UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan)
Member Handbook
Effective January 1, 2020

Toll-Free 1-877-542-9236, TTY 711
8 a.m. – 8 p.m. local time, Monday – Friday
(voicemail available 24 hours a day/7 days a week)

www.UHCCommunityPlan.com
www.myuhc.com/CommunityPlan
**Important Telephone Numbers**

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<th>Service</th>
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<td><strong>Member Services</strong></td>
<td>1-877-542-9236</td>
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<td><strong>24/7 Nurse Line℠</strong></td>
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<td><strong>Healthy First Steps (for mothers-to-be)</strong></td>
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<td><strong>Care Management</strong></td>
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<td>call our Nurse Line.)</td>
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<td><strong>Fraud and Abuse Hotline</strong></td>
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<td>UnitedHealthcare</td>
<td>1-877-766-3844</td>
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<td>Ohio Department of Insurance</td>
<td>1-800-686-1527</td>
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<td>1-614-644-2671</td>
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<td><strong>Pharmacy Questions</strong></td>
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<td><strong>Ohio Medicaid Consumer Hotline</strong></td>
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**Your Health Providers**

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NurseLine℠ is a service mark of UnitedHealth Group, Inc.

UnitedHealthcare Connected℠ for MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
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WELCOME

ATTENTION: If you speak English, language services, free of charge, are available to you. Call 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday. The call is free.

ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-877-542-9236 (TTY 711), de 8 a.m. a 8 p.m., hora local, de lunes a viernes. La llamada es gratuita.

Welcome to UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) by UnitedHealthcare Community Plan of Ohio, Inc. You are now a member of a MyCare Ohio health care plan, also known as a MyCare Ohio managed care plan (MCOP). An MCOP is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has care managers and care teams to help you manage all your providers and services. They all work together to provide the care you need. UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) provides health care services to Ohio residents who are eligible.

If you have any problem reading or understanding this or any other UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) information, please contact Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time Monday – Friday (voice mail available 24 hours a day/7 days a week) for help at no cost to you.

WHO IS ELIGIBLE TO ENROLL IN A MYCARE OHIO PLAN?

You are eligible for membership in our MyCare Ohio plan as long as you:

• Live in our service area; and

• Have Medicare Parts A, B and D; and

• Have full Medicaid coverage; and

• Are 18 years of age or older at time of enrollment.

You are not eligible to enroll in a MyCare Ohio plan if you:

• Do not have full Medicaid benefits and Medicare Parts A, B and D;

• Are younger than age 18;
• Are enrolled in PACE (Program for All-Inclusive Care for the Elderly);
• Have any private medical insurance, including retiree benefits, other than a Medicare Advantage plan; or
• Have intellectual or other developmental disabilities and receive services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)

Additionally, you have the option not to be a member of a MyCare Ohio plan if:
• you are a member of a federally recognized Indian tribe, regardless of your age.
• you are an individual who receives home and community based waiver services through the Ohio Department of Developmental Disabilities.

If you believe that you meet any of the above criteria and should not be enrolled, please contact Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) is available only to people who live in our service area. Our service area includes Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, and Wayne counties. If you move to an area outside of our service area, you cannot stay in this plan. If you move, please report the move to your County Department of Job and Family Services office and to UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).

NEW MEMBER INFORMATION

This handbook tells you about your coverage under UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan). It explains how to receive health care services, behavioral health coverage, prescription drug coverage, home and community based waiver services, also called long-term care services and supports. Long-term services and supports help you stay at home instead of going to a nursing home or hospital. You will also find additional information such as: providers that you can use to receive care (also known as network providers); member rights; additional benefits; and steps you can take if you are unhappy or disagree with something.

You can request a printed Provider Directory by calling the Member Services department or by returning the postcard you received with your new member letter and member identification (ID) card. The Provider Directory lists all of our panel providers as well as other non-panel providers you can use to receive services. You can also visit our website at www.UHCCommunityPlan.com to view up to date provider panel information or call Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week) for assistance.
While UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) is approved by the state and federal governments to provide both Medicare and Medicaid-covered services, you chose or were assigned to receive only your Medicaid-covered services from our plan. If you want to receive both your Medicare and Medicaid-covered services from your MyCare Ohio MCOP, see page 1 under section: Who is Eligible to Enroll in a MyCare Ohio Plan for more information.

**MEMBER SERVICES**

Member Services can be reached at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday. You can leave a voicemail 24 hours a day/7 days a week. We will respond to all voicemails within 24 business hours.

Member Services can help you with the following: finding a provider, benefit questions, how to access services, help in understanding your Medicare or Medicaid benefits, prior authorizations (okay), filing a complaint including for discrimination or appeal/expedited appeal, changing PCPs, understanding this Member Handbook, co-pays for Rx, language help, etc. You can call when you are unsure of something or if you have any questions about UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan).

You can keep your membership record up-to-date by letting us know when your information changes. The plan’s network providers and pharmacies need to have the right information about you. **They use your membership record to know what services and drugs you get** and how much they will cost you. Because of this, it is very important that you help us keep your information up to date.

Let us know if any of these situations applies to you:

- If you are afraid for your safety
- If you have any changes to your name, address, or phone number
- If you get other health insurance coverage like coverage from your employer, your spouse’s employer, or workers’ compensation
- If you have any liability claims, such as claims from an automobile accident
- If you are admitted to a nursing facility or hospital
- If you get care in an out-of-area or out-of-network hospital or emergency room
- If there’s a change in who is your caregiver (or anyone else responsible for you)
- If you become pregnant

If any information changes, please let us know by calling Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).
You can also write to us:

Member Services
UnitedHealthcare Connected® for MyCare Ohio
5900 Parkwood Place
Dublin, OH 43016

Please visit our website (www.UHCCommunityPlan.com) which includes up-to-date member information, health education, list of providers, and much more.

Language Help

ATTENTION: If you speak English, language services, free of charge, are available to you. Call 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday. The call is free.

If you have a problem reading or understanding this information or any other UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) information, please contact Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week) for help at no cost to you. We can explain this information, in English or in your primary language. You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week). The call is free.

Members with hearing loss, please call 711. This is a free Telecommunications Relay Service (TRS) that allows persons with hearing or speech disabilities to place and receive telephone calls. Ask to be connected to UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) and give them the Member Services number 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).

If needed, member information and literature can be made available in a different language, large print, Braille and audio tapes. Interpreters are also available for visual or hearing impaired members. If you need this information in Braille or large print, please call Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).

IDENTIFICATION (ID) CARDS

Your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) membership ID card replaces your monthly Medicaid card. You will not receive a new card each month as you did with the Medicaid card.

ALWAYS KEEP YOUR ID CARD(S) WITH YOU

You must show your UnitedHealthcare Connected® for MyCare Ohio member ID card and your Medicare ID card when you get any services or prescriptions. This means that you need your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) ID card when you:

• see your primary care provider (PCP)
• see a specialist or other provider
• go to an emergency room
• go to an urgent care facility
• go to a hospital for any reason
• go to a pharmacy
• go to labs or imaging providers
• go to nursing or assisted living facilities
• go to waiver service providers
• get medical supplies
• get a prescription
• have medical tests

Call Member Services as soon as possible at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week) if:
• you have not received your card(s) yet
• any of the information on the card(s) is wrong
• your card is damaged, lost or stolen
• you have a baby

**PRIMARY CARE PROVIDER**

You can continue to get Medicare services from your doctors and other Medicare providers. You will also be asked to identify a primary care provider (PCP).

Your PCP will be the first point of contact for all of your health care needs and will work with you to direct your health care. Your PCP should work with your UnitedHealthcare Connected® for MyCare Ohio Care Manager to coordinate your health and long-term care services. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

• It is important to contact your PCP before you see a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.

**Changing your PCP**

If for any reason you change your PCP, it is important to contact UnitedHealthcare Connected® for MyCare Ohio’s Member Services to ensure your health and long-term care services are coordinated.

If you no longer see the PCP that is on your ID card, UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) will send you a new ID card.
If you need help finding a PCP or want the names of the PCPs in our network, you may look in your Provider Directory if you requested a printed copy, on our website at www.UHCCommunityPlan.com, or you can call Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).

Get to Know Your PCP – Time for a Wellness Visit!

It’s important for all UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) members to have regular wellness visits. This way your PCP can help you live a healthier life. See your PCP as soon as you become a UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) member. You don’t have to wait until you are sick. Don’t forget to take all of your insurance ID cards with you.

Some questions you can ask are:

• What are the office hours?
• What if I need night or weekend care?
• Who takes calls if your office is closed?
• Do you need an “O.K.” from me to get my records from another office?
• Am I due for any tests or check-ups?

It is important to know all the staff at your PCP’s office. They will help you with medical advice and much more. It is best to call during regular business hours if you want to speak to someone from the office.

Learn more about network doctors.

You can learn information about network doctors at www.UHCCommunityPlan.com 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.
• Languages spoken.

What Is a Medical Home?

If you go to the same provider or medical practice all the time, this provider is your medical home.
Why Would I Want a Medical Home?
There are lots of reasons for you and your family to have a medical home.

- A medical home will already have your medical records. This lets the doctor see you faster.
- A medical home will know what shots, illnesses and prescriptions you have had and what works best.
- A medical home will know what your allergies and other health issues are.
- A medical home will know what behavior and health is normal for you.
- A medical home can answer your questions about previous treatment.

How Long Should It Take to Get a PCP Appointment?
Here are some general guidelines on how long it takes to get an appointment with your PCP.

**Emergency appointments:** Immediately or referred to an emergency facility

**Urgent (but not an emergency) appointments:** Within 24 hours

**Routine symptomatic appointments:** Within 48 hours

**Routine asymptomatic appointments:** Within 6 weeks

**Preventive, well-child, and regular appointments:** Within 6 weeks

NETWORK PROVIDERS
It is important to understand that members must receive Medicaid services from facilities and/or providers in UnitedHealthcare Connected® for MyCare Ohio’s (Medicare-Medicaid Plan) provider network. A network provider is a provider who works with our health plan and has agreed to accept our payment as payment in full.

Network providers include but are not limited to: nursing facilities; home health agencies; medical equipment suppliers and others who provide goods and services that you get through Medicaid. The only time you can use providers that are not in network is for services that Medicare pays for OR an out of network provider of Medicaid services that UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) has approved you to see during or after your transition of care time period.
• For a specified time after your enrollment in the MyCare Ohio program, we may allow you to receive care from a provider that is not a UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) panel provider (out-of-network provider). Additionally, we may allow you to continue to receive services that were authorized by Ohio Medicaid. This is called your transition of care period. Please note, the transition periods start on the first day you are effective with any MyCare Ohio plan. If you change your MyCare Ohio plan, your transition period for coverage of a non-network provider does not start over. The New Member Letter included with this Handbook has more information on transition time periods, services and providers. If you are currently seeing a provider that is not in our network or if you already have services approved or scheduled, it is important that you call Member Services immediately (today or as soon as possible) so we can arrange the services and avoid any billing issues.

You can request a Provider Directory by returning the enclosed post card, or you can find out which providers are in our network by calling Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week) or on our website at www.UHCCommunityPlan.com. You can also contact the Medicaid Hotline at 1-800-324-8680, TTY users should call Ohio Relay at 7-1-1, or on the Medicaid Hotline website at www.ohiomh.com. You can request a printed Provider and Pharmacy Directory at any time by calling Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week). Both Member Services and the website can give you the most up-to-date information about changes in our network providers.

After Hours Care or Care When Traveling Outside the UnitedHealthcare Service Area

Sometimes you may need your PCP when the office is closed or when you are traveling outside the UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) service area. If you need urgent or non-emergent care, call your PCP's office. You will receive directions on how to access care. There is someone to help you 24 hours a day, seven days a week. If your PCP tells you to go to the nearest emergency room, call UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) within 24 hours or as soon as possible.

You can also call UnitedHealthcare Connected® for MyCare Ohio’s (Medicare-Medicaid Plan) NurseLine services. NurseLine nurses are available to answer your health-related questions 24 hours a day and 7 days a week. Call NurseLine at 1-800-542-8630 (TTY 711).

Prior Authorization

Prior authorization is an okay for services that must be approved by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) for your Medicaid-covered services. Your doctor must call Utilization Management (UM) at 1-800-366-7304 before you obtain a service or procedure that is listed as requiring an okay in this booklet. Our UM team is available Monday through Friday, 8 a.m. to 5 p.m. On-call staff is available 24 hours a day, 7 days a week for emergency okays.

If you have questions about UM decisions or processes, call Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).
Informed Consent
Consent means that you say “yes” to medical treatment. Informed consent means the treatment was explained to you and you understand.

- You say yes before getting any treatment.
- Sometimes you may need to say yes in writing.
- If you do not want the medical treatment, your PCP will talk to you and tell you other choices.
- You have the right to say yes or no.

No Medical Coverage (Except Emergency Services) Outside of the United States
Any health care services (except Emergency Services) you receive while out of the country will not be covered by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan).

Behavioral Health Services
If you need mental health and/or substance use disorder treatment services, please call Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week). You can also find additional UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) providers on our website at www.UHCCommunityPlan.com and in our Provider Directory.

Self-Referred Services
You can receive some services without your PCP referring or recommending you to another doctor. These are called self-referred services. Please check with your Medicare plan first but, examples of services that you may be able to receive without your PCP referring you to another doctor include:

- Dental care
- Vision care
- Women’s routine and preventive health care services provided by a women’s health specialist (obstetrics, gynecology, certified nurse midwife)
- Specialty care (except for chemotherapy and pain management specialist services)
- Emergency care
- Services provided by Qualified Family Planning Providers (QFPP)
- Mental health and substance use disorder treatment services
- Services provided at Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC)
- Dialysis
- Radiation therapy
- Mammograms
You must go to a participating provider for all self-referred services except for emergency care or for services provided at Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC), Qualified Family Planning Providers (QFPP), Ohio Department of Mental Health certified community mental health centers, and Ohio Department of Alcohol and Drug Addiction Services certified treatment centers which are Medicaid providers.

Participating providers would be those providers listed in your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) Provider Directory. Your Provider Directory will include specialists such as oncologists, gynecologists, optometrists, dentists, and psychologists. If you do not see your provider listed, call Member Services or visit www.UHCCommunityPlan.com to find out if your provider is now accepting UnitedHealthcare for MyCare Ohio (Medicare-Medicaid Plan).

To make sure you receive the best care, tell your PCP about any self-referred visits to specialists and other providers. By doing this, your PCP can help coordinate your health care. If you visit a provider that is not a participating provider with UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan), these services may require an okay.
BEHAVIORAL HEALTH SERVICES

Mental health and substance use disorder treatment services are available through the plan. These services include:

- Medical Services
- Medication-Assisted Treatment for Addiction
- Office Administered Medications
- Opioid Treatment Programs
- Psychological Testing
- Mental Health Day Treatment
- Substance Use Disorder Treatment Services to include Peer Recovery Support, Partial Hospitalization, and Residential Treatment
- Therapeutic Behavioral Service
- Psychosocial Rehabilitation
- Community Psychiatric Support Services

In addition to these services, two new services are also available: Assertive Community Treatment and Intensive Home-Based Treatment.

If you need mental health and/or substance use disorder treatment services, or would like more information about these services, talk to your provider or call Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).

CARE MANAGEMENT

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) offers care management services to all members. When you first join our plan, you will receive a health care needs assessment within the first 15 to 75 days of your enrollment effective date depending on your health status. You will receive a phone call from your Health Plan Care Manager to schedule and do the comprehensive in-home assessment.

The Care Manager is the director of your treatment plan. The Care Manager assists with assessing your needs and health issues and works with your care team to define a plan of care that meets your needs.

If you’d like to find out who your care manager is, please call Member Services at 1-877-542-9236 (TTY 711). They will give you the contact information for your care manager and also let your care manager know you are trying to reach them. You can also ask any other questions about care management.

Our goal is to identify a care manager that best meets your needs; however, if you want to change your Care Manager, you can call Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).
The Care Management Team.

You will be assigned a personal Care Manager. Your PCP is a part of the core team.

Our goal is to use a person-centered approach to assess and develop a care plan with you, your family and caregivers. Together your Care Management Team develops the right plan to meet your needs.

We will get to know your needs by reviewing your current health information. You will receive a welcome call from the Integrated Care Team to verify receipt of Welcome materials and identify any immediate health care needs.

We will identify what you need to maintain your health, and feel as good as possible, including: what types of medications do you need today or in the future? Do you have any medical needs that have been planned or recommended by your doctor?

Everything revolves around your health care needs.

How it works:

• We’ll go over your health history and make sure we have everything ready.
• We’ll create a customized plan of care based on your individual needs.
• We’ll coordinate with family members, caregivers and health care providers.
• We’ll help you to make sure you get the services you may need.

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) provides a seamless system of care for our members and providers that integrate Medicare and Medicaid service delivery through either coordinated or contractually integrated models.

Our goal is to serve our members through a comprehensive and integrated care management program that supports the individuals’ choice to live in the least restrictive environment, maintain independence, and prevent functional decline.

Since your healthcare needs may change from time to time, your care manager will be responsible for sharing the changes with the care team that assists you. Of course, your input and permission are always considered when sharing the plan of care. In order to provide the best care for you, your care team needs to know your most up-to-date plan of care, which may include tests, procedures, and specialist visits. The care manager will track and follow your medications, as these can also change from time to time. It is important that you and your care team understand your medication changes.

Our care management program will:

• Conduct functional/social, behavioral/medical assessments, risk determinations and develop and implement member-centric, needs-based care/service plans
• Integrate acute care transition coordination, complex care management, chronic illness support, long-term care, behavioral health care and substance use disorder treatment, and coordination of services with multiple payers into one holistic program
• Engage community supports, services and other care stakeholders
- Engage member’s medical/health home, Medicaid Health Home and PCP
- Use electronic member records to track status and outcomes over time

Our Personal Care Model™ cares for members who have serious health problems and/or on-going conditions. We want our members to enjoy the highest quality of life.

SERVICES COVERED BY UNITEDHEALTHCARE CONNECTED® FOR MYCARE OHIO (MEDICARE-MEDICAID PLAN)

Medicaid helps with medical costs for certain people with limited incomes and resources. Ohio Medicaid pays for Medicare premiums for certain people, and may also pay for Medicare deductibles, co-insurance and co-payments except for prescriptions. Medicaid covers long-term care services such as home and community-based “waiver” services, and assisted living services and long-term nursing home care. It also covers dental and vision services. Because you chose or were assigned to only receive Medicaid-covered services from our plan, Medicare will be the primary payer for most services. You can choose to receive both your Medicare and Medicaid benefits through UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) so all of your services can be coordinated. Please see page 1 (Who is Eligible to Enroll in a MyCare Ohio Plan) for more information on how you can make this choice.

If you must travel 30 miles or more from your home to receive covered health care services, UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) will provide transportation to and from the provider’s office. These services must be medically necessary and not available in your service area. You must also have a scheduled appointment (except in the case of urgent/emergent care). Please contact Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week) at least 48 hours in advance of your appointment for assistance.

In addition to the transportation assistance that UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) provides, members can still receive assistance with transportation for certain services through the local County Department of Job and Family Services Non-Emergency Transportation (NET) program. Call your County Department of Job and Family Services for questions or assistance with NET services.

If you have been determined eligible and enrolled in a home and community-based waiver program, there are also waiver transportation benefits available to meet your needs.

As a UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) member, you will continue to receive all medically-necessary Medicaid-covered medical services at no cost to you. These services may or may not require an okay before you receive the service. Please see the following charts to determine if your benefits require an okay. If you receive a bill for covered services please contact Member Services.

- Acupuncture — for pain management of migraine and lower back pain
- Ambulance and ambulette transportation
- Behavioral Health Services (including mental health and substance use disorder treatment)
• Chiropractic services
• Dental services
• Durable medical equipment and supplies
• Federally Qualified Health Center or Rural Health Clinic services
• Home and community-based waiver services
• Home health services
• Nursing facility services
• Prescription drugs (certain drugs not covered by Medicare Part)
• Respite services
• Speech and hearing services, including hearing aids
• Vision care (optical) services, including eyeglasses

Services That DO NOT Require an okay
UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) encourages you to work with your PCP to help coordinate access to these services. However, it is not required that you see your PCP before you receive these services. Make sure you show both your Medicare and MyCare Ohio ID cards when getting any service.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental services</strong></td>
<td>Oral exam and cleaning once every six months for members under the age of 21. Oral exam and cleaning once every year for members over the age of 21. Some non-routine dental services may require an okay.</td>
</tr>
<tr>
<td><strong>Eye exams, routine vision (optical) services, including eyeglasses</strong>*</td>
<td>One comprehensive eye exam, complete frame, and pair of lenses (contact lenses, if medically necessary) are covered once per year for members age 20 and under and 60 and over, and once every 2 years for members age 21–59.</td>
</tr>
<tr>
<td><strong>Family planning services and supplies</strong></td>
<td><strong>Covered</strong></td>
</tr>
<tr>
<td><strong>Free-standing birth center services at a free-standing birth center</strong></td>
<td>Covered – Call Member Services to find a qualified clinic</td>
</tr>
<tr>
<td><strong>Behavioral Health Services</strong></td>
<td><strong>Covered</strong></td>
</tr>
<tr>
<td><strong>Physical exam required for employment or for participation in job training programs</strong></td>
<td>Covered if the exam is not provided free of charge by another source.</td>
</tr>
</tbody>
</table>
SERVICE COVERAGE

**Opioid Treatment Programs (OTPs)**
The daily and weekly buprenorphine administration and buprenorphine-based medications will be available for federally-certified OTPs. The daily and weekly methadone administration will be available for state-licensed OTPs. These include: oral naltrexone, injectable/nasal naloxone.

**Yearly Well Adult Exams**
Covered when Medicare does not cover these.

**Services That DO Require an okay**
Your doctor must call UnitedHealthcare Connected® for MyCare Ohio’s (Medicare-Medicaid Plan) Utilization Management Department at 1-800-366-7304 to get approval before you can receive the following services. Make sure you show both your Medicare and MyCare Ohio ID cards when getting any service.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Living Services</td>
<td>Covered</td>
</tr>
<tr>
<td>Home and Community-Based (Waiver) Services</td>
<td>Covered</td>
</tr>
<tr>
<td>Hospice care in a nursing facility (care for terminally ill, e.g., cancer patients)</td>
<td>Covered</td>
</tr>
<tr>
<td>Medicaid home health and private duty nursing services</td>
<td>Covered</td>
</tr>
<tr>
<td>Nursing facility and Long-term Care Services and Supports</td>
<td>Covered</td>
</tr>
<tr>
<td>Hearing services, including hearing aids</td>
<td>Covered</td>
</tr>
<tr>
<td>Respite services</td>
<td>For Supplemental Security Income (SSI) members under the age of 21, as approved by CMS within the applicable 1915(b) waiver and as described in OAC rule 5160-26-03</td>
</tr>
</tbody>
</table>
Services That MAY Require an okay

Depending on the level of care needed, these services may require an okay before you can receive them. Please see your Primary Care Provider (PCP) or talk to your Care Manager. Make sure you show both your Medicare and MyCare Ohio ID cards when getting any service.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acupuncture</strong></td>
<td>Coverage is limited to the pain management of migraine headaches and lower back pain. Thirty (30) visit limit without Prior Authorization. Covered for all state certified acupuncturists or orient medicine providers or any other provider holding a state certificate in acupuncture.</td>
</tr>
<tr>
<td><strong>Ambulance and ambulette transportation</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Durable medical equipment</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Prescription Drugs, including certain prescribed over-the-counter drugs</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Services for children with medical handicaps (Title V)</strong></td>
<td>Covered</td>
</tr>
</tbody>
</table>

New technology assessment.

Some medical practices and treatments are not yet proven to be effective. New practices, treatments, tests and technologies are reviewed nationally by UnitedHealthcare Community Plan to make decisions about new medical practices and treatments and what conditions they can be used for. This information is reviewed by a committee of UnitedHealthcare Community Plan doctors, nurses, pharmacists and guest experts who make the final decision about coverage. If you would like more information about how we make decisions about new medical practices and treatments, call us at 1-877-542-9236, TTY 711.

SERVICES NOT COVERED BY UNITEDHEALTHCARE CONNECTED® FOR MYCARE OHIO (MEDICARE-MEDICAID PLAN)

While Medicare will be the primary payer for most services, UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) will not pay for services or supplies received without following the directions in this handbook. We will not make any payment for the following services that are not covered by Medicaid:

- Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
- All services or supplies that are not medically necessary
• Assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual
• Biofeedback services
• Experimental services and procedures, including drugs and equipment, not covered by Medicaid and not in accordance with customary standards of practice
• Infertility services for males or females, including reversal of voluntary sterilizations
• Paternity testing
• Plastic or cosmetic surgery that is not medically necessary
• Services for the treatment of obesity unless determined medically necessary
• Services to find cause of death (autopsy) or services related to forensic studies
• Services determined by Medicare or another third-party payer as not medically necessary
• Sexual or marriage counseling
• Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure

This is not a complete list of the services that are not covered by Medicaid or our plan. If you have a question about whether a service is covered, please call the Member Services Department at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).

WAIVER SERVICES

MyCare Ohio Waiver services are designed to meet the needs of members 18 years or older, who are determined by the State of Ohio, or its designee, to meet an intermediate or skilled level of care. These services help individuals to live and function independently. If you are enrolled in a waiver, please see your MyCare Ohio Home & Community-Based Services Waiver member handbook for waiver services information.

NURSING FACILITY/LONG-TERM CARE SERVICES AND SUPPORTS

Nursing Facility/Long-term Care Services and Supports are covered by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan). A range of home and community-based services and supports are available to you as an alternative to long-term nursing facility care to enable you to live as independently as possible. The most appropriate setting for receiving long-term care services is considered by you, your PCP and your Care Management team to ensure we meet your needs and that you receive needed services whether it is in the community, an assisted living facility, or a nursing facility.
The Office of the State Long-Term Care Ombudsman helps people get information about long-term care services in nursing homes and in your home or community, and resolve problems between providers and members or their families. They can also help you file a complaint or an appeal with our plan. For MyCare Ohio members, help with concerns about any aspect of care is available through the MyCare Ohio Ombudsman. You can call 1-800-282-1206 Monday through Friday 8:00 am to 5:00 pm. Calls to this number are free. You can submit an online complaint at: http://aging.ohio.gov/contact/ or you can send a letter to:

Ohio Department of Aging
246 N. High St./ 1st Fl
Columbus, Ohio 43215-2406

PRESCRIPTION DRUGS – NOT COVERED BY MEDICARE PART D

While most of your prescription drugs will be covered by Medicare Part D, there are a few drugs that are not covered by Medicare Part D but are covered by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan). You can view our plan’s List of Covered Drugs on our website at www.UHCCommunityPlan.com. Drugs with an asterisk are not covered by Medicare Part D but are covered by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan). You do not have any co-pays for drugs covered by our plan because we only cover your non-Part D/OTC drugs. Please talk to your Medicare carrier for any co-pays they will charge you for Part D drugs.

If you do not have the co-pay amount, you should tell the pharmacy and you can get your prescription. You will still owe the pharmacy the co-pay and the pharmacy can refuse to provide future services for unpaid co-pays if they notify you in advance.

We may also require that your provider submit information to us (a prior authorization request) to explain why a specific medication and/or a certain amount of a medication is needed. We must approve the request before you can get the medication. Reasons why we may prior authorize a drug include:

• There is a generic or pharmacy alternative drug available.

• The drug can be misused/abused.

• There are other drugs that must be tried first.

• Some drugs may have quantity (amount) limits.

If we do not approve a prior authorization request for a medication, we will send you information on how you can appeal our decision and your right to a state hearing. You can call Member Services to request information on medications that require prior authorization. You can also look on our website at www.UHCCommunityPlan.com. Make sure you are only looking at the drugs with an asterisk to see if they require prior authorization.

Please note that our list of medications that require prior authorization can change so it is important for you and/or your provider to check this information when you need to fill/refill a medication.
HEALTHCHEK (WELL CHILD EXAMS)

Healthchek is Ohio’s early and periodic screening, diagnostic, and treatment (EPSDT) benefit. Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for everyone eligible for Medicaid under the age of 21 years. These exams are important to make sure that young adults are healthy and are developing physically and mentally. Members under the age of 21 years should have at least one exam per year.

Healthchek also covers complete medical, vision, dental, hearing, nutritional, developmental, and behavioral health exams, in addition to other care to treat physical, mental, or other problems or conditions found by an exam. Healthchek covers tests and treatment services that may not be covered for people over age 20; some of the tests and treatment services may require prior authorization.

Healthchek services are available at no cost to members and include:

- Preventive check-ups for young adults under the age of 21.
- Healthchek screenings:
  - Medical exams (physical and development screenings)
  - Vision exams
  - Dental exams
  - Hearing exams
  - Nutrition checks
  - Developmental exams
  - Lead testing
- Laboratory tests (age and gender appropriate exams)
- Immunizations
- Medically necessary follow up care to treat physical, mental, or other health problems or issues found during a screening. This could include, but is not limited to, services such as:
  - visits with a primary care provider, specialist, dentist, optometrist and other UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) providers to diagnose and treat problems or issues
  - in-patient or outpatient hospital care
  - clinic visits
  - prescription drugs
- Health education
As a part of Healthchek, care management services are available to all members under the age of 21 who have special health care needs. Please see page 10 to learn more about the care management services offered by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan).

It is very important to get preventive check ups and screenings so your providers can find any health problems early and treat them, or make a referral to a specialist for treatment, before the problem gets more serious. **Remember, some services may require prior authorization by UnitedHealthcare Connected® for MyCare Ohio.** Also, for some EPSDT items or services, your provider may request prior authorization for UnitedHealthcare Connected® for MyCare Ohio to cover things that have limits or are not covered for members over age 20. Please look at the “covered services” section of this booklet to see what services require prior authorization.

UnitedHealthcare Connected® for MyCare Ohio will give you the help you need to get a Healthchek screening and any follow-up services. Call UnitedHealthcare Connected® for MyCare Ohio Member Services at 1-877-542-9236 (TTY 711) to see if you are eligible for Healthchek and to receive information on how to obtain Healthchek services. You can also call your Medicare provider or Dentist to make an appointment for a Healthchek exam. Please make sure to ask for a Healthchek exam when you call. It is very important to make appointments with a PCP and dentist for regular check-ups.

We can help you find an in-network doctor, dentist or healthcare specialist. We will call you with reminders when your child is due for a Healthchek screen. If you need help making appointments, we will help you. If you do not have a way of getting to your appointments, ask us for help with transportation. If you suspect a problem with your child, schedule a Healthchek visit even if it is not yet time for one. This will help you detect and treat any problems early.

**EMERGENCY SERVICES**

Emergency Services are covered by Medicare. If you have an emergency, call 911 or get to the nearest emergency room (ER) or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your primary care provider or the NurseLine at 800-542-8630 (TTY 711). Your PCP or the NurseLine can talk to you about your medical problem and give you advice on what you should do.

Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Be sure to show them your UnitedHealthcare for MyCare Ohio member ID card and your Medicare ID card.

- If the provider that is treating you for an emergency takes care of your emergency but thinks that you need other medical care to treat the problem that caused your emergency, the provider must call UnitedHealthcare Connected® for MyCare Ohio.

- If you need emergency transportation, contact 911 or your local emergency service.

- If the hospital has you stay, please call Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week) within 24 hours, or as soon as possible.
ADDITIONAL BENEFITS OR SERVICES

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) also offers the following extra services and/or benefits to their members.

Care Management Team

All members have access to a care management team. This additional service/benefit is described in the Care Management section earlier in this Handbook.

Dental Services

Oral exam and cleaning once every six months for members under the age of 21. Oral exam and cleaning once every year for members over the age of 21. Some non-routine dental services may require an okay. Please refer to your Provider Directory for a list of dental providers that are in the UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) network to set up your dental appointment.

Vision Services

One comprehensive eye exam, complete frame, and pair of lenses (contact lenses, if medically necessary) are covered once per year for members age 20 and under and 60 and over, and once every 2 years for members age 21–59. Please refer to your Provider Directory for a list of optometrists that are in the UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) network to set up your eye appointment.

NurseLineSM

As a member of UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan), you can take advantage of our NurseLine services. NurseLine provides you with 24 hours a day/7 days a week access through a toll-free telephone number to experienced registered nurses who understand your health care needs and concerns. You can rest easy knowing registered nurses with NurseLine have an average of 15 years of experience. NurseLine uses trusted, physician-approved information to help you make the right decisions. NurseLine can help you make health-related decisions but it is not a substitute for your doctor’s care. Please see the NurseLine section earlier in this Handbook for more information.

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor’s care.

Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.
MEMBER RIGHTS

As a member of our health plan you have the following rights:

• To receive all information and services that our plan must provide.

• To be treated with respect and with regard for your dignity and privacy.

• To be sure that your medical record information will be kept private.

• To be given information about your health. This information may also be available to someone who you have legally approved to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.

• To be able to take part in decisions about your healthcare unless it is not in your best interest.

• To get information on any medical care treatment, given in a way that you can follow regardless of cost or benefit coverage.

• To be sure others cannot hear or see you when you are getting medical care.

• To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations.

• To ask, and get, a copy of your medical records, and to be able to ask that the record be changed or corrected if needed.

• To be able to say yes or no to having any information about you given out unless we have to by law.

• To be able to say no to treatment or therapy. If you say no, the doctor or our plan must talk to you about what could happen and must put a note in your medical record about it.

• To be able to file an appeal, a grievance (complaint) or state hearing. See the section titled “How to let UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid plan) know if you are unhappy or do not agree with a decision we made – Appeals and Grievances” of this handbook (page 23) for information.

• To be able to get all MCOP written member information from our plan:
  • at no cost to you;
  • in the prevalent non-English languages of members in the MCOP’s service area;
  • in other ways, to help with the special needs of members who may have trouble reading the information for any reason.

• To be able to get help, free of charge, from our plan and its providers if you do not speak English or need help in understanding information.

• To be able to get help, free of charge, with sign language if you are hearing impaired.

• To be told if the health care provider is a student and to be able to refuse his/her care.

• To be told of any experimental care and to be able to refuse to be part of the care.
• To be able to make recommendations regarding UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid plan) member rights and responsibilities policy.

• To make advance directives (that is a living will). See page 35, which explains about advance directives.

• To file any complaint about not following your advance directive with the Ohio Department of Health.

• To be free to carry out your rights and know that the MCOP, the MCOP’s providers or the Ohio Department of Medicaid will not hold this against you.

• To know that we must follow all federal and state laws, and other laws about privacy that apply.

• To choose the provider that gives you care whenever possible and appropriate.

• To change your primary care provider (that is your doctor) no more than once a month.

• If you are a female, to be able to go to a woman’s health provider in our network for Medicaid covered woman’s health services.

• To be able to get a second opinion for Medicaid covered services from a qualified provider in our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network at no cost to you.

• To get information about UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) from us. This includes information about our services, our health care providers and your member rights and responsibilities.

• To contact the Ohio Department of Medicaid and/or the United States Department of Health and Human Services Office of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, genetic information, ancestry, health status or need for health services.

  The Ohio Department of Medicaid
  Office of Human Resources, Employee Relations
  P.O. Box 182709
  Columbus, Ohio 43218-2709
  ODM_EmployeeRelations@medicaid.ohio.gov
  Fax: (614) 644-1434

  Office for Civil Rights
  United States Department of Health and Human Services
  233 N. Michigan Ave. – Suite 240
  Chicago, Illinois 60601
  (312) 886-2359
  (312) 353-5693 TTY

Laws require that we keep your medical records and personal health information private. We make sure that your health information is protected. For more information about how we protect your personal health information, see the Health Plan Notices of Privacy Practices on page 40.
MEMBER RESPONSIBILITIES

As a Member of UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan), you have the responsibility:

• To understand how UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) works by reading this book.

• To choose your Primary Care Provider (PCP).

• To carry your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) ID card; (You must show your card when receiving services as well as your Medicare card).

• To report a stolen or lost ID card as soon as possible.

• To inform UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) of any other insurance you may have, and to present current insurance information to your Primary Care Provider.

• To seek medical attention as needed.

• To be on time for all appointments.

• To tell your PCP’s office or any medical office if you need to change an appointment.

• To respect the rights and property of your PCP, other healthcare workers, and other patients.

• To know when to take your medicine, how to take your medicine and to follow your doctor’s instructions that you agreed to.

• To give the right medical information about yourself that UnitedHealthcare Connected and your health care providers need to provide care.

• To take full responsibility, think about the consequences of your decision if you refuse care (say no) to treatment, and ask questions if you don’t understand.

• To understand as best you can your health problems and take part in developing mutually agreed upon treatments.

• To be sure that your PCP has all your medical records; (This includes all medical records from other doctors.)

• To let UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) know if you are in the hospital or use the Emergency Room: (Do this within 24 hours or as soon as possible.)

• To consent to the proper use of your health information

• To keep your Medicaid eligibility current so you do not lose your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) membership.
HOW TO LET UNITEDHEALTHCARE CONNECTED® FOR MYCARE OHIO (MEDICARE MEDICAID PLAN) KNOW IF YOU ARE UNHAPPY OR DO NOT AGREE WITH A DECISION WE MADE — APPEALS AND GRIEVANCES

If you are unhappy with anything about our plan or its providers, you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you authorize to speak for you, can contact us. If you want someone to speak for you, you will need to let us know. UnitedHealthcare Connected® for MyCare Ohio wants you to contact us so we can help you.

To contact us, you can:

• Call the Member Services Department at 1-877-542-9236 (TTY 711), or
• Fill out the form at the end of your member handbook, or
• Call the Member Services Department to request they mail you a form, or
• Visit our website at www.UHCCommunityPlan.com, or
• Write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to:

UnitedHealthcare Appeals Department
PO Box 31364
Salt Lake City, UT 84131-0364

UnitedHealthcare Connected® for MyCare Ohio will send you something in writing if we make a decision to:

• deny a request to cover a service for you;
• reduce, suspend or stop services before you receive all the services that were approved; or
• deny payment for a service you received that is not covered by UnitedHealthcare Connected® for MyCare Ohio.

We will also send you something in writing if, by the date we should have, we did not:

• make a decision on whether to cover a service requested for you, or
• give you an answer to something you told us you were unhappy about.

If you do not agree with the decision or action listed in the letter, and you contact us within 60 calendar days of getting our letter to ask that we change our decision or action, this is called an appeal. The 60 calendar day period begins on the day after the mailing date on the letter.
If we have made a decision to reduce, suspend or stop services before you receive all the services that were approved, your letter will tell you how you can keep receiving the services if you choose and when you may have to pay for the services.

Unless we tell you a different date, we must give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. If we do not change our decision or action as a result of your appeal, we will notify you of your right to request a state hearing. **You may only request a state hearing after you have gone through UnitedHealthcare Connected® for MyCare Ohio appeal process.**

If you contact us because you are unhappy with something about UnitedHealthcare Connected® for MyCare Ohio or one of our providers, this is called a **grievance.** UnitedHealthcare Connected® for MyCare Ohio will give you an answer to your grievance by phone (or by mail if we can’t reach you by phone) within the following time frames:

- 2 working days for grievances about not being able to get medical care
- 30 calendar days for all other grievances

If we need more time to make a decision for either an appeal or a grievance, we will send you a letter telling you that we need to take up to 14 more calendar days. That letter will also explain why we need more time. If you think we need more time to make a decision on your appeal or grievance, you can also ask us to take up to 14 calendar days.

You also have the right to file a complaint **at any time** by contacting the:

- Ohio Department of Medicaid  
  Bureau of Managed Care Compliance and Oversight  
  P.O. Box 182709  
  Columbus, Ohio 43218-2709  
  1-800-605-3040 or 1-800-324-8680  
  TTY: 1-800-292-3572

- Ohio Department of Insurance  
  50 W. Town Street  
  3rd Floor – Suite 300  
  Columbus, Ohio 43215  
  1-800-686-1526

**STATE HEARINGS**

A State Hearing is a meeting with you or your authorized representative, someone from the County Department of Job and Family Services, someone from UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan), and a hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS). In this meeting, you will explain why you think UnitedHealthcare Connected® for MyCare Ohio did not make the right decision and UnitedHealthcare Connected® for MyCare Ohio will explain the reasons for making our decision. The hearing officer will listen and then decide who is right based on the rules and the information given.
UnitedHealthcare Connected® for MyCare Ohio will notify you of your right to request a state hearing if we do not change our decision or action as a result of your appeal.

If you want a state hearing, you or your authorized representative must request a hearing **within 120 calendar days**. The 120 calendar day period begins on the day after the mailing date on the hearing form. If your appeal was about a decision to reduce, suspend, or stop services before you get all the approved services, your letter will tell you how you can keep getting the services if you choose to and when you may have to pay for the services.

To request a hearing you can sign and return the state hearing form to the address or fax number listed on the form, call the Bureau of State Hearings at 1-866-635-3748, or submit your request via e-mail at bsh@jfs.ohio.gov. If you want information on free legal services but don’t know the number of your local legal aid office, you can call the Ohio State Legal Services Association at 1-800-589-5888, for the local number. **You may only request a state hearing after you have gone through UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) appeal process.**

State hearing decisions are usually issued no later than 70 calendar days after the request is received. However, if the MCOP or Bureau of State Hearings decides that the health condition meets the criteria for an expedited decision, the decision will be issued as quickly as needed but no later than 3 working days after the request is received. Expedited decisions are for situations when making the decision within the standard time frame could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function.

If you must see a doctor for an injury or illness that was caused by another person or business, you must call the Member Services department to let us know. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store then another insurance company might have to pay the doctor’s and/or hospital’s bill. When you call we will need the name of the person at fault, their insurance company and the name(s) of any attorneys involved.

**OTHER HEALTH INSURANCE (COORDINATION OF BENEFITS — COB)**

We are aware that you also have health coverage through Medicare. If you have any other health insurance with another company, it is very important that you call the Member Services department and your county caseworker about the insurance. It is also important to call Member Services and your county caseworker if you have lost health insurance that you had previously reported. Not giving us this information can cause problems with getting care and with bills.

**LOSS OF INSURANCE NOTICE (CERTIFICATE OF CREDITABLE COVERAGE)**

Anytime you lose health insurance, you should receive a notice, known as a certificate of creditable coverage, from your old insurance company that says you no longer have insurance. It is important that you keep a copy of this notice for your records because you might be asked to provide a copy.
LOSS OF MEDICAID ELIGIBILITY

It is important that you keep your appointments with the County Department of Job and Family Services. If you miss a visit or don’t give them the information they ask for, you can lose your Medicaid eligibility. If this happened, our plan would be told to stop your membership as a Medicaid member and you would no longer be covered.

AUTOMATIC RENEWAL OF MCOP MEMBERSHIP

If you lose your Medicaid eligibility but it is started again within 90 days, you will automatically be re-enrolled in UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan).

ENDING YOUR MCOP MEMBERSHIP

You live in a MyCare Ohio mandatory enrollment area which means you must select a MyCare Ohio managed care plan unless you meet one of the exceptions listed on page 1. If your area would change to a voluntary enrollment area, the Ohio Department of Medicaid would notify you of the change.

Because you chose or were assigned to receive only your Medicaid benefits through UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan), you can only end your membership at certain times during the year. You can choose to end your membership during the first three (3) months of your initial membership or during the annual open enrollment month. The Ohio Department of Medicaid will send you something in the mail to let you know when it is your annual open enrollment month. If you live in a MyCare Ohio mandatory enrollment area, you must choose another MyCare Ohio plan to receive your health care.

If you want to end your membership during the first three months of your membership or open enrollment month you can call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. You can also submit a request on-line to the Medicaid Hotline website at www.ohiomh.com. Most of the time, if you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. If you chose another managed care plan, your new plan will send you information in the mail before your membership start date.

Choosing A New Plan

If you are thinking about ending your membership to change to another health plan, you should learn about your choices. Especially if you want to keep your current provider(s) for Medicaid services. Remember, each health plan has a network of providers you must use. Each health plan also has written information which explains the benefits it offers and the rules you must follow. If you would like written information about a health plan you are thinking of joining or if you simply would like to ask questions about the health plan, you may either call the plan or call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. You can also find information about the health plans in your area by visiting the Medicaid Hotline website at www.ohiomh.com.
Choosing to receive both your Medicare and Medicaid benefits from a MyCare Ohio plan

You can request to receive both your Medicare and Medicaid benefits from UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) and allow us to serve as your single point of contact for all of your Medicare and Medicaid services. If you would like more information or to request this change you can contact the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1.

Just Cause Membership Terminations

Sometimes there may be a special reason that you need to end your health plan membership. This is called a “Just Cause” membership termination. Before you can ask for a just cause membership termination you must first call your managed care plan and give them a chance to resolve the issue. If they cannot resolve the issue, you can ask for a just cause termination at any time if you have one of the following reasons:

1. You move and your current MCOP is not available where you now live and you must receive non-emergency medical care in your new area before your MCOP membership ends.
2. The MCOP does not, for moral or religious objections, cover a medical service that you need.
3. Your doctor has said that some of the medical services you need must be received at the same time and all of the services aren't available on your MCOP's panel.
4. You have concerns that you are not receiving quality care and the services you need are not available from another provider on your MCOP's panel.
5. Lack of access to medically necessary Medicaid-covered services or lack of access to providers that are experienced in dealing with your special health care needs.
6. The PCP that you chose is no longer on your MCOP’s panel and he/she was the only PCP on your MCOP’s panel that spoke your language and was located within a reasonable distance from you. Another health plan has a PCP on their panel that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
7. Other - If you think staying as a member in your current health plan is harmful to you and not in your best interest.

You may ask to end your membership for Just Cause by calling the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. The Ohio Department of Medicaid will review your request to end your membership for just cause and decide if you meet a just cause reason. You will receive a letter in the mail to tell you if the Ohio Department of Medicaid will end your membership and the date it ends. If you live in a mandatory enrollment area, you will have to choose another managed care plan to receive your health care unless the Ohio Department of Medicaid tells you differently. If your just cause request is denied, the Ohio Department of Medicaid will send you information that explains your state hearing right for appealing the decision.

Things to keep in mind if you end your membership

If you have followed any of the above steps to end your membership, remember:
• Continue to use UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan)
doctors and other providers until the day you are a member of your new health plan, unless you
are still in your transition period or live in a voluntary enrollment area and choose to return to
regular Medicaid.

• If you chose a new health plan and have not received a member ID card before the first
day of the month when you are a member of the new plan, call the plan's Member Services
Department. If they are unable to help you, call the Medicaid Hotline at 1-800-324-8680. TTY
users should call Ohio Relay at 7-1-1.

• If you were allowed to return to the regular Medicaid card and you have not received a new
Medicaid card, call your county caseworker.

• If you have chosen a new health plan and have any Medicaid services scheduled, please call
your new plan to be sure that these providers are on the new plan's list of providers and any
needed paperwork is done. Some examples of when you should call your new plan include:
when you are getting home health, private duty nursing, mental health, substance use disorder
treatment, dental, vision, and waiver services.

• If you were allowed to return to regular Medicaid and have any medical visits scheduled, please
call the providers to be sure that they will take the regular Medicaid card.

**Can UnitedHealthcare Connected® for MyCare Ohio End My Membership?**

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) may ask the Ohio
Department of Medicaid to end your membership for certain reasons. The Ohio Department of
Medicaid must okay the request before your membership can be ended.

The reasons that we can ask to end your membership are:

• For fraud or for misuse of your member ID card

• For disruptive or uncooperative behavior to the extent that it affects the MCOP's ability to
  provide services to you or other members.

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) provides services to
our members because of a contract that our plan has with the Ohio Department of Medicaid. If
you want to contact the Ohio Department of Medicaid you can call or write to:

Ohio Department of Medicaid
Bureau of Managed Care
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-324-8680 (Monday through Friday 7:00 am to 8:00 pm and Saturday 8:00 am to 5:00 pm)
TTY users should call Ohio Relay at 7-1-1

You can also visit the Ohio Department of Medicaid on the web at: http://www.medicaid.ohio.gov/
PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx.

You may also contact your local County Department of Job and Family Services if you have
questions or need to submit changes to your address or income or other insurance.
You can contact UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) to get any other information you want including the structure and operation of our plan and how we pay our providers or if you have any suggestions on things we should change. Please call the Member Services department at 1-877-542-9236 (TTY 711).

ADDITIONAL RESOURCES AND INFORMATION

MEMBERS MATTER

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) provides all of our members with a Members Matter representative. Members can contact their personal Members Matter representative or speak with any of our dedicated Member Services team by calling 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week) and pressing extension 6, 7, or 8. Your Members Matter representative can also explain things like:

• Ordering new ID cards
• Changing PCPs
• Information on participating providers
• How to access specialty care
• Learn about other community resources and supportive services
• How to file a grievance or appeal

Your Members Matter representative may also contact you periodically to see if you may be able to benefit from any of our care management services.

Quality Improvement

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) wants you to get quality health care and services. We study the care you get from your doctors and other health care providers. We look for ways to make our services to you better and find and fix any problems.

For a description of the UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) plan and information on how we are meeting our goals or information on our practice guidelines, please write to:

UnitedHealthcare Connected® for MyCare Ohio
Quality Improvement
5900 Parkwood Place
Dublin, OH 43016
Disease and Care Management Programs

UnitedHealthcare Connected® for MyCare Oho (Medicare-Medicaid Plan) offers care management services to all members. Our Personal Care Model™ cares for members who have serious health problems and/or on-going conditions. We want our members to enjoy the highest quality of life.

What can your UnitedHealthcare Connected® for MyCare Oho (Medicare-Medicaid Plan) Care Manager provide for you?

• A health assessment to identify your special needs
• Contact by phone and home visits as needed
• Help finding community resources and home health care
• Help with medical transportation
• Arranging for Durable Medical Equipment (DME) and other services as needed or ordered by your physician
• Help with keeping doctor’s appointments
• Health education and educational materials
• Disease management programs for conditions like:
  • Asthma
  • Diabetes
  • COPD (Lung diseases)
  • Heart Failure
  • Kidney Disease
  • Behavioral Health

UnitedHealthcare Connected® for MyCare Oho (Medicare-Medicaid Plan) may ask you questions to learn more information about your condition(s). We may contact you if you or your doctor requests a phone call or if we think we have care management services that would be helpful to you.

UnitedHealthcare Connected® for MyCare Oho (Medicare-Medicaid Plan) staff will talk to your PCP and other service providers to coordinate care. Disease and Care Management staff may include nurses, care managers, health coaches, social workers, behavioral health team members, or Members Matter representatives.

Call us if you have any questions about or feel you would benefit from Care Management services. To learn more about our programs, call Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).
UnitedHealthcare’s Healthify Program

Sometimes a person’s health and safety needs require the assistance from community support programs. Here’s where UnitedHealthcare’s Healthify program can easily help. By calling 1-877-542-9236 our members can learn about and sign up for money-saving programs like: food, legal assistance, housing, utility discounts, free cell phone service; adult and child day care; and other social service programs.

If You Are Going to Have a Baby – Healthy First Steps™ (A Program for Our Pregnant Members)

A healthy mom is more likely to have a healthy baby. Pregnancy is an important time for women to take good care of themselves and their unborn baby. Some women may have risk factors that can cause problems during pregnancy. These problems could cause early labor. A baby born too early may be sick or have to stay in the hospital. We want the best possible health for the mom and baby.

We have a special program for pregnant members. Our Healthy First Steps™ program gives pregnant women the information, education and support they need during pregnancy. If you are pregnant, call to enroll in Healthy First Steps™ at 1-800-599-5985. We want to help you have a healthy pregnancy. Our staff will assist you in getting the care you need. We can also help you get ready for the birth and care of your baby.

It is important to see a doctor as soon as you think you are pregnant. If you have problems finding a doctor or getting an appointment we can help you. We will also work with you in locating community services such as WIC, behavioral health care, and social services. Let Healthy First Steps™ help you make your pregnancy the healthiest it can be.

Women, Infants and Children Program (WIC)

WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. The WIC program provides nutritious food at no cost, breast-feeding support, nutrition education and health care referrals. If you are pregnant, ask your doctor to complete a WIC application at your doctor’s appointment. If you have an infant or child, ask your doctor to complete a WIC application or call Member Services at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week) for more information about the WIC program.

UnitedHealthcare Member Advisory Council and “Connected Advisors”

UnitedHealthcare Member Advisory Council and “Connected Advisors” is an advisory council to ensure that UnitedHealthcare actively engages consumers, families, advocacy groups, and other key stakeholders as partners in the program design and delivery system.

Who is involved?
- Any members, or a member’s representative, are eligible to participate.
- There are no term limits for participation.
- Representatives from member stakeholder or advocacy organizations.
• Representation reflects the diversity of the member population including: race, ethnicity, religion, sexual orientation, gender, disability (physical or mental), age, parental status, or genetic information.

They will advise and guide the UnitedHealthcare Community Plan of Ohio on:

• Clinical design and delivery
• Strategies to support members in the community
• Abuse and neglect initiatives
• Promote member-centric culture
• Provide input regarding research and best practices

**How is it organized?**

• One statewide council

• Three local groups of “Connected Advisors” with representation in the Northeast (Cuyahoga, Geauga, Lake, Lorain, and Medina counties); Northeast Central (Columbiana, Mahoning, and Trumbull counties); and East Central (Portage, Stark, Summit, and Wayne counties) MyCare Ohio regions.

**What will they do?**

• Participate in quarterly conference calls
• Receive electronic or printed newsletter(s).
• Attend three in-person, regional meetings held annually (UnitedHealthcare will provide a travel stipend at the request of a member. The amount of the stipend will follow the guidelines of the appropriate state governing rules and guidelines).
• There is no cost for participation.
• Decisions of the Member Council and Connected Advisors will be made by simple majority vote of members present.
• One member will be appointed/elected to participate in UnitedHealthcare’s National Peer Ambassador program. The goal of a peer ambassador program is to elevate and empower members through meaningful dialogue, information exchange, and inclusion in the development of best practices, innovations, and delivery/design in promotion of a member-centered culture. The Community and National Peer Ambassadors connect virtually (via conference or web-based technology) to share experiences and insights regarding opportunities to better the quality of life and experience of the populations we serve. We leverage recommendations and insights shared by the Ambassadors to support improved outcomes and experiences in the promotion of a member-centered culture. The Ambassadors do not receive compensation for service in the ambassador role.
To learn more about UnitedHealthcare’s Member Advisory Council and “Connected Advisors,” or get involved, get information at www.UHCCommunityPlan.com or call Members Matter at 1-877-542-9236 (TTY 711), 8 a.m. – 8 p.m. local time, Monday – Friday (voicemail available 24 hours a day/7 days a week).

FRAUD AND ABUSE HOTLINE

The Ohio Department of Insurance has a toll free number to call if you want to report a medical provider (for example a doctor, dentist, therapist, hospital, or home care provider) or business (medical supplier) for suspected fraud or abuse for services provided to anyone with a UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) Member ID Card or Medicaid card. The number is 1-800-686-1527 or 614-644-2671.

You may also write to ODI at:

Ohio Department of Insurance:
Fraud Unit
2100 Stella Court
Columbus, Ohio 43215

Some common examples of fraud and abuse are:

• Billing or charging you for services that your health plan covers
• Offering you free services, equipment, or supplies in exchange for your Medicaid number
• Giving you treatment or services that you don’t need
• Physical, mental, or sexual abuse by medical staff
• Someone using another person’s Medicaid or UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) Member ID card. You do not have to give your name and if you do, the provider will not be told you called.

You can also report suspected fraud and abuse to UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) by calling toll-free at 1-877-766-3844 and leaving a detailed message. This also has been set up so you do not have to give your name.

Remember: never give your member ID card to anyone else to use.

ADVANCE DIRECTIVES

You Have the Right

Using Advance Directives to State Your Wishes About Your Medical Care

People often worry about the medical care they would get if they became too sick to make their wishes known.
Some people may not want to spend months or years on life support. Others may want every step taken to lengthen life.

You can state your medical care wishes in writing while you are healthy and able to choose. Your health care facility must explain your right to state your wishes about medical care. It also must ask you if you have put your wishes in writing.

This document explains your rights under Ohio law to accept or refuse medical care. The document also explains how you can state your wishes about the care you would want if you could not choose for yourself. This document does not contain legal advice, but will help you understand your rights under the law.

**What are my rights to choose my medical care?**

You have the right to choose your own medical care. If you don’t want a certain type of care, you have the right to tell your doctor you do not want it.

**What if I am too sick to decide? What if I cannot make my wishes known?**

Most people can make their wishes about their medical care known to their doctors. But some people become too sick to tell their doctors about the type of care they want. Under Ohio law, you have the right to fill out a form while you are able to act for yourself. The form tells your doctors what you want done if you can’t make your wishes known.

**What kinds of forms are there?**

Under Ohio law, there are four different forms, or advance directives, you can use: a Living Will, a Do Not Resuscitate (DNR) Order, a Health Care Power of Attorney (also known as a Durable Power of Attorney for Health Care) and a Declaration for Mental Health Treatment. You fill out an advance directive while you are able to act for yourself. The advance directive lets your doctor and others know your wishes about medical care.

**Do I have to fill out an advance directive before I get medical care?**

No. No one can make you fill out an advance directive. You decide if you want to fill one out.

**Who can fill out an advance directive?**

Anyone 18 years old or older who is of sound mind and can make his or her own decisions can fill one out.

**Do I need a lawyer?**

No, you don’t need a lawyer to fill out an advance directive.

**Do the people giving me medical care have to follow my wishes?**

Yes, if your wishes follow state law. However, a person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so, they will help you find someone else who will follow your wishes.
Living Will
A Living Will states how much you want to use life-support methods to lengthen your life. It takes effect only when you are:

• In a coma that is not expected to end, or
• Beyond medical help with no hope of getting better and can’t make your wishes known, or
• Expected to die and are not able to make your wishes known.

The people giving you medical care must do what you say in your Living Will. A Living Will gives them the right to follow your wishes. Only you can change or cancel your Living Will. You can do so at any time.

Do Not Resuscitate Order
A Do Not Resuscitate (DNR) Order is an order written by a doctor or, under certain circumstances, a certified nurse practitioner or clinical nurse specialist, that instructs health care providers not to do cardiopulmonary resuscitation (CPR). In Ohio, there are two types of DNR Orders: (1) DNR Comfort Care and (2) DNR Comfort Care – Arrest. You should talk to your doctor about DNR options.

Health Care Power of Attorney
A Health Care Power of Attorney is different from other types of powers of attorney. This document talks only about a Health Care Power of Attorney, not about other types of powers of attorney.

A Health Care Power of Attorney allows you to choose someone to carry out your wishes for your medical care. The person acts for you if you cannot act for yourself. This could be for a short time period or for a long time period.

Who should I choose?
You can choose any adult relative or friend whom you trust to act for you when you cannot act for yourself. Be sure to talk with the person about what you want. Then write down what medical care you do or do not want. You should also talk to your doctor about what you want. The person you choose must follow your wishes.

When does my Health Care Power of Attorney take effect?
The form takes effect only when you can’t choose your care for yourself. The form allows your relative or friend to stop life support only in the following circumstances:

• If you are in a coma that is not expected to end,
  –OR–
• If you are expected to die.
Declaration for Mental Health Treatment

A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows you, while capable, to appoint a representative to make decisions on your behalf when you lack the capacity to make a decision. In addition, the declaration can set forth certain wishes regarding treatment. For example, you can indicate medication and treatment preferences, and preferences concerning admission/retention in a facility.

What is the difference between a Health Care Power of Attorney and a Living Will?

Your Living Will explains, in writing, your wishes about the use of life-support methods if you are unable to make your wishes known.

Your Health Care Power of Attorney lets you choose someone to carry out your wishes for medical care when you cannot act for yourself.

If I have a Health Care Power of Attorney, do I need a Living Will, too?

You may want both. Each addresses different parts of your medical care.

Can I change my advance directive?

Yes, you can change your advance directives whenever you want. It is a good idea to look over your advance directives from time to time to make sure they still say what you want and that they cover all areas.

If I don’t have an advance directive, who chooses my medical care when I can’t?

Ohio law allows your next-of-kin to choose your medical care if you are expected to die and cannot act for yourself.

Where do I get the advance directive forms?

Many of the people and places that give you medical care have advance directive forms. You may also be able to get these forms from Midwest Care Alliance’s website at: www.midwestcarealliance.org.

What do I do with my forms after filling them out?

You should give copies to your doctor and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Health Care Power of Attorney, give that person a copy. Put a copy with your personal papers. You may want to give one to your lawyer or clergy person. Be sure to tell your family and friends about what you have done. Do not just put these forms away and forget about them.

Organ and Tissue Donation

Ohioans can choose whether they would like their organs and tissues to be donated to others in the event of their death. By making their preference known, they can ensure that their wishes will be carried out immediately and that their families and loved ones will not have the burden of making this decision at an already difficult time. Some examples of organs that can be donated are the heart, lung, liver, kidneys and pancreas. Some examples of tissues that can be donated are skin, bone, ligaments, veins and eyes.
There are two ways to register to become an organ and tissue donor:

• You can state your wishes for organ and/or tissue donation when you obtain or renew your Ohio Driver License or State I.D. Card,

–OR–

• You may register online for organ donation through the Ohio Donor Registry website: www.donatelifeohio.org.

IMPORTANT TERMS

Abuse - Harming someone on purpose (includes yelling, ignoring a person’s need and inappropriate touching).

Advance Directive - A decision about your health care that you make ahead of time in case you are ever unable to speak for yourself. This will let your family and your doctors know what decisions you would make if you were able to.

Appeal - An appeal is a dispute made by a member, his or her representative or a provider with the member’s permission, challenging an action by the health plan to deny or limit authorization of a service, including the type or level of service or reduce, suspend, or terminate payment for a previously authorized service; or any failure to authorize services in a timely manner or decide a grievance or appeal within the required time frames.

Authorization - An O.K. or approval for a service.

Benefits - Services, procedures and medications that UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) will cover for you.

Care Management - One-on-one help by a licensed professional providing education and coordination of UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) benefits, tailored to your needs.

Disenrollment - To stop your membership in UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan).

Durable Medical Equipment (DME) - Durable Medical Equipment includes things such as wheelchairs, walkers, and diabetic glucose meters. It can also be equipment that must be thrown away such as bandages, catheters and needles. DME must be requested by your doctor.

Emergency - A sudden and, at the time, unexpected change in a person’s physical or mental condition which, if a procedure or treatment is not performed right away, could be expected to result in 1) the loss of life or limb, 2) significant impairment to a bodily function, 3) permanent damage to a body part or health of unborn child.

Fraud - An untruthful act (example: if someone other than you uses your member ID card and pretends to be you).
HEALTH PLAN NOTICES OF PRIVACY PRACTICES

MEDICAL INFORMATION PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2017

We are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you, in our next annual distribution, either a revised notice or information about the material change and how to obtain a revised notice. We will provide you with this information either by direct mail or electronically, in accordance with applicable law. In all cases, if we maintain a website for your particular health plan, we will post the revised notice on your health plan website, such as www.UHCCommunityPlan.com or www.myuhc.com/CommunityPlan. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

UnitedHealth Group collects and maintains oral, written and electronic information to administer our business and to provide products, services and information of importance to our enrollees. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees’ information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

How We Use or Disclose Information

We must use and disclose your health information to provide that information:

• To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and

• To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and to operate our business. For example, we may use or disclose your health information:
• **For Payment** of premiums due us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.

• **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

• **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services.

• **To Provide You Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.

• **For Plan Sponsors.** If your coverage is through an employer sponsored group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration purposes if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.

• **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.

• **For Reminders.** We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purposes under limited circumstances:

• **As Required by Law.** We may disclose information when required to do so by law.

• **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual’s care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.

• **For Public Health Activities** such as reporting or preventing disease outbreaks to a public health authority.
• **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.

• **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.

• **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.

• **For Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

• **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.

• **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.

• **For Workers’ Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.

• **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets federal privacy law requirements.

• **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties

• **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.

• **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

• **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by federal law.
• **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. “Highly confidential information” may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

1. HIV/AIDS;
2. Mental health;
3. Genetic tests;
4. Alcohol and drug abuse;
5. Sexually transmitted diseases and reproductive health information; and
6. Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law. Attached to this notice is a “Federal and State Amendments” document.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may take back or “revoke” your written authorization at any time in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, contact the phone number listed on your health plan ID card.

**What Are Your Rights**

The following are your rights with respect to your health information:

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions. Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.

- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain
circumstances, we will accept your verbal request to receive confidential communications; however, we may also require you confirm your request in writing. In addition, any requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.

- **You have the right to see and obtain a copy** of certain health information we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.

- **You have the right to ask to amend** certain health information we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.

- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.

- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If we maintain a website for your particular health plan, you may also obtain a copy of this notice on your health plan website, such as www.UHCCommunityPlan.com or www.myuhc.com/CommunityPlan.

**Exercising Your Rights**

- **Contacting your Health Plan.** If you have any questions about this notice or want information about exercising your rights, please **call the toll-free member phone number on your health plan ID card** or you may contact a UnitedHealth Group Customer Call Center Representative at 1-877-542-9236.

- **Submitting a Written Request.** You can mail your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record, to us at the following address:

  UnitedHealthcare Privacy Office  
  MN017-E300  
  PO Box 1459  
  Minneapolis, MN 55440
• **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed above.

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

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FINANCIAL INFORMATION PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2017

We are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

Information We Collect

Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

• Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;

• Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and

• Information from a consumer reporting agency.

Disclosure of Information

We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

• To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;

• To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and

• To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

Confidentiality and Security

We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.
Questions About this Notice

If you have any 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 1-877-542-9236.

2 For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the first page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: Alere Women's and Children's Health, LLC; AmeriChoice Health Services, Inc.; Connexions HCI, LLC; 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.; OrthoNet, LLC; OrthoNet of the Mid-Atlantic, Inc.; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; 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 Service LLC; and UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, 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 for HIPAA covered entities or health insurance products.
Revised: January 1, 2017

The first part of this Notice, which provides our privacy practices for Medical Information describes how we may use and disclose your health information under federal privacy rules. There are other laws that may limit our rights to use and disclose your health information beyond what we are allowed to do under the federal privacy rules. The purpose of the charts below is to:

1. show the categories of health information that are subject to these more restrictive laws; and

2. give you a general summary of when we can use and disclose your health information without your consent.

If your written consent is required under the more restrictive laws, the consent must meet the particular rules of the applicable federal or state law.

### Summary of Federal Laws

**Alcohol & Drug Abuse Information**

We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.

**Genetic Information**

We are not allowed to use genetic information for underwriting purposes.

### Summary of State Laws

**General Health Information**

We are allowed to disclose general health information only (1) under certain limited circumstances, and/or (2) to specific recipients.

<table>
<thead>
<tr>
<th>States</th>
<th>AR, CA, DE, NE, NY, PR, RI, VT, WA, WI</th>
</tr>
</thead>
</table>

HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.

<table>
<thead>
<tr>
<th>State</th>
<th>KY</th>
</tr>
</thead>
</table>

You may be able to restrict certain electronic disclosures of health information.

<table>
<thead>
<tr>
<th>States</th>
<th>NC, NV</th>
</tr>
</thead>
</table>

We are not allowed to use health information for certain purposes.

<table>
<thead>
<tr>
<th>States</th>
<th>CA, IA</th>
</tr>
</thead>
</table>
## Summary of State Laws

<table>
<thead>
<tr>
<th><strong>Prescriptions</strong></th>
<th><strong>Communicable Diseases</strong></th>
<th><strong>Sexually Transmitted Diseases and Reproductive Health</strong></th>
<th><strong>Alcohol and Drug Abuse</strong></th>
<th><strong>Genetic Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>We will not use and/or disclose information regarding certain public assistance programs except for certain purposes.</td>
<td>We must comply with additional restrictions prior to using or disclosing your health information for certain purposes.</td>
<td>We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and/or (2) to specific recipients.</td>
<td>We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and/or (2) to specific recipients.</td>
<td>We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.</td>
</tr>
<tr>
<td>KY, MO, NJ, SD</td>
<td>KS</td>
<td>ID, NH, NV</td>
<td>AZ, IN, KS, MI, NV, OK</td>
<td>CA, FL, IN, KS, MI, MT, NJ, NV, PR, WA, WY</td>
</tr>
<tr>
<td><strong>Alcohol and Drug Abuse</strong></td>
<td><strong>Genetic Information</strong></td>
<td><strong>Restrictions apply to (1) the use, and/or (2) the retention of genetic information.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.</td>
<td>We are not allowed to disclose genetic information without your written consent.</td>
<td>FL, GA, IA, LA, MD, NM, OH, UT, VA, VT</td>
<td>FL, GA, IA, LA, MD, NM, OH, UT, VA, VT</td>
<td>CA, CO, KS, KY, LA, NY, RI, TN, WY</td>
</tr>
<tr>
<td>AR, CT, GA, KY, IL, IN, IA, LA, MN, NC, NH, OH, WA, WI</td>
<td>AK, AZ, FL, GA, IA, MD, MA, ME, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Prescriptions

- We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and/or (2) to specific recipients.
- States: ID, NH, NV

### Communicable Diseases

- We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and/or (2) to specific recipients.
- States: AZ, IN, KS, MI, NV, OK

### Sexually Transmitted Diseases and Reproductive Health

- We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients.
- States: CA, FL, IN, KS, MI, MT, NJ, NV, PR, WA, WY

### Alcohol and Drug Abuse

- We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.
- States: AR, CT, GA, KY, IL, IN, IA, LA, MN, NC, NH, OH, WA, WI

### Genetic Information

- We are not allowed to disclose genetic information without your written consent.
- States: CA, CO, KS, KY, LA, NY, RI, TN, WY
- We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.
- States: AK, AZ, FL, GA, IA, MD, MA, ME, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT
- Restrictions apply to (1) the use, and/or (2) the retention of genetic information.
- States: FL, GA, IA, LA, MD, NM, OH, UT, VA, VT
## Summary of State Laws

### HIV / AIDS

<table>
<thead>
<tr>
<th>Description</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.</td>
<td>AZ, AR, CA, CT, DE, FL, GA, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY</td>
</tr>
<tr>
<td>Certain restrictions apply to oral disclosures of HIV/AIDS-related information.</td>
<td>CT, FL</td>
</tr>
<tr>
<td>We will collect certain HIV/AIDS-related information only with your written consent</td>
<td>OR</td>
</tr>
</tbody>
</table>

### Mental Health

<table>
<thead>
<tr>
<th>Description</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.</td>
<td>CA, CT, DC, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI</td>
</tr>
<tr>
<td>Disclosures may be restricted by the individual who is the subject of the information.</td>
<td>WA</td>
</tr>
<tr>
<td>Certain restrictions apply to oral disclosures of mental health information.</td>
<td>CT</td>
</tr>
<tr>
<td>Certain restrictions apply to the use of mental health information.</td>
<td>ME</td>
</tr>
</tbody>
</table>

### Child or Adult Abuse

<table>
<thead>
<tr>
<th>Description</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.</td>
<td>AL, CO, IL, LA, MD, NE, NJ, NM, NY, RI, TN, TX, UT, WI</td>
</tr>
</tbody>
</table>
Primary Care Provider (PCP) Change Request

Your PCP is the main person who gives you health care. Do you need to change your PCP? Page 5 of this handbook tells you about changing your PCP.

Fill this out and mail to:
UnitedHealthcare Community Plan, Attn: Members Matter
5900 Parkwood Place
Dublin, OH 43016

When you choose a PCP, we will send you a new ID card. If we are unable to process your request, we will call you.

### Member Information

<table>
<thead>
<tr>
<th>Member Name:</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td>State:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Member ID #:</td>
<td></td>
<td>Birth Date: / /</td>
<td></td>
</tr>
<tr>
<td>Telephone Number: ( )</td>
<td>Area code</td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

### PCP Choice 1

<table>
<thead>
<tr>
<th>Name of PCP you want:</th>
<th>Last</th>
<th>First</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td>State:</td>
</tr>
<tr>
<td>Telephone Number: ( )</td>
<td>Area code</td>
<td>Number</td>
</tr>
<tr>
<td>Provider ID number (listed in the Provider Directory):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PCP Choice 2

<table>
<thead>
<tr>
<th>Name of PCP you want:</th>
<th>Last</th>
<th>First</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td>State:</td>
</tr>
<tr>
<td>Telephone Number: ( )</td>
<td>Area code</td>
<td>Number</td>
</tr>
<tr>
<td>Provider ID number (listed in the Provider Directory):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DESIGNATION OF AUTHORIZED REPRESENTATIVE

First Name of Applicant/Recipient  
MI  
Last Name  
Medicaid billing #  or SSN  
Street Address, including Apt. #  
City  
Zip  
County  

I hereby authorize the following person or company to act as my representative:

First Name  
MI  
Last Name  
Home Phone  
Title  
Company  
Work Phone  
Mailing Address  
City  
State  
Zip  

I authorize this person or company to represent me regarding:

Food Assistance  Cash Assistance  Medicaid  Child Care  

This authority lasts until:

My application has been approved  
I rescind this authority, or appoint a new representative  
Other (please specify a date or action) ____________________________  
___________________________________  

I authorize this person or company to do the following on my behalf:

Take any action that may be needed to ensure that I receive or continue to receive the benefits indicated above  
OR  
only the specific actions selected below  
Present my application for benefits  Represent me at a state hearing  
Provide verifications to the CDJFS on my behalf  Collect my medical records  
Receive and respond to copies of all correspondence regarding my application  
Other (please specify) _____________________________________________________________________________  
____________________________  
___________________________________________________________________  

While this authorization is in effect, all notices sent by the County Department of Job & Family Services or the Ohio Department of Job & Family Services will also be sent to your authorized representative.

Signatures

This form has no effect unless signed by the person granting authority and by the authorized representative or an employee of the company appointed to be the authorized representative.

Signature of Person Granting Authority Date  
Signature of Authorized Representative Title  
(if employee of authorized company)  
Date  

JFS 06723 (9/2009)  

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Ohio Department of Job and Family Services
DESIGNATION OF AUTHORIZED REPRESENTATIVE

<table>
<thead>
<tr>
<th>First Name of Applicant/Recipient</th>
<th>MI</th>
<th>Last Name</th>
<th>Medicaid billing # or SSN</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Street Address, including Apt. #</th>
<th>City</th>
<th>Zip</th>
<th>County</th>
</tr>
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<tbody>
<tr>
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</table>

I hereby authorize the following person or company to act as my representative:

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Home Phone</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Company</th>
<th>Work Phone</th>
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</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
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<td></td>
<td></td>
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</tbody>
</table>

I authorize this person or company to represent me regarding:

- [ ] Food Assistance
- [ ] Cash Assistance
- [ ] Medicaid
- [ ] Child Care

This authority lasts until:

- [ ] My application has been approved
- [ ] I rescind this authority, or appoint a new representative
- [ ] Other (please specify a date or action) _______________________________________________________________

I authorize this person or company to do the following on my behalf:

- [ ] Take any action that may be needed to ensure that I receive or continue to receive the benefits indicated above

OR only the specific actions selected below

- [ ] Present my application for benefits
- [ ] Represent me at a state hearing
- [ ] Provide verifications to the CDJFS on my behalf
- [ ] Collect my medical records
- [ ] Receive and respond to copies of all correspondence regarding my application
- [ ] Other (please specify) _____________________________________________________________________________

While this authorization is in effect, all notices sent by the County Department of Job & Family Services or the Ohio Department of Job & Family Services will also be sent to your authorized representative.

Signatures. This form has no effect unless signed by the person granting authority and by the authorized representative or an employee of the company appointed to be the authorized representative.

<table>
<thead>
<tr>
<th>Signature of Person Granting Authority</th>
<th>Date</th>
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<tr>
<th>Signature of Authorized Representative</th>
<th>Title (if employee of authorized company)</th>
<th>Date</th>
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Grievance and Appeal Form

Member’s Name: _______________________________ ID#: __________________
Address: __________________________________________
City: _____________________ State: ___________ Zip: ____________
Telephone Number(s): __________________________________________

If you would like to file a grievance about service you received, or appeal a decision that was made about your coverage, complete this form. Please describe your concern in detail. Include names, dates, and places of services. Use the back side, if needed. Sign and date this form. Then mail to the address below.

We will let you know that we received this form, and what to expect next. You can also find more information in your Member Handbook.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ___________________________ Date: ________________

Mail this form to:
UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131-0364
Standard Fax: 1-844-226-0356
Expeditied Fax: 1-866-373-1081
UnitedHealthcare® Connected™ for MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other languages. Call 1-877-542-9236 (TTY 711). The call is free.

Usted puede obtener esta información de forma gratuita en otros idiomas. Llame al 1-877-542-9236 (TTY 711). La llamada es gratuita.
UnitedHealthcare® Connected™ for MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. You can get this information for free in other languages. Call 1-877-542-9236 (TTY 711).