discharges are accepted 24/7/365.

Calls for routine reservations are not accepted on national holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas.

- Give the transportation representative this information:
 - Where you need to go.
 - What time you arrive at your appointment.
 - If you need a van that is equipped with a wheelchair lift.
- **Ride Assist (Where's My Ride):** 1-866-726-1473

Remember to call 911 if you have an emergency.

Preparing for Your Appointment

Before the visit.

- 1** Go in knowing what you want to get out of the visit.
- 2** Make note of any new symptoms and when they started.
- 3** Make a list of any drugs or vitamins you take on a regular basis. For your appointment, bring your prescription bottles with you so your provider can review.

During the visit.

When you are with the provider, feel free to:

- Ask questions.
- Take notes if it helps you remember.
- Ask the provider to speak slowly or explain anything you don't understand.
- Ask for more information about any medicines, treatments or conditions.

Once You Have Made the Appointment

- Please arrive at least 15 minutes early to check in and be ready for your appointment.
- If you cannot keep your appointment, call the provider's office immediately to cancel so your time can be used for another patient.
- Please remember to bring your member ID card and your driver's license.

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

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

Call your provider if you need care that is not an emergency. Your provider's phone is answered 24 hours a day, 7 days a week. Your provider will leave instructions on his or her office phone on how to receive after-hours care. For additional help, you may also call Member Services at **1-866-675-1607, TTY 711**.

If You Need Care when out of Town

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

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

Out-of-Network Providers

You or your provider might decide that you need to see a provider that is not in our network. Your provider will need to call us to get an okay from us for these services before they will be covered. This is called a prior authorization.

Referrals and Specialists

UnitedHealthcare Community Plan does not require a formal management of referrals to specialists at this time. While referrals are not required for UnitedHealthcare Community Plan of Louisiana, we do encourage members to coordinate care with their PCP and specialist. We will evaluate the need for a formal referral process at a later time.

Member's Right to Refuse Treatment

As a member of our health plan, you have the right to refuse to undergo any medical service, diagnoses or treatment, or to refuse to accept any health service provided by UnitedHealthcare Community Plan. A parent or guardian may refuse medical treatment for a minor.

Getting a Second Opinion

A second opinion is when you want to see a second provider for the same health concern. You can get a second opinion from a network provider for any of your covered benefits. This is your choice. You are not required to get a second opinion.

Prior Authorizations

In some cases your provider must get permission from the health plan before giving you a certain service. This is called **prior authorization**. If your provider does not get prior authorization, you will not be able to get those services. A member may submit, either verbally or in writing, a service authorization request for services. Please call Member Services at **1-866-675-1607, TTY 711** for more information.

You do not need prior authorization for advanced imaging services that take place in an emergency room, observation unit, urgent care facility or during an inpatient stay. You do not need a prior authorization for emergencies. You also do not need prior authorization to see a women's health care provider for women's health services or if you are pregnant.

NOTE: Services by a provider who is not participating in network require prior authorization. You may be responsible for a bill without obtaining prior authorization.

A prior authorization may be needed for services like:

- Hospital admissions.
- Home health care services.
- Certain outpatient imaging procedures, including MRIs, MRAs and CT scans.
- Pediatric Day Healthcare/Personal Care Services.
- Sleep studies performed in a facility.
- Pharmacy (some medications).
- DME – Durable Medical Equipment.

If you have any questions regarding services that may require a prior authorization call Member Services or your PCP.

Continued Care if Your Provider Leaves the Network

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

Emergency Care

You should call 911 if you are having a life-threatening emergency. UnitedHealthcare Community Plan covers any emergency care you need throughout the United States and its territories. Within 24 hours after your visit, call Member Services at **1-866-675-1607, TTY 711**. You should also call your provider and let them know about your visit so they can provide follow-up care if needed.

Don't wait.

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

Mental Illness and Addiction Crisis Line

1-866-675-1607, TTY 711

Available 24 hours a day, 7 days a week.

Urgent Care

Urgent care clinics are there for you when you need to see a doctor for a non-life-threatening condition but your PCP isn't available or it's after clinic hours. Common health issues ideal for urgent care include:

- Sore throat.
- Ear infection.
- Wheezing.
- Minor cuts or burns.
- Flu.
- Abdominal pains.
- Low-grade fever.
- Sprains.

If you or your children have an urgent problem, call your PCP first. Your doctor can help you get the right kind of care. Your doctor may tell you to go to urgent care or the emergency room.

Planning ahead.

It's good to know what urgent care clinic is nearest to you. You can find a list of urgent care clinics in your Provider Directory, or you can call Member Services at **1-866-675-1607, TTY 711**.

Hospital Services

There are times when your health may require you to go to the hospital. There are both inpatient and outpatient hospital services.

Outpatient services include X-rays, lab tests and minor surgeries. Your PCP will tell you if you need outpatient services. Your doctor's office can help you schedule them.

Inpatient services require you to stay overnight at the hospital. These can include serious illness, surgery or having a baby.

Inpatient services require you to be admitted (called a hospital admission) to the hospital. The hospital will contact UnitedHealthcare Community Plan and ask for authorization for your care. If the doctor who admits you to the hospital is not your PCP, you should call your PCP and let them know you are being admitted to the hospital.

Going to the hospital.

You should go to the hospital only if you need emergency care or if your doctor told you to go.

Post-Stabilization Services

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

No Coverage Outside of United States

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

Tobacco Education and Prevention

The Louisiana Tobacco Quitline and Website offer free, confidential phone counseling and online support programs. Set a quit date and develop a quit plan that works for you. Free nicotine gum or patches available. Call **1-800-784-8669** or enroll at www.quitwithusla.org.

Gambling Disorders

The Louisiana Department of Health (LDH), Office of Behavioral Health provides a variety of options for the treatment and prevention of Gambling Disorders. For more information or to set up an appointment to address a gambling problem or concern, contact **Louisiana Problem Gamblers Helpline** at **1-877-770-STOP (7867)** or visit <http://www.helpforgambling.org/>. The helpline is available 24 hours a day, seven days a week. It is toll-free and confidential.



Pharmacy

Prescription Drugs

Your benefits include prescription drugs.

UnitedHealthcare Community Plan covers hundreds of prescription drugs from hundreds of pharmacies. The full list of covered drugs is included in the Preferred Drug List. You can fill your prescription at any in-network pharmacy. You will have to pay for the drug yourself if you do not go to a network pharmacy. A list of network pharmacies can be found at [UHCCommunityPlan.com/la](https://www.uhccommunityplan.com/la).

What is the Preferred Drug List?

This is a list of drugs covered under your plan. You can find the complete list in your Preferred Drug List, or online at myuhc.com/CommunityPlan.

Prior authorization.

Some medications on our Preferred Drug List need prior authorization. This means they must be approved before you can get them. When a drug needs prior authorization, your doctor must contact our Pharmacy Department. They will review the doctor's request. The decision takes up to 24 hours once all medically necessary information is provided. You and your doctor will be informed of the outcome.

Generic and brand name drugs.

UnitedHealthcare Community Plan requires all members to use generic drugs when available. Generic drugs have the same ingredients as brand name drugs — they often cost less, but they work the same.

Changes to the Preferred Drug List

The list of covered drugs is reviewed by the Louisiana Department of Health's (LDH) Pharmacy and Therapeutics Committee and Drug Utilization Review Committee on a regular basis and may change when new generic drugs are available. There are some members who may have to pay a small amount (called a co-pay) for their prescriptions.

90 Day Supply Pharmacy Benefit

You are able to get a 90 day supply on your medication. With a 90 day supply, you won't need to get a refill every month. You'll have 3 months between refills.

What to do if you want a 90 day supply?

- **Talk with your pharmacist.** Your pharmacist can call your doctor to get a new prescription for a 90 day supply.
- **Talk with your doctor.** Your doctor can write you a new 90 day supply prescription for your medicine. We've let your doctor know about this change to your pharmacy benefit.

For more information speak with your doctor, pharmacist, or call Member Services at **1-866-675-1607, TTY 711**. They are happy to help!

Over-the-Counter (OTC) Medicines

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. An in-network provider must write you a prescription for the OTC medication you need. The supply is limited to 30 days for each filling. Then you should take your prescription and member ID card into any network pharmacy to fill the prescription. OTC medications include:

- Insulin syringes, test strips, lancets and urine test strips.
- Smoking cessation products.
- Antihistamines.

For a complete list of covered OTC medicines, go to myuhc.com/CommunityPlan. Or call Member Services at **1-866-675-1607, TTY 711**.

Injectable Medicines

Injectable medications are medicines given by shot, and they may be a covered benefit. Your PCP can have the injectable medication delivered either to the doctor's office or to your home. In some cases, your doctor will write you a prescription for an injectable medication (like insulin) that you can fill at a pharmacy.



Physical Health Benefits

Physical Health Benefits Covered by UnitedHealthcare Community Plan

As member of UnitedHealthcare Community Plan, you are covered for the following services. Your doctor may need to provide evidence of medical necessity for some covered services.

Remember to always show your current member ID card when getting services. It confirms your coverage. If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment.

You can always call Member Services at **1-866-675-1607, TTY 711**, to ask questions about benefits.

Benefit	Services included	Limitations	Who to contact
Ambulatory Surgical Centers	Coverage of certain surgical procedures and related lab services.	Covered, all members.	Contact your PCP.
Audiological Services	Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries.	<p>Hearing Examinations: Covered, all members.</p> <p>Hearing Aids: Covered for members under the age of 21. See <i>Hearing Aids</i> page 34.</p>	Contact your PCP.

Physical Health Benefits

Benefit	Services included	Limitations	Who to contact
Chemotherapy Services	Chemotherapy administration and treatment drugs, as prescribed by physician.	Covered, all members.	Contact your PCP.
Child Health Screenings/ Checkups (EPSDT Screening Services)	Screenings include vision, hearing, dental screening, periodic and interperiodic screenings.	Covered, members under the age of 21.	Contact your PCP.
Chiropractic Services	Medically necessary manual manipulations of the spine only based on a recommendation from PCP or an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) medical screening provider.	Covered for members under the age of 21. For members age 21 and older, see Adult Pain Management under the <i>Value-Added Benefits</i> Section page 41.	Contact your PCP.

Benefit	Services included	Limitations	Who to contact
Dental Care Services	Pediatric and Adult Dental Services.	<p>Covered for members under the age of 21.</p> <p>For members age 21 and older, see Adult Dental Care under the <i>Value-Added Benefits</i> Section page 41.</p>	<p>For covered members under the age of 21, you can access these services through Managed Care of North America (MCNA).</p> <p>For a list of children's dentists, please call MCNA at 1-855-702-6262 or go online to www.mcnala.net.</p> <p>For covered members age 21 and older, contact Member Services at 1-866-675-1607, TTY 711.</p>
Durable Medical Equipment (DME)	<p>Medical equipment and appliances like wheelchairs, leg braces, etc.</p> <p>Medical supplies like ostomy supplies, etc.</p>	Covered, all members.	Contact your PCP.

Physical Health Benefits

Benefit	Services included	Limitations	Who to contact
EPSDT Dental Services	Bi-annual screening with exam, X-rays, cleaning, topical fluoride treatment and oral hygiene instruction.	Covered, members under the age of 21.	<p>For covered members under the age of 21, you can access these services through Managed Care of North America (MCNA).</p> <p>For a list of children's dentists, please call MCNA at 1-855-702-6262 or go online to www.mcnala.net.</p> <p>For covered members age 21 and older, contact Member Services at 1-866-675-1607, TTY 711.</p>
EPSDT Personal Care Services	<p>Basic personal care — toileting and grooming activities.</p> <p>Assistance with bladder and/or bowel requirements or problems.</p> <p>Assistance with eating and food preparation.</p> <p>Performance of incidental household chores, only for the recipient, and accompanying, not transporting, recipient to medical appointments.</p> <p>Does not cover any medical tasks such as medication administration, tube feedings.</p>	Covered, Medicaid members under the age of 21, not receiving Individual Family Support services.	Contact your PCP.

Benefit	Services included	Limitations	Who to contact
Eyeglass Services	Routine vision services and exams for vision correction and refraction error; eyewear, contacts if the only means to restore vision.	Covered, members under the age of 21. For members age 21 and older, see Adult Vision under the <i>Value-Added Benefits</i> Section page 41.	Covered members can access the services of any vision care provider, or eyewear vendor in UnitedHealthcare Community Plan's Vision network. Contact Member Services at 1-866-675-1607, TTY 711.
Family Planning	Doctor visits to assess the patient's physical status and contraceptive practices; nurse visits; physician counseling regarding sterilization; nutrition counseling; social services counseling regarding the medical/family planning needs of the patient; contraceptives; and certain lab services.	Covered for female members 10 – 60 years of age.	Contact your PCP. UnitedHealthcare Community Plan members are welcome to choose a family planning provider without a need for a referral.
Federally Qualified Health Centers (FQHCs)	Professional medical services furnished by physician, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists and dentists; immunizations are covered for recipients under age 21. Includes regular encounter visits, EPSDT screening services; EPSDT Dental.	Covered, all members.	UnitedHealthcare Community Plan members are welcome to choose a local FQHC provider as their primary care physician (PCP).

Physical Health Benefits

Benefit	Services included	Limitations	Who to contact
Hearing Aids	Includes hearing aids, batteries, earpieces and any related ancillary equipment if the hearing aid was paid for by Medicaid.	Covered, members under the age of 21.	Contact Member Services at 1-866-675-1607, TTY 711.
Hemodialysis Services – See OP Services	Includes routine lab, dialysis, medically necessary non-routine lab work and medically necessary injections.	Covered, all members.	Contact your PCP.
Home Health	Includes intermittent/part-time nursing, including skilled nursing; aide visits; PT/OT/ST; and medically necessary extended home health for multiple hours of skilled nursing.	Covered, all members.	Contact your PCP.
Hospital – Emergency Room Services	Emergency room services. Emergency: A sudden and unexpected change in physical or mental health which, if not treated right away, could result in 1) loss of life or limb, 2) impairment to a bodily function, or 3) permanent damage to a body part.	Covered, all members.	Call 911 or your local emergency system.
Hospital – Inpatient Services	Inpatient hospital care needed for the treatment of an illness or injury that can only be provided safely and adequately in a hospital setting.	Covered, all members.	Contact your PCP. For information on Healthy First Steps, call 1-877-813-3417, TTY 711.

Benefit	Services included	Limitations	Who to contact
Hospital – Outpatient Services	Diagnostic and therapeutic outpatient services, including outpatient surgery, habilitation and rehabilitation services; therapeutic and diagnostic radiology services; chemotherapy; hemodialysis.	Covered for outpatient rehabilitative, habilitative and diagnostic services.	Contact your PCP.
Immunizations		Covered, members under the age of 21. For members age 21 and older, see Adult Immunizations under the <i>Value-Added Benefits</i> Section page 41.	Contact your PCP.
Laboratory Tests and Radiology Services	Most diagnostic testing and radiological services ordered by the attending or consulting physician. Portable (mobile) X-rays are covered only for recipients who are unable to leave their place of residence without special transportation or assistance to obtain physician ordered X-rays.	Covered, all members.	Contact your PCP.

Physical Health Benefits

Benefit	Services included	Limitations	Who to contact
Long-Term Personal Care Services	<p>Basic personal care – toileting and grooming activities.</p> <p>Assistance with bladder and/or bowel requirements or problems.</p> <p>Assistance with eating and food preparation.</p> <p>Performance of incidental household chores, only for the recipient, and accompanying, not transporting, recipient to medical appointments.</p> <p>Does not cover any medical tasks such as medication administration, tube feedings.</p>	<p>Covered, Medicaid members under the age of 21, not receiving Individual Family Support services.</p> <p>For members age 21 and older, services may be available through Louisiana Department of Health (LDH).</p>	Contact your PCP.
Medical Transportation Emergent	<p>Emergency ambulance service may be reimbursed if circumstances exist that make use of any conveyance other than an ambulance medically inadvisable for transport of the patient.</p>	Covered, all members.	Call 911 or your local emergency system.
Medical Transportation Non-Emergent	<p>Transportation to and from medical appointments.</p> <p>The medical provider the recipient is being transported to has to be a Medicaid enrolled provider and the services must be Medicaid covered services. The dispatch office will make this determination.</p> <p>Recipients under 17 years old must be accompanied by an adult.</p>	Covered, all members.	Members should call 1-866-726-1472 , 8:00 a.m. – 5:00 p.m., Monday – Friday, at least 2 business days prior to appointment.

Benefit	Services included	Limitations	Who to contact
Midwife Services (Certified Nurse Midwife)	See FQHC; Physician/ Professional Services; Rural Health Clinics.	Covered, all members.	Contact your PCP.
Nurse Practitioners/ Clinical Nurse Specialists	See FQHC; Physician/ Professional Services; Rural Health Clinics.	Covered, all members.	Contact your PCP.
Occupational Therapy Services		Covered, all members.	Contact your PCP.
Optical Services	Routine vision services and exams for vision correction and refraction error; eyewear, contacts if the only means to restore vision.	Covered, members under the age of 21. For members age 21 and older, see Adult Vision under the <i>Value-Added Benefits</i> Section page 41.	Covered members can access the services of any vision care provider, or eyewear vendor in UnitedHealthcare Community Plan's Vision network. Contact Member Services at 1-866-675-1607, TTY 711.
Pediatric Day Health Care (PDHC)	Nursing care, respiratory care, physical therapy, speech — language therapy, occupational, personal care services and transportation to and from PDHC facility.	Covered for members under the age of 21 who have a medically fragile condition.	Contact your PCP.

Physical Health Benefits

Benefit	Services included	Limitations	Who to contact
Pharmacy Services	Co-pays of \$.50 to \$3.00 apply to members EXCEPT those under the age of 21, pregnant women, Native Americans and Alaskan Eskimos.	Covered, all members.	For questions about your prescription, contact your PCP. For general pharmacy benefit questions, call Member Services at 1-866-675-1607, TTY 711.
Physical Therapy		Covered, all members.	Contact your PCP.
Physician/ Professional Services	Professional medical services including those of a physician, nurse, midwife, nurse practitioner, clinical nurse specialists, physician assistant, audiologist. Immunizations are covered for the recipients under age 21. Certain family planning services when provided in a physician's office.	Covered, all members.	Contact your PCP.
Podiatry Services	Office visits. Certain radiology and lab procedures and other diagnostic procedures.	Covered, all members.	Contact your PCP.

Benefit	Services included	Limitations	Who to contact
Prenatal Care Services	Office visits. Other pre- and post-natal care and delivery. Lab services.	Covered, all pregnant members. Contact HFS (Healthy First Steps).	Healthy First Steps: 1-877-813-3417, TTY 711. Healthy First Steps Fax: 1-877-353-6913.
Rehabilitation/Habilitation Clinic Services	See: Occupational Therapy. Physical Therapy. Speech, Language and Hearing Therapy.	Covered, all members.	Contact your PCP.
Rural Health Clinics	Includes regular encounter visits, EPSDT screening services; EPSDT Dental, Adult Denture.	Covered, all members.	Contact your PCP.
Sexually Transmitted Disease Clinics (STD)	Includes testing, counseling and treatment. Confidential HIV testing.	Covered, all members.	Contact your PCP.
Speech and Language Evaluation and Therapy	See: Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services; Therapy Services.	Covered, members under the age of 21.	Contact your PCP.
Therapy Services	Audiological Services (available in rehabilitation clinic and hospital-outpatient settings only). See: Occupational Therapy. Physical Therapy. Speech and Language Therapy.	Covered. Audiological Services: Members under the age of 21. Other Therapies: no age limit.	Contact your PCP.

Physical Health Benefits

Benefit	Services included	Limitations	Who to contact
Transportation	See Medical Transportation Emergent and Medical Transportation Non-Emergent.	Covered, all members.	For emergencies, call 911 or your local emergency system. For non-emergency transportation. Members should call 1-866-726-1472 , 8:00 a.m. – 5:00 p.m., Monday – Friday, 2 business days prior to appointment.
Tuberculosis Clinics	Treatment and disease management services including physician visits, medications and X-rays.	Covered, all members.	Contact your PCP.
Women’s Health Services	Routine and preventive health care services include, but are not limited to: prenatal care, breast exams, mammograms and Pap tests. Two annual visits may be covered, with the second visit based on medical necessity, along with follow-up care provided within 60 days as needed.	Covered, all female members. No referral required.	Contact your PCP or Women’s Health Specialist.
X-Ray Services	See Laboratory Tests and X-Ray Services.		

Value-Added Benefits

Well visits	
Benefit	Services included
Unlimited Visits	Offered to members with contracted PCPs and specialists if deemed necessary by their PCP.
\$20 Gift Card	Offered for members completing a PCP visit within 90 days of enrollment.
\$20 Gift Card	Offered for one (1) well-child visit each year between the ages of 1 and 17.
\$10 Gift Card	Offered for completing a health risk assessment (HRA) within 90 days of enrollment.
Adult access to health	
Benefit	Services included
Adult Dental Benefit	Members over 21 will be provided routine dental exams, X-rays, cleanings, fillings and extractions with in-network providers limited to \$500 per year of covered services.
Adult Vision Benefit	Members over 21 will be provided vision services including one routine eye exam every two years and \$100 allowance for frames/lenses and a \$105 allowance for contacts every two years.
Adult Pain Management	Members over 21 will be provided six (6) visits per year to an in-network chiropractor. 24/7 access for mindfulness exercises from home through our Live and Work Well website at www.liveandworkwell.com .

Physical Health Benefits

Pregnancy

Benefit	Services included
Baby Blocks® Program	For pregnant women and new mothers. Members can receive eight (8) incentives for achieving health care goals during the 24-month pregnant and postpartum program.
Healthy Pregnancy Care Book	A baby care and healthy pregnancies resource that promotes the safety, health and well-being of babies and mothers is provided to pregnant women and new mothers.
Circumcisions	Provides circumcisions for newborn males in the hospital or a physician's office.

Weight management

Benefit	Services included
Weight Watchers	Program enrollment offered to qualifying members where they will learn valuable skills about healthy eating and weight loss. Upon referral by your PCP, you will receive meeting vouchers to attend up to 10 meetings. Limited to members over the age of 12.

Technology

Benefit	Services included
Cellphones	No mobile phone? Get one at no cost from the federal Lifeline program. Call 1-866-675-1607, TTY 711 , to learn more.
Social Media on Facebook, Twitter: @UHCPregnantCare (In Spanish: @UHCEmbarazada)	Delivers health and wellness information relating to pregnancy, childbirth and general health information applicable to pregnant women.

Technology *(continued)*

Benefit	Services included
<p>Mobile Apps</p>	<p>UnitedHealthcare Health4Me®.</p> <p>UnitedHealthcare Community Plan has a new member app. It's called UnitedHealthcare Health4Me. The app is available for Apple® or Android® tablets and smartphones. Health4Me makes it easy to:</p> <ul style="list-style-type: none"> • Find a doctor, ER or urgent care center near you. • View your ID card. • Read your handbook. • Learn about your benefits. • Contact Member Services. <p>Download the free Health4Me app today. Use it to connect with your health plan wherever you are, whenever you want.</p>
<p>Online Resources</p>	<p>KidsHealth.* www.kidshealth.org</p> <p>Online site includes health and wellness resources to encourage healthy behaviors among children, young adults and their parents. Content includes assistance for high-risk members with managing conditions such as diabetes, asthma and stress. Videos, written and spoken articles are also provided.</p> <p><i>* Note: All information is for educational purposes only. For specific medical advice, diagnoses and treatment, consult your doctor.</i></p> <p><i>© 1995-2014 KidsHealth® All rights reserved.</i></p> <p>Live and Work Well. www.liveandworkwell.com</p> <p>Online site includes help for members to find the balance, support and care they need to live the healthiest life possible. Get access to great health-related information, discover self-help services, find a provider or learn about community and work-life resources.</p>



Mental Health and Substance Use Treatment Benefits

Mental Health and Substance Use Treatment Benefits Covered by UnitedHealthcare Community Plan

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

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

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

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

Recovery and Resiliency

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

What is a recovery coach?

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

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

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

What are Peer Coaching Services?

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

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

Mental Health and Substance Use Treatment Benefits

Services may include:

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

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

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

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

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

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

[Liveandworkwell.com](https://www.liveandworkwell.com).

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

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

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

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

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

Resources for specific populations:

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

Mental Health and Substance Use Treatment Benefits

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

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

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

Mental Health and Substance Use Treatment Benefits

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

Mental Health and Substance Use Treatment Covered Services

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

Mental Health and Substance Use Treatment Benefits

Service	Service Definition	Authorization Requirement
Community Psychiatric Support and Treatment (CPST)	Community Psychiatric Support and Treatment (CPST) are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the personal treatment plan.	Yes
Crisis Intervention (CI)	Crisis intervention (CI) services are provided to a person who is experiencing a psychiatric crisis and are designed to interrupt and/or ameliorate a crisis experience, via a preliminary assessment, immediate crisis resolution and de-escalation and referral and linkage to appropriate community services to avoid more restrictive levels of treatment.	No for the initial 24-hour per diem; Yes for Crisis Intervention Follow-Up
Electroconvulsive Therapy (ECT)	Electroconvulsive therapy (ECT) is a standard psychiatric treatment in which seizures are electrically induced in patients to provide relief from psychiatric illnesses.	Yes
Family Psychotherapy	Your family can talk with a mental health and substance use treatment care professional about emotional problems you and your family may be having and learn coping skills to help you and your family manage them.	No
Functional Family Therapy (FFT) (under age 21)	Functional Family Therapy (FFT) services are targeted for youth between ages 10 and 18 primarily demonstrating externalizing behaviors or at risk for developing more severe behaviors, which affect family functioning.	Yes

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

Mental Health and Substance Use Treatment Benefits

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

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

The following services are not covered by the Healthy Louisiana Program and/or UnitedHealthcare Community Plan:

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

Specialized Services for Adults

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

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

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

What will happen if I am eligible?

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

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

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

Consent Form Required Services

A consent form will need to be signed by parents/legal guardians of children under the age of 13 who are on Medicaid and take certain psychotropic medicines. This form will need to be signed with every new prescription. Your child's doctor will send the signed consent form to the drug store. This consent form can be sent to the pharmacy by fax, mail or online. Call Member Services at **1-866-675-1607, TTY 711**, if you have questions.

Regular Medicaid Services

There are some Medicaid services that are NOT covered by UnitedHealthcare Community Plan, but you may be able to get from Medicaid. Call the Louisiana Medicaid Customer Service Unit toll-free at **1-888-342-6207** for information on these services and any cost sharing required.



Other Benefits and Services

For Moms-to-Be and Children

UnitedHealthcare Healthy First Steps™.

Our Healthy First Steps program makes sure that both mom and baby get good medical attention.

We will help:

- Get good advice on nutrition, fitness and safety.
- Choose a doctor or nurse midwife.
- Schedule visits and exams.
- Arrange rides to doctor's visits.
- Connect with community resources such as Women, Infants and Children (WIC) services.
- Get care after your baby is born.
- Choose a pediatrician (child's doctor).
- Get family planning information.

Call us toll-free at **1-877-813-3417, TTY 711**, 7:00 a.m. – 6:00 p.m. Central, Monday – Friday. It's important to start pregnancy care early. Be sure to go to all of your doctor visits, even if this isn't your first baby.

Text4baby.

Text4baby is a free mobile information service that will help you through your pregnancy and baby's first year of life. Get text messages on your cellphone each week.

The text4baby messages will give you tips about:

- Keeping healthy.
- Labor and delivery.
- Breastfeeding.
- The importance of immunizations (shots).
- Exercise and healthy eating.

Having a baby?

When you think you are pregnant, call Member Services at **1-866-675-1607, TTY 711**.

This will help ensure you get all the services available to you.

Other Benefits and Services

To sign up for text4baby, simply text the word BABY to 511411. Give your baby the best possible start in life. Sign up for text4baby.

Online answers, advice and fun with KidsHealth®.

You and your family can now get answers to your health questions online through a partnership between UnitedHealthcare and KidsHealth. Visit the website at UHCCommunityPlan.com/LAkids. Search by topic, read articles or watch videos. Parents can find answers they need. Teens can find straight talk and personal stories. Younger children can learn through health quizzes, games and videos.

Newborn care services.

We want your baby to be healthy. Sometimes extra care is needed after the baby is born. Our nurses will call you if your baby is in the NICU. This service is offered as part of your benefits plan. If your baby or babies need extra care, we're here for you.

Our newborn nurses have many years of experience with baby care. Your newborn nurse will:

- Answer questions about your delivery, and newborn care.
- Provide information to help you make decisions.
- Work with the hospital to make sure you and your baby receive the care you need.
- Help you make a plan for bringing your baby home after delivery, including any home health care needs.
- Put you in touch with local resources and services.
- Review your benefits to make sure you're using all the services available to you.

Nurse family partnership.

We are happy to partner with the Louisiana Nurse Family Partnership. This is operated by the Office of Public Health with the state of Louisiana. Together we work to improve the health of mothers and infants. For more information, please call **Member Services at 1-866-675-1607, TTY 711**.

Dr. Health E. Hound® program.

Dr. Health E. Hound loves to travel around the country and meet kids of all ages. He likes to hand out flyers, posters, stickers and coloring books to remind kids to eat healthy foods and exercise. He also helps kids understand that going to the doctor for checkups and shots is an important way to stay healthy. His goal is to help teach your kids about fun ways to stay fit and healthy.

You and your family can meet Dr. Health E. Hound in person at some of our health events. Come to an event and learn about the importance of healthy eating and exercise.

Disease and Care Management

If you have a chronic health condition like asthma or diabetes, UnitedHealthcare Community Plan has a program to help you live with your condition and improve the quality of your life. These programs are voluntary and available at no cost to you. The programs give you important information about your health condition, medications, treatments and the importance of follow-up visits with your physician.

A team of registered nurses and social workers will work with you, your family, your PCP, other health care providers and community resources to design a plan of care to meet your needs in the most appropriate setting. They can also help you with other things like weight loss, stopping smoking, making appointments with your doctor and reminding you about special tests that you might need.

You or your doctor can call us to ask if our care management or disease management programs could help you. If you or your doctor thinks a Care Manager could help you, or if you want more information about our care management or disease management programs, call Member Services at **1-866-675-1607, TTY 711**.

Wellness Programs

UnitedHealthcare Community Plan has many programs and tools to help keep you and your family healthy, including:

- Classes to help you quit smoking.
- Pregnancy care and parenting classes.
- Nutrition classes.
- Well-care reminders.

Your PCP may suggest one of these programs for you. If you want to know more, or to find a program near you, talk to your PCP or call Member Services at **1-866-675-1607, TTY 711**.

The **Louisiana Tobacco Quitline** and **Website** offer free, confidential phone counseling and online support programs. Set a quit date and develop a quit plan that works for you. Free nicotine gum or patches available. Call **1-800-784-8669** or enroll at www.quitwithusla.org.

New Technology

Requests to cover new medical procedures, devices or drugs are reviewed by the UnitedHealthcare Community Plan Technology Assessment Committee. This group includes doctors and other health care experts. The team uses national guidelines and scientific evidence from medical studies to help decide whether UnitedHealthcare Community Plan should approve such equipment, procedures or drugs.



Other Plan Details

Finding a Network Provider

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



Visit myuhc.com/CommunityPlan for the most up-do-date information. Click on “Find a Provider.”



Call Member Services at **1-866-675-1607, TTY 711**. We can look up network providers for you. Or, if you'd like, we can send you a Mental Health and Substance Use Treatment Provider Directory in the mail.

Provider Directory

We have a directory of providers available to you in your area. The directory lists addresses and phone numbers of our in-network providers.

Provider information changes often. Visit our website for the most up-to-date listing at myuhc.com/CommunityPlan. You can view or print the provider directory from the website, or click on “Find a Provider” to use our online searchable directory.

If you would like a printed copy of our directory, please call Member Services at **1-866-675-1607, TTY 711**, and we will mail one to you.

Other Plan Details

Utilization Management

UnitedHealthcare Community Plan does not want you to get too little care or care you don't need. We also have to make sure that the care you get is a covered benefit. Decisions about care are based only on appropriateness of care and coverage. We use a process called utilization management (UM). It helps us make sure you get the right care, at the right time and in the right place.

There are also some treatments and procedures we need to review before you can get them. Your providers know what they are, and they take care of letting us know to review them. The review we do is called Utilization Review.

We do not reward anyone for saying no to needed care. We do not give incentives to our reviewers for decisions that result in not enough care. If you have questions about UM, you can talk to our Medicaid Case Management staff at **1-866-675-1607, TTY 711**. Language assistance is available.

Interpreter Services and Language Assistance

Many of our Member Services employees speak more than one language. If you can't connect with one who speaks your language, you can use an interpreter to help you speak with Member Services.

Many of our network providers also speak more than one language. If you see one who doesn't speak your language, you can use our interpreter or sign language services to help you during your appointment. To be sure you can get services, arrange for your translation services at least 72 hours before your appointment. Depending on availability, some languages may need to be set up farther in advance. Sign language services require two weeks' notice.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. Please call Member Services at **1-866-675-1607, TTY 711**.

Payment for Services

Will I ever have to pay for services?

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

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

What Should I Do if I Get a Medical Bill?

Sometimes you will get a bill that should have been sent to us. If you get a bill, call Member Services at **1-866-675-1607, TTY 711**. We will work with you to find out if you need to pay the bill or if you should send it to us. You may have to pay the bill if you receive treatment from doctors who are not part of our network.

Other Health Insurance (Coordination of Benefits – COB)

If you or anyone in your family has health insurance with another company, it is very important that you call Member Services and tell us about the insurance. For example, if you work and have health insurance or if your children have health insurance through their other parent, you need to call Member Services to give us the information.

If you have other insurance, UnitedHealthcare Community Plan and your other health plan will share the cost of your health care needs. When both share the cost, it is called a Coordination of Benefits. Together, both plans will pay no more than 100% of the bill.

If we pay the entire bill and another party should pay part, we will contact the other health plan. You will not get a bill for covered services. We get the bill. If you get the bill by mistake, call the **Member Services Center at 1-866-675-1607, TTY 711**.

Other insurance.

If you have any other insurance, call Member Services and let us know.

- If you are a member, your other health insurance will have to pay your health care bills first.
- When you get care, always show both member ID cards (for UnitedHealthcare Community Plan and your other insurance).

Reporting Marketing Violations

Healthy Louisiana plans, like UnitedHealthcare Community Plan, follow strict marketing guidelines set by the Louisiana Department of Health (LDH). For example, a potential marketing violation is when you see a representative of a plan doing something unfair, deceptive or not allowed as a part of the health care services they provide. To report marketing violations, you can fill out the online complaint form available on the Web at: <https://bhsfweb.dhh.louisiana.gov/BayouHealthComplaints> or by calling the Louisiana Medicaid Customer Service Unit toll-free at **1-888-342-6207**.

Updating Your Information

To ensure that the personal information we have for you is correct, please tell us if any of the following changes:

- Marital status.
- Address.
- Member name.
- Phone number.
- Other health insurance.

Please call Member Services at **1-866-675-1607, TTY 711**, if any of this information changes.

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

You should also call the Louisiana Medicaid Customer Service Unit toll-free at **1-888-342-6207** if you have any changes. They need updated address information every time you move. You may also go to the Louisiana Medicaid website at www.medicaid.la.gov, or visit a local Medicaid eligibility office to report if family size, living arrangements, parish of residence, or mailing address changes.

Disenrollment Options

We hope that you are happy with UnitedHealthcare Community Plan, however you have the right to disenroll. If you are thinking about leaving, call Member Services at **1-866-675-1607, TTY 711**, to see if we can help resolve any issues you are having.

Disenroll from UnitedHealthcare Community Plan.

Members may request disenrollment if:

- You are a new member you can switch health plans during your first 90 days of enrollment. After the first 90 days you are “locked in” as a plan member unless there is good cause to disenroll.
- During your annual open enrollment period. You have 60 days from when you get your open enrollment information to change plans. If you don’t pick a new plan, you will stay enrolled in your current Healthy Louisiana plan until the next open enrollment period.
- You are part of the Voluntary opt in populations; you may disenroll from Healthy Louisiana at any time. Your disenrollment will be effective the earliest possible month that the action can be administratively taken.
- You are part of the Voluntary opt out population; you may voluntarily disenroll within ninety (90) days of initial enrollment and during the annual open enrollment.
- At any time for good cause.

Good cause for disenrollment means:

- We do not, because of moral or religious objections, cover the service you need. If this happens you can call Healthy Louisiana to find out how you can get those services.
- Your need to get certain services at the same time but we are not able to provide all the services. Your PCP or another provider must say that your health will be at risk if you can’t get the services at the same time.
- Our contract with LDH is terminated.
- You get poor quality of care from UnitedHealthcare Community Plan.
- You are not able to get the services we cover.
- You need specialized care and we don’t have providers in our network that can give you the care.
- You move out of our service area.
- Any other reason that LDH says counts as cause.

If you’d like to disenroll from the plan, you (or your representative) must contact **Healthy Louisiana at 1-855-229-6848**. Healthy Louisiana will decide if you can disenroll. They will tell you when you will be effective with your new health plan. You must keep using our providers until you are no longer a member with us.

Disenrollment caused by a change in status.

If your status changes, you may no longer be eligible for UnitedHealthcare Community Plan. LDH decides if you are still eligible.

You may be disenrolled if:

- You move out of state.
- You become Medicare eligible.
- You move to a long term care facility.
- You give untrue information or commit fraud on purpose.
- Misuse or loan your ID card to another person to get services.
- Your behavior is disruptive, unruly, abusive, or uncooperative and keeps us from giving you or other members the services you need.

If this happens, you will get a letter explaining the disenrollment process.

Additional Information About UnitedHealthcare Community Plan

If you would like to know more about us, including information on our operating structure, operations, physician incentive plans or service utilization policies, please contact Member Services at 1-866-675-1607, TTY 711.

Fraud and Abuse

Anyone can report potential fraud and abuse. If you become aware of fraud or abuse, call Member Services at **1-866-675-1607, TTY 711**, to report it.

What is Fraud and Abuse?

If someone uses another person's UnitedHealthcare ID card and Medicaid ID number to get services or products, that could be Fraud. If a doctor or other provider bills for something you did not get, that could be Fraud. If you think something like this happened, you should report it using one of the options on this page. You do not have to give your name when you report Fraud.

You can also report suspected fraud or abuse directly to the state of Louisiana by calling the Louisiana Department of Health (LDH) toll-free at **1-800-488-2917**.

Or

Complete the appropriate fraud report form available on the Louisiana Medicaid website: www.medicaid.la.gov and click on the "Report Fraud" button.

Or

By mail:

Medicaid Program Integrity
Attn: Medicaid Fraud Control Unit
P.O. Box 91030
Baton Rouge, LA 70821-9030

Or

By fax:

Fraud Reporting Fax Line
1-225-219-4155

Your Opinion Matters

Do you have any ideas about how to make UnitedHealthcare Community Plan better? There are many ways you can tell us what you think.

- Call Member Services at **1-866-675-1607, TTY 711.**
- Write to us at:
UnitedHealthcare Community Plan
P.O. Box 31364
Salt Lake City, UT 84131

Member Advisory Committee.

We also have a Member Advisory Committee that meets every three months. If you'd like to join us, call Member Services at **1-866-675-1607, TTY 711.**

Advance Directives

An advance directive is a set of written steps you want to be taken when you can no longer make health care choices for yourself. It tells what health care you want or do not want. You should talk about your wishes with your doctor, family and friends. These steps will not change your health care benefits. Some examples of advanced directives include:

Living wills.

A living will tells your doctor the kinds of life support you want or do not want.

Power of attorney for health care.

In this form, you name another person who can make health choices for you. It would be used only if you cannot make choices yourself.

For information on advance directives, ask your doctor for more information. You may also call Member Services at **1-866-675-1607, TTY 711.**

If you wish to file a complaint about failure to comply with an advance directive, please call:
Louisiana Department of Health (LDH) Bureau of Health Standards 1-225-342-0138.

Member Rights and Responsibilities

Uphold member “Bill of Rights.”

As a UnitedHealthcare Community Plan member, you have certain rights and responsibilities when you enroll. It is important that you fully understand both your rights and your responsibilities. The following statement of rights and responsibilities is presented here for your information. The State must ensure that each enrollee is free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way the health plan and its providers or the State agency treat the enrollee.

Members have the right to:

- Receive information about UnitedHealthcare Community Plan, our services and network physicians and health care professionals in accordance with federal and state regulations.
- Be treated with respect and with due consideration for his or her dignity and privacy by UnitedHealthcare Community Plan personnel, network physicians, and health care professionals as well as privacy and confidentiality for treatments, tests or procedures received.
- Voice concerns about the service and care they receive as well as register complaints and appeals concerning their health plan or the care provided to them and receive timely responses to their concerns.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee’s condition and ability to understand, regardless of cost or benefit coverage.
- Participate with their provider and other caregivers in decisions about their health care including the right to refuse treatment.
- Be informed of, and refuse to participate in, any experimental treatment.
- Have coverage decisions and claims processed according to regulatory standards.
- Choose an advance directive to designate the kind of care they wish to receive should they be unable to express their wishes.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Request and receive one (1) free copy of his or her medical records, and request that they be amended or corrected.
- Use any hospital or other facility for emergency care.
- You have the right to refuse to undergo any medical service, diagnoses or treatment or to accept any health service provided by UnitedHealthcare Community Plan.
- A right to make recommendations regarding our member rights and responsibilities policy.

Members have the responsibility to:

- Know and confirm your benefits before receiving treatment.
- Contact an appropriate health care professional when you have a medical need or concern.
- Show your identification card before receiving health care services.
- Verify that the physician or health care professional you receive services from is in the UnitedHealthcare Community Plan network.
- Familiarize yourself with UnitedHealthcare Community Plan procedures to the best of your ability.
- Use emergency room services only for injury or illness that, if not treated immediately, could pose serious threat to your life or health.
- Keep scheduled appointments.
- Provide information needed for your care.
- Follow the agreed-upon instructions and guidelines of physicians and health care professionals.
- Notify Member Services of a change in address, family status or other coverage information.
- Notify Member Services if your ID card is lost or stolen.
- Notify UnitedHealthcare Community Plan immediately if you have a Workers' Compensation claim, a pending personal injury or medical malpractice lawsuit, or have been involved in an auto accident.
- Never give your ID card to someone else to use.
- To understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Adverse Benefit Determination, Appeal and Grievance

Adverse Benefit Determination.

An adverse benefit determination is when UnitedHealthcare Community Plan does any of the following:

- Denies or limits a requested service based on type or level of service, meeting medical necessity, appropriateness, setting, effectiveness;
- Reduces, suspends, or terminates a previously authorized service;
- Denies partial or full payment of a service;
- Fails to make an authorization decision or to provide services in a timely manner;
- Fails to resolve a grievance or appeal in a timely manner;
- Does not allow members living in a rural area with only one MCO to obtain services outside the network; or
- Denies a member's request to dispute a financial liability, including cost sharing, copayments, coinsurance, and other member financial liabilities.

Once UnitedHealthcare Community Plan makes an adverse benefit determination, you will be notified in writing before the adverse benefit determination goes into effect. You will be given the right to file an appeal and can request a free copy of all of the information UnitedHealthcare Community Plan used when making their determination.

Appeal.

If your complaint is about an adverse benefit determination you or a provider feels you need but UnitedHealthcare Community Plan will not cover, you can ask UnitedHealthcare Community Plan to review your request again. This request for a review is called an appeal.

If you want to file an appeal, you have to file it within 60 calendar days from the date on the letter saying UnitedHealthcare Community Plan would not cover the service you wanted.

Your doctor can also file an appeal for you if you sign a form giving your permission. Other people can also file an appeal for you, like a family member or a lawyer if you sign a form giving your permission.

When you file an appeal, be sure to let UnitedHealthcare Community Plan know of any new information that you have that will help us make a decision. UnitedHealthcare Community Plan will send you a letter letting you know that we received your appeal within 5 business days. While your appeal is being reviewed, you can still send or deliver any additional information that you think will help UnitedHealthcare Community Plan make a decision.

When reviewing your appeal, UnitedHealthcare Community Plan reviewers:

- Will be different from the medical professionals who made the previous decision;
- Will not be a subordinate of the reviewers who made the previous decision;
- Will have the appropriate clinical knowledge and expertise to perform the review;
- Will review all information submitted by the member or representative regardless if this information was submitted for the previous decision; and
- Will make a decision about your appeal within 30 calendar days.

If your doctor or UnitedHealthcare Community Plan feels that your appeal should be reviewed quickly due to the seriousness of your condition, you will receive a decision about your appeal within 72 hours. If your appeal does not need to be reviewed quickly, UnitedHealthcare Community Plan will try to call you and send you a letter letting you know that your appeal will be reviewed within 30 calendar days.

The appeal process may take up to an additional 14 calendar days if you ask for more time to submit information or UnitedHealthcare Community Plan needs to get additional information from other sources. If UnitedHealthcare Community Plan needs more time we will call to let you know if we need additional information then send you a letter within 2 calendar days.

If your appeal is about a service that was already authorized, the time period has not expired, and you were already receiving, you may be able to keep getting the service while your appeal is under review.

You will need to contact UnitedHealthcare Community Plan's Member Services at **1-866-675-1607, TTY 711** and request to keep getting services while your appeal is reviewed. You will need to contact Member Services within 10 days from when UnitedHealthcare Community Plan sent the determination notice or before the intended effective date of the determination. If you do not win your appeal, you may have to pay for the services that you received while the appeal was being reviewed.

Once the review of your appeal is complete, you will receive a letter informing you of the decision. If UnitedHealthcare Community Plan decides that you should not receive the denied service, the letter will tell you how to ask for a State Fair Hearing.

Grievance.

If your complaint is about something other than an adverse benefit determination, this is called a grievance. Examples of grievances include quality of care, not being allowed to exercise your rights, not being able to find a doctor, trouble getting an appointment, or not being treated fairly by someone who works at UnitedHealthcare Community Plan or at your doctor's office.

You may file a grievance anytime. Your doctor can also file a grievance for you if you sign a form giving your permission. Other people can also file a grievance for you, like a family member or a lawyer if you sign a form giving your permission.

Other Plan Details

UnitedHealthcare Community Plan will send you a letter letting you know that we received your grievance within 5 business days.

When reviewing your grievance, UnitedHealthcare Community Plan reviewers:

- Will be different from the professionals who may have previously reviewed;
- Will not be subordinates of previous reviewers;
- Will have the appropriate clinical knowledge and expertise to perform the review involving a clinical matter;
- Will review all information submitted by the member or representative regardless if this information was submitted previously; and
- Will make a decision about your grievance within 30 calendar days or as expeditiously as your health condition requires.

The grievance process may take up to an additional 14 calendar days if you ask for more time to submit information or UnitedHealthcare Community Plan needs to get additional information from other sources. If UnitedHealthcare Community Plan needs more time we will call to let you know if we need additional information then send you a letter within 2 calendar days.

How to File a Grievance or Appeal

To submit a grievance or appeal, you can contact UnitedHealthcare Community Plan's Member Services at **1-866-675-1607, TTY 711**. If you need auxiliary aids or interpreter services, let the Member Services representative know. UnitedHealthcare Community Plan's Member Services representatives can assist you with filing a grievance or appeal.

You can request to file an appeal verbally but will need to confirm the appeal request in writing, unless it is an expedited resolution request. UnitedHealthcare Community Plan will put your appeal in writing and send it to you to sign and mail back. You will also be given the opportunity to give UnitedHealthcare Community Plan your testimony and factual arguments prior to the appeal resolution.

You can find a copy of the Grievance and Appeals form on page 75 of this handbook. UnitedHealthcare Community Plan can also assist you in completing the form if you need help. You can send us the form or a written letter to the address below:

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

State Fair Hearings

Asking the State to Review UnitedHealthcare Community Plan's Decision.

If you appealed UnitedHealthcare Community Plan's initial decision and you received a written denial, you have the opportunity for the State to review your decision. This is called a State Fair Hearing.

To request a State Fair Hearing, you can contact the Louisiana Division of Administrative Law, <http://www.adminlaw.state.la.us/HH.htm>. You will find a copy of the form to request a State Fair Hearing on page 77 of this handbook. If you need help, please call Member Services at **1-866-675-1607, TTY 711**, 8:00 a.m. – 5:00 p.m., Monday – Friday.

You may ask for the State Fair Hearing by calling, mailing, or faxing. Your request may also be submitted online. Please call, mail, fax or submit online to the following:

Division of Administrative Law
Health and Hospitals Section
P.O. Box 4189
Baton Rouge, LA 70821-4189
Fax: 1-225-219-9823
Phone: 1-225-342-5800 or 1-225-342-0443
Online: <http://www.adminlaw.state.la.us/HH.htm>

You, your authorized representative, or a provider, acting on your behalf with your written permission may file a State Fair Hearing request within 120 days from the date on our decision notice.

If you were receiving services while we reviewed your appeal, and you wish to continue those services, you must request the State Fair Hearing within 10 calendar days from the date on our decision notice. If the State Fair Hearing judge finds the decision we made in your case is correct, that is, rules against your appeal, you may be required to repay the amount of any benefits you received during the State Fair Hearing process.

Reversed Appeal Resolutions

If UnitedHealthcare Community Plan, or the Louisiana Division of Administrative Law, reverses a denial, termination, reduction, or delay in services, which were not provided during the appeal process, UnitedHealthcare Community Plan will have to provide the services no later than 72 hours from the date it receives the reverse appeal notice.

If UnitedHealthcare Community Plan, or the Louisiana Division of Administrative Law, reverses a denial, termination reduction, or delay in services you received during the appeal process, UnitedHealthcare Community Plan will pay for the services received during the appeal process.

Grievance and Appeals Form

Member's Name _____ ID # _____

Address _____

Telephone Number (Home) _____ (Work) _____

Please choose one of the following:

- Grievance** — Are you unhappy about something other than a benefit or claims payment decision we made?
- Appeal** — Are you unhappy about a benefit or claims payment decision we made?

Please describe your concern in detail using names, dates, places of services, time of day and issues that occurred. If applicable, also state why UnitedHealthcare Community Plan should consider payment for requested services that are not normally covered. **Please mail this completed form to the address listed at the bottom.**

Name, Address and Phone Number of your Authorized Representative, if any:

(Signature)

(Date)

Member Services
UnitedHealthcare Community Plan
P.O. Box 31364
Salt Lake City, UT 84131-0364

Request for State Fair Hearing Form

Member Name: _____

Address: _____

City, State, ZIP: _____

I want to appeal the decision UnitedHealthcare Community Plan made on my case because:

Date: _____ Signature: _____

Recipient/Representative: _____

Your Address, if different from the address shown above: _____

Telephone Number: _____

Social Security Number: _____

Email Address: _____

Name, Address and Phone Number of your Authorized Representative at the Hearing, if any:

Mail this completed form to:

(Instead of mailing it, you may fax the form to 225-219-9823, or you may submit it online at <http://www.adminlaw.state.la.us/HH.htm>.)

**Division of Administrative Law — Louisiana Department of Health (LDH)
P.O. Box 4189
Baton Rouge, LA 70821-4189**

The postmark showing the date you mailed your appeal will be the date of your appeal request.

After you ask for a State Fair Hearing, the Division of Administrative Law will send you a Notice by mail of the date, time and location of your State Fair Hearing. If you are unable to mail or fax the attached form, you may phone 225-342-5800 to give the information for your appeal.

Louisiana Member Reimbursement Request Form for Medical Care, Services and Supplies

General Instructions: Use this form to apply for payment of costs you paid to Medicaid providers for covered medical care, services and supplies. This applies to the time from when you became eligible for UnitedHealthcare Community Plan up to the time you got your ID card. Your date of eligibility is on your member ID card. Make sure you and your physician or other health care professional fill out this form completely in order for you to receive timely reimbursement for paid medical services. The name of the member who received the service(s) is required.

- Type or print requested information.
- Ask your provider(s) to help you complete all information in **Part II** and **Part III**.
- Provide receipts or other proof of payment showing the bill was paid by you or a third party.
- Tape itemized receipt(s), proof of payment(s) or claim form(s) for each service on a separate sheet of paper(s). (Do not staple items.)
- A separate reimbursement request form should be completed for each patient.
- Please keep a copy of each itemized bill or receipt for your records.
- Do not submit a form if your physician or other health care professional is also filing a claim to UnitedHealthcare for the same service.
- If applicable, provide:
 - For **Durable Medical Equipment:** the proof of medical necessity and any prescription given.
 - For **Dental:** the diagnosis and procedure codes for each tooth.
 - For **Pharmacy:** the date the prescription was filled, the quantity dispensed, and the price paid.

Part I – Member Information

Last name	First name	Middle initial	
Member ID number	Member birthdate (mm/dd/yyyy)		
Street address	City	State	ZIP code
Patient name (if different from member)			
Patient's birthdate (mm/dd/yyyy)	Phone number		

Part II – Provider Information

Provider full name	Provider tax ID number	Provider phone number	
Street address	City	State	ZIP code

Part III – Service Information

Date of service (mm/dd/yyyy)	Place of service	Codes for procedures, services or supplies	Diagnosis code	Amount of charges	Amount paid by you
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
				Total charges	Total amount paid by you

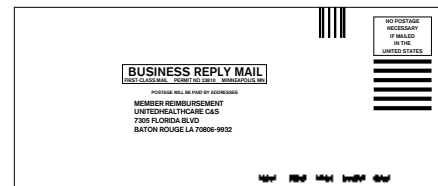
For questions or assistance, please contact **Member Services** at **1-866-675-1607, TTY: 711**, 7:00 a.m. – 7:00 p.m., Monday – Friday. If all information has been correctly submitted, you can expect your claim to be processed within 30 business days of receipt by UnitedHealthcare. **This is not a guarantee of payment.**

Before you submit your claim...

1. Be sure that all fields are completed.
2. Make copies of all receipts and completed forms. Receipts will not be returned.
3. Write your UnitedHealthcare member ID number on all paperwork you submit.
4. A separate claim form should be completed for each patient.

Mail form and attachments in the return envelope to:

Member Reimbursement
 UnitedHealthcare Community & State
 P.O. Box 31364
 Salt Lake City, UT 84131-0364





Prescription Drug Program Direct Member Reimbursement Form

Complete and return this form when you have purchased a covered prescribed prescription drug at retail cost and are seeking reimbursement. **Submit this form with the original prescription label receipt(s). Cash register and credit card receipts alone are not acceptable as proof of purchase. Reimbursement is not guaranteed.**

Claims will be subject to limitations, exclusions and other provisions of the Plan Benefit.

Patient Information (One form per patient)		
Health Plan (Insurance) Name <i>(please print)</i>		
Name <i>(Last Name, First Name, MI)</i>	Birth Date	I.D. Number
Mailing Address <i>(Number, Street, City, State & ZIP Code)</i>		
Prescribing Physician's Name		Physician's Telephone Number
Reason for Request		
<i>(At least one must be checked.)</i>		
<input type="checkbox"/> Out of Area emergency medication	<input type="checkbox"/> Compound medication	
<input type="checkbox"/> Non-emergency medication/vacation request	<input type="checkbox"/> Member not found in pharmacy system	
<input type="checkbox"/> No identification card or identification number available	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Coordination of Benefits (From Primary Insurance — complete section below)		
Coordination of Benefits		
<i>(If your primary insurance has already paid for the attached prescription, please complete this section.)</i>		
Primary Health Plan/Insurance Company Name _____		
Primary Member/Subscriber's Name <i>(Last Name, First Name, MI)</i> _____		
Primary Member/Subscriber's ID _____		
I certify that the patient for whom this claim is made is a covered person in this Prescription Drug Program and that the prescription is for the sole use of the named patient. I also certify that the claim(s) being submitted for payment are not eligible for payment under a no-fault automobile or workers compensation insurance program. I also authorize release of all information pertaining to this claim(s) to the plan administrator, underwriter, sponsored policy holder and/or employer.		
X _____		_____
Member's/Subscriber's Signature		Date
Special Instructions:		
Prescription Label receipt must have the following information clearly legible or reimbursement could be delayed or denied.		
• Pharmacy Name	• Prescribing physician's name	• Member paid expense
• Drug name, strength and quantity	• Prescription number and date filled	
The claim(s) will be returned if the member/subscriber's signature is not present.		
Please mail label receipt(s) and this completed form to:		
OptumRx P.O. Box 29044 Hot Springs, AR 71903		
Reimbursement and correspondence will be issued to the primary member/subscriber.		

Other Plan Details

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.

Other Plan Details

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

We may use or share your HI as follows.

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

- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. 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.

Other Plan Details

- **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.

Other Plan Details

Questions About This Notice

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

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: 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; y 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.

We're here for you.

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-866-675-1607, TTY 711**, 7:00 a.m. – 7:00 p.m., Monday – Friday. You can also visit our website at myuhc.com/CommunityPlan.

UnitedHealthcare Community Plan

myuhc.com/CommunityPlan

1-866-675-1607, TTY 711



