



Welcome to the community

UnitedHealthcare Community Plan of Ohio provides health care services to Ohio residents eligible for Aged, Blind, or Disabled, Covered Families and Children (including Healthy Start and Healthy Families), and adult extension Medicaid benefits.

**United
Healthcare**
Community Plan

Welcome

Welcome to UnitedHealthcare Community Plan. You are now a member of a health care plan, also known as a managed care plan (MCP). UnitedHealthcare Community Plan provides health care services to Ohio residents who are eligible, including individuals with low income, pregnant women, infants, and children, older adults, and individuals with disabilities. As a member, you are now eligible for exciting benefits at no cost to you, including no copays. In addition, we have disease and care management programs for conditions such as asthma and diabetes and Healthy First Steps™ Pregnancy Program.

Please take a few minutes to review this Member Handbook. We're ready to answer any questions you may have. You can find answers to most questions at myuhc.com/CommunityPlan. Just call Member Services at **1-800-895-2017**, TTY 711, 7:00 a.m. to 7:00 p.m., Monday through Friday.



Getting started

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

- 1. Call your Primary Care Provider (PCP) and schedule a checkup.** Regular checkups are important for good health. Your PCP's phone number should be listed on the member ID card that you recently received in the mail. If you don't know your PCP's number, or if you'd like help scheduling a checkup, call Member Services at **1-800-895-2017, TTY 711**. We're here to help.
- 2. Take your Health Assessment.** This is a short and easy way to get a big picture of your current lifestyle and health. This helps us match you with the benefits and services available to you. Go to myuhc.com/CommunityPlan to complete the Health Assessment today. Also, we will call you soon to welcome you to the UnitedHealthcare Community Plan. During this call, we can explain your health plan benefits. We can also help you complete the Health Assessment over the phone.
- 3. Get to know your health plan.** Start with the Health Plan Highlights section on page 7 for a quick overview of your new plan. And be sure to keep this booklet handy, for future reference.

Member Services 1-800-895-2017, TTY 711

7:00 a.m. – 7:00 p.m., Monday – Friday

Our office is closed on these major holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

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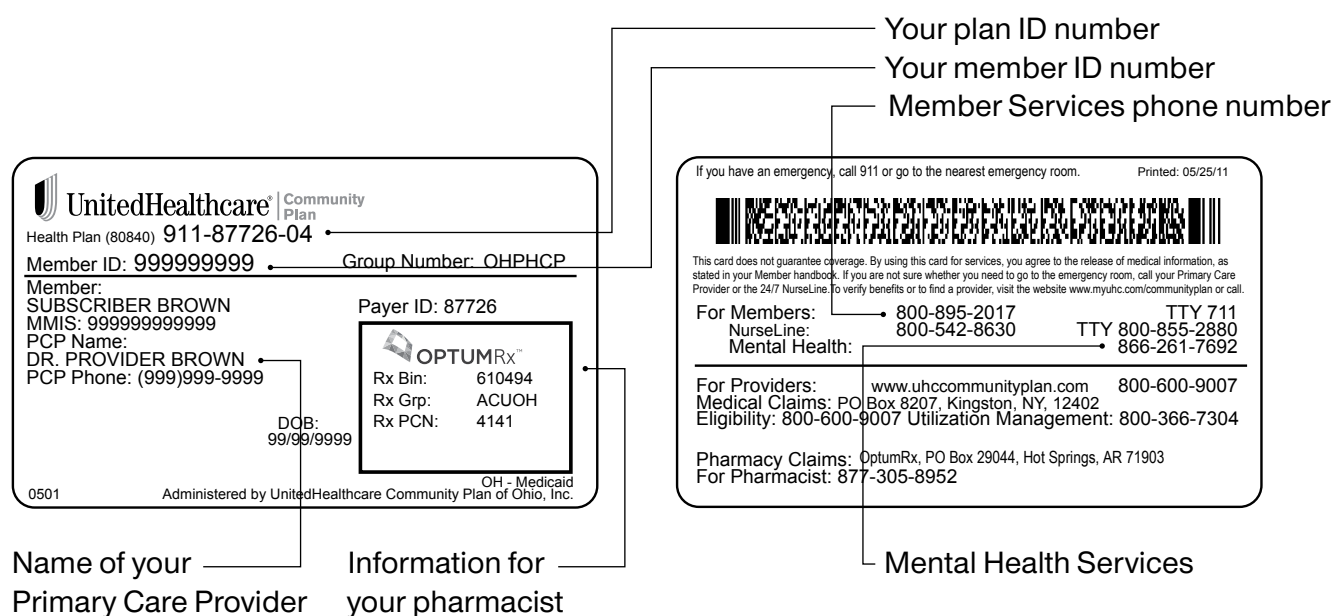
4 **Questions?** Visit myuhc.com/CommunityPlan,
or call Member Services at **1-800-895-2017**, TTY **711**.

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Health plan highlights

Member ID card



Lost your member ID card?
 If you or a family member loses a card, you can print a new one at myuhc.com/CommunityPlan. Or call Member Services at 1-800-895-2017, TTY 711.

Welcome

Benefits at a glance

As a UnitedHealthcare Community Plan member, you have a variety of health care benefits and services available to you. Here is a brief overview. You'll find a complete listing in the Benefits section.

Primary Care services

You are covered for all visits to your Primary Care Provider (PCP). Your PCP is the main doctor you will see for most of your health care. This includes checkups, treatment for colds and flu, health concerns and health screenings.

Large provider network

You can choose any PCP from our large network of providers. Our network also includes specialists, hospitals and drug stores — giving you many options for your health care. Find a complete list of network providers at myuhc.com/CommunityPlan or call 1-800-895-2017, TTY 711.

NurseLine

NurseLine gives you 24/7 telephone access to experienced registered nurses. They can give you information, support and education for any health-related question or concern. Call 1-800-542-8630, TTY 1-800-855-2880.

Specialist services

Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. You may need a referral from your PCP first. See page 20 of the handbook.

Medicines

Your plan covers prescription drugs with no copays for members of all ages. Also covered: insulin, needles and syringes, birth control, coated aspirin for arthritis, iron pills and chewable vitamins.

Hospital services

You are covered for hospital stays and for outpatient services (services you get in the hospital without spending the night).

Laboratory services

Covered services include tests and X-rays that help find the cause of illness.

Well-child visits

All well-child visits and immunizations are covered by your plan.

Maternity and pregnancy care

You are covered for doctor visits before and after your baby is born. That includes hospital stays. If needed, we also cover home visits after the baby is born.

Family planning

You are covered for services that help you manage the timing of pregnancies. These include birth control products and procedures.

Vision care

Your vision benefits include routine eye exams and glasses. See page 59.

Dental care

Your dental benefits are covered by UnitedHealthcare Community Plan.

Transportation services are available

If you need a ride to your PCP or other medical provider, we may be able to help. Medical transport is covered for some medical care. If you have no other way to get to the doctor, live in an area with no public transport or cannot use public transport due to a health condition or disability, call **1-800-895-2017**, TTY 711 at least 48 hours in advance.

Your Health Assessment

A Health Assessment is a short and easy survey that asks you simple questions about your lifestyle and your health. When you fill it out and mail it to us, we can get to know you better. And it helps us match you with the many benefits and services available to you.

Please take a few minutes and fill out the Health Assessment form. Or call 1-800-895-2017 to complete it by phone.

Welcome

Member support

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

Website offers 24/7 access to plan details

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

- Find a provider or pharmacy
- Search for a medicine in the Preferred Drug List
- Get benefit details
- Download a new Member Handbook
- Print a new member ID card

Member Services is available 7:00 a.m. to 7:00 p.m., Monday through Friday

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

- Understanding your benefits
- Help getting a replacement member ID card
- Finding a doctor or urgent care clinic
- How to access specialty care
- How to file a grievance or appeal

Call 1-800-895-2017, TTY 711.

Care Management program

UnitedHealthcare Community Plan offers care management services that are available to children and adults with special health care needs. If you have a chronic health condition, like asthma or diabetes, you may benefit from our Care Management program. We can help with a number of things, like scheduling doctor appointments and keeping all your providers informed about the care you get. To learn more, call 1-800-895-2017, TTY 711.

We speak your language

If you speak a language other than English, we can provide translated printed materials. Or we can provide an interpreter who can help you understand these materials. You'll find more information about Interpretive Services and Language Assistance in the section called Other Plan Details. Or call Member Services at **1-800-895-2017**, TTY 711.

Si usted habla un idioma que no sea inglés, podemos proporcionar materiales impresos traducidos. O podemos proporcionar un intérprete que puede ayudar a entender estos materiales. Encontrará más información acerca de servicios de interpretación y asistencia lingüística en la sección Otros detalles del plan. O llame a Servicios para Miembros al **1-800-895-2017**, TTY 711.

Emergencies

In case of emergency, call 911

Other important numbers

| | |
|---|----------------|
| 24/7 NurseLine | 1-800-542-8630 |
| (available 24 hours a day, 7 days a week) | |
| TTY | 1-800-855-2880 |
| Healthy First Steps (for mothers-to-be) | 1-800-599-5985 |
| Care Management | 1-800-895-2017 |
| Fraud and Abuse Hotline | |
| UnitedHealthcare | 1-877-766-3844 |
| Ohio Department of Insurance | 1-800-686-1527 |
| | 1-614-644-2671 |
| Ohio Medicaid Consumer Hotline | 1-800-324-8680 |
| TTY | 1-800-292-3572 |

If your address changes, please contact your local Job and Family Services (JFS) office.

You can start using your pharmacy benefit right away

Your plan covers a long list of prescription medicines, or drugs. Medicines that are covered are shown on the preferred drug list (PDL). This list is also known as a formulary. Your doctor uses this list/the PDL to make sure the medicines you need are covered by your plan. UnitedHealthcare Community Plan may cover other medicines with prior approval. If your drug does need prior approval, your care provider can request it for you. You can find the Preferred Drug List (PDL) for your plan on our website at myuhc.com/CommunityPlan. There, you can also search for a medicine by name.

It's easy to start getting your prescriptions filled. Here's how:

1. Are your medicines included on the Preferred Drug List?

If yes

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

View the Preferred Drug List online at myuhc.com/CommunityPlan. You can also call Member Services. We're here to help.

If no

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

If you aren't sure

View the Preferred Drug List online at myuhc.com/CommunityPlan. You can also call Member Services. We're here to help.

2. Do you have a prescription?

When you have a prescription from your doctor, or need to refill your prescription, go to a network pharmacy. Show the pharmacist your member ID card. You can find a list of network pharmacies in the Provider Directory online at myuhc.com/CommunityPlan, or you can call Member Services.

90 day supply benefit

Your plan now covers 90 day supplies of select medications at the retail pharmacy. With a 90 day supply, you won't need to get a refill every month. If you would like to participate in this benefit:

- **Talk with your doctor to see if your medications qualify for this benefit.** Your doctor can write you a new prescription for a 90 day supply of the same medication you are taking now.
- **Talk to your pharmacist.** Your pharmacist can call your doctor to get a new prescription for a 90 day supply.

For a complete list of medications included in this benefit, go to myuhc.com/CommunityPlan, or call Member Services at 1-800-895-2017, TTY 711.

3. If you need to refill a drug that's not on the Preferred Drug List

If you need refills of medicines that are not on the Preferred Drug List, you can get a temporary 5-day supply, if your medicine qualifies for a refill. To do so, visit a network pharmacy and show your member ID card. If you don't have your member ID card, you can show the pharmacist the information below. Talk to your doctor about your prescription options.

Attention Pharmacist

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

BIN: 610494

Processor Control Number: 4141

Group: ACUOH

If you receive a message that the member's medication needs a prior authorization or is not on our formulary, please call **OptumRx®** at 1-877-305-8952 for a transitional supply override.

Going to the doctor

Your Primary Care Provider (PCP)

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

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

You have options

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

- Family doctor (also called a general practitioner) — cares for children and adults
- Internal medicine doctor (also called an internist) — cares for adults
- Nurse Practitioner (NP) — cares for children and adults
- Pediatrician — cares for children
- Physician Assistant (PA) — cares for children and adults

What is a Network Provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our members. You don't need to call us before seeing one of these providers. Sometimes members need to see a very specialized type of doctor. We will work with your PCP to make sure you get the specialist or service when you need it, for as long as you need it, even if the provider is not currently a network provider. There is no cost to you when we authorize the care or service in advance, before you see the non-network provider.

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

UnitedHealthcare Community Plan providers

UnitedHealthcare Community Plan contracts with providers who meet UnitedHealthcare Community Plan's quality standards.

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

1. Look through our printed Provider Directory.
2. Use the Find-A-Doctor search tool at myuhc.com/CommunityPlan.
3. Call Member Services at **1-800-895-2017**, TTY 711. We can answer your questions and help you find a PCP close to you.

Please see page 67 for more information on the Find-A-Doctor tool.

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

Learn more about network doctors

You can learn information about network doctors at myuhc.com/CommunityPlan, or by calling Member Services. We can tell you the following information:

- Name, address, telephone numbers
- Professional qualifications
- Specialty
- Medical school attended
- Residency completion
- Board Certification status
- Languages spoken

Annual checkups

The importance of your annual checkup

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

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

For women

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

For men

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

Well-child visits

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

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

Checkup schedule

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

| | |
|-------------|------------------------|
| 3 to 5 days | 15 months |
| 1 month | 18 months |
| 2 months | 24 months |
| 4 months | 30 months |
| 6 months | Every year after age 3 |
| 9 months | Adolescent well-checks |
| 12 months | |

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

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

Making an appointment with your PCP

Call your doctor's office directly. The number should be on your member ID card. When you call to make an appointment, be sure to tell the office what you're coming in for. This will help make sure you get the care you need, when you need it.

This is how quickly you can expect to be seen:

- Emergency – Immediately or sent to an emergency facility
- Non-life-threatening emergencies – Immediately or referred to an emergency facility
- Urgent (but not an emergency) – Within 1 day or 24 hours
- Routine – Within 6 weeks
- Preventive and wellness – Within 6 weeks

Preparing for your PCP appointment

Before the visit

1. Go in knowing what you want to get out of the visit (relief from symptoms, a referral to a specialist, specific information, etc.).
2. Make note of any new symptoms and when they started.
3. Make a list of any drugs or vitamins you take on a regular basis.

During the visit

When you are with the doctor, feel free to:

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

NurseLine Services – Your 24-hour health information resource

Call 1-800-542-8630, TTY 1-800-855-2880

When you're sick or injured, it can be difficult to make health care decisions. You may not know if you should go to the emergency room, visit an urgent care center, make a provider appointment or use self-care. An experienced NurseLine nurse can give you information to help you decide.

Nurses can provide information and support for many health situations and concerns, including:

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

You may just be curious about a health issue and want to learn more. Experienced registered nurses can provide you with information, support and education for any health-related question or concern.

Simply call the toll-free number **1-800-542-8630**, TTY **1-800-855-2880**. You can call the toll-free NurseLine number anytime, 24 hours a day, 7 days a week. And, there's no limit to the number of times you can call.

18 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-800-895-2017**, TTY **711**.

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

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

You may be told to:

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

Health care away from home

- If you need urgent health care when you are away from home, call your PCP or UnitedHealthcare Community Plan at **1-800-895-2017**, TTY **711**, for help
- In an emergency, you do not need to call your PCP first. Go to the nearest emergency room or call 911
- Call your PCP after an emergency room visit
- Get your follow-up care from your PCP
- Routine health care services must be received from your PCP when you get back home
- All services outside the United States and its Territories are not covered

If you get medical emergency care while you are away from home, the doctor can send claims electronically or to this address:

UnitedHealthcare Community Plan
P.O. Box 5220
Kingston, NY 12402-5220

If you are away from home and you need non-emergency care but cannot find a network provider near you, call Member Services at the phone number on your member ID card.

Medical home

What is a medical home?

A medical home is a source for medical care that you use all the time and that you trust. If you go to the same doctor or medical practice all the time, this doctor is your “medical home.”

Why would I want a medical home?

A medical home makes it easier for you to get medical care and advice. There are lots of reasons for you 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.

We suggest that all of our members have a medical home.

Self-referred services

You can receive some services without your PCP referring or recommending you to another doctor. These are called self-referred services. Examples of services that you can 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)
- Behavioral health services, mental health and substance use services
- Services provided at Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs)
- Dialysis
- Radiation therapy
- Mammograms

You must go to a network provider for all self-referred services except for emergency care or for services provided at Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs), Qualified Family Planning Providers (QFPPs), and Ohio Department of Mental Health and Addiction Services (OhioMHAS) certified treatment centers which are Medicaid providers. Participating providers would be those providers listed in your UnitedHealthcare Community 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 myuhc.com/CommunityPlan to find out if your provider is now accepting UnitedHealthcare Community 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 Community Plan, these services may require a prior authorization.

Out-of-network providers

A provider who is not in the UnitedHealthcare Community Plan network is an out-of-network provider. If you go to an out-of-network provider, UnitedHealthcare will usually not pay for the care unless it is a family planning covered service, an emergency or you have an approved prior authorization from us. Please call Member Services at 1-800-895-2017 (hard-of-hearing: 711). We will help you. Member Services can also provide you with a list of specialists, including a mental health provider.

Additional benefits for Adult Extension population members

Institutional services, specifically nursing facility and intermediate care facility for individuals with intellectual disabilities (ICF-IID) services, are covered for the Adult Extension population without limit, when medically necessary.

Nursing Facility (NF) services

OAC rules 5160-26-02 and 5160-26-03 permit ODM to disenroll members upon request to ODM. For the existing CFC and ABD populations, MCP members may be disenrolled after the second month of continuous nursing facility stay and covered through the fee-for-service (FFS) program when certain requirements are met. Adult Extension MCP members will, however, not be disenrolled and will remain in the managed care program throughout the duration of any medically necessary NF stay(s), as long as they remain eligible in the Adult Extension Medicaid category. ICF-IID admissions: If you are aware that an Adult Extension member is admitted to an ICF-IID facility, please contact ODM immediately and ODM will work with the MCP to determine the next steps for coverage.

Welcome

Psychologist services

There are no benefit limits (also known as “hard limits”) for psychologist services for adults; medically necessary psychologist services must be provided without limit to all Adult Extension members. This benefit was designed without hard limits in order to ensure compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA) requirements.

Getting a second opinion

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

Prior authorizations

In some cases your provider must get permission from the health plan before giving you a certain service. This is called prior authorization. This is your provider’s responsibility. If they do not get prior authorization, you will not be able to get those services.

A prior authorization may be needed

Some services that need prior authorization include:

- Hospital admissions
- Home health care services
- Certain outpatient imaging procedures, including MRIs, MRAs, CT scans and PET scans

Continued care if your PCP leaves the network

Sometimes PCPs leave the network. If this happens to your PCP, you will receive a letter from us letting you know. Sometimes UnitedHealthcare Community Plan will pay for you to get covered services from doctors for a short time after they leave the network. You may be able to get continued care and treatment when your doctor leaves the network if you are being actively treated for a serious medical problem. For example, you may qualify if you are getting chemotherapy for cancer or are at least six months pregnant when your doctor leaves the network. To ask for this, please call your doctor. Ask them to request an authorization for continued care and treatment from UnitedHealthcare.

Transportation services – Non-emergency

If you need a ride to your PCP or other medical provider, we may be able to help. UnitedHealthcare Community Plan will provide you with 30 one-way or 15 round trips per year to and from your PCP, WIC, pharmacy, or other participating health care or behavioral health care providers, such as vision, dental, and mental health and substance use providers. You may also request help to get to your Medicaid redetermination visits.

Hospitals and emergencies

Urgent care

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

- Sore throat
- Ear infection
- Minor cuts or burns
- Flu
- Low-grade fever
- Sprains

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

Planning ahead

It's good to know what urgent care clinic is nearest to you. You can find a list of urgent care clinics in your Provider Directory. Or you can call Member Services at **1-800-895-2017**, TTY 711.

Hospital services

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

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

Going to the hospital

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

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

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

Emergency dental care

Emergency dental care services to control pain, bleeding or infection are covered by your plan.

Medically necessary services

Those medical services which:

- Are essential to prevent, diagnose, prevent the worsening of, alleviate, correct or cure medical conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in illness or infirmity of a UnitedHealthcare Community Plan member;
- Are provided at an appropriate facility and at the appropriate level of care for the treatment of UnitedHealthcare Community Plan member's medical condition; and
- Are provided in accordance with generally accepted standards of medical practice.

Freestanding birth center services at a freestanding birth center. Members should call Member Services to see if there are any qualified centers in Ohio.

If a member is in need of nursing facility services, they should call Member Services for information on available providers.

The respite benefit includes short-term, temporary relief to the primary caregiver of an individual under the age of 21 to: help with meal preparation and hands-on assistance provided during the respite/supervision of the child; and services can be provided on a planned or emergency basis and in the child's home by individuals employed by enrolled Medicaid providers that are either Medicare-certified home health agencies or otherwise accredited agencies. Respite services cannot be delivered by the child's legally responsible family member or foster caregiver. Providers must be awake during the provision of respite services and cannot be provided overnight. There is a limit of no more than 24 hours of respite per month, and not to exceed 250 hours per calendar year.

Welcome

Member eligibility for respite benefit:

- Children under the age of 21 and determined eligible for SSI
- Enrolled in a Medicaid Managed Care Organization (MCO) care management program
- Resides with an informal, unpaid primary caregiver
- Determined by the MCO to meet an institutional level of care
- Determined by the MCO to require skilled nursing or skilled rehab services at least once per week
- Has received at least 14 hours per week of home health aide services for at least 6 consecutive months immediately preceding the date respite services are requested
- MCO has determined that the primary caregiver has a need for temporary relief from the care of the child as a result of the long-term services and supports needs or in order to prevent the provision of institutional or out-of-home placement

Some medically necessary services must get prior authorization before you can get them. Please see page 22 of this handbook for more information on prior authorization.

No medical coverage outside of United States

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

Don't wait

If you need emergency care, call 911 or go to the nearest hospital.

Ohio Department of Medicaid Member Handbook

Ohio Department of Medicaid Member Handbook

Welcome from the State of Ohio

Dear UnitedHealthcare Community Plan Member:

Welcome to UnitedHealthcare Community Plan. If you have a problem reading or understanding this information, please contact Member Services at **1-800-895-2017**, TTY **711**, 7:00 am – 7:00 pm., Monday – Friday for help, at no cost to you. We can explain this information in English or in your primary language. We may have this information printed in some other languages. You can get this document for free in other formats, such as large print, Braille, or audio. If you are visually or hearing-impaired, special help can be provided. Call Member Services at **1-800-895-2017**, TTY **711**, 7:00 am – 7:00 pm., Monday – Friday. The call is free.

If you have a health condition that requires ongoing medical care, call Member Services as soon as possible. For example: If you need surgery; are pregnant; or if you are seeing a specialist, receiving physical therapy, or home health services, please call Member Services right away.

Enclosed is your member handbook. Your member handbook gives you a lot of information you need to know as a UnitedHealthcare Community Plan member. It is very important that you read these materials.

The following information will help you get health care services through UnitedHealthcare Community Plan:

- Your ID card lists the name and telephone number of your primary care provider (PCP). Your PCP will treat you for most of your health care needs. If you do not want the PCP listed on your ID card, you must call UnitedHealthcare Community Plan Member Services to change your PCP. Your PCP must be part of UnitedHealthcare Community Plan's provider network.
- A provider directory lists the names of the providers who are part of UnitedHealthcare Community Plan's provider network. For most of your health care services, you must see providers who are part of UnitedHealthcare Community Plan's provider network. Your member handbook explains how to access services from these providers. You can also call Member Services for help.

- If you asked for a printed provider directory when you contacted the Medicaid Hotline to select a managed care plan, you should also receive the directory in the next few days. If you did not contact the Medicaid Hotline to enroll and you were assigned to UnitedHealthcare Community Plan, you can request a printed provider directory by calling the Member Services department at **1-800-895-2017**, TTY **711**, 7:00 a.m. to 7:00 p.m., Monday through Friday, or by returning the enclosed postcard. Members can also visit our website at myuhc.com/CommunityPlan to view up-to-date provider panel information.

If you did not receive the above items, or if you do not understand the information, please contact our Member Services as soon as possible for help.

If you must travel 30 miles or more from your home to receive covered health care services, UnitedHealthcare Community Plan will provide transportation. In addition, we also provide transportation for some other provider visits as explained in your member handbook. When you are a member, you can call **1-800-895-2017**, TTY **711**, at least 48 hours in advance, to schedule transportation. We also provide transportation for some other provider visits as explained in your member handbook.

Optional MCP membership

- Members of a federally recognized Indian tribe, regardless of age
- Individuals receiving home and community-based waiver services through the Ohio Department of Developmental Disabilities

Excluded from MCP membership

The following individuals are not permitted to join UnitedHealthcare Community Plan:

- Dually eligible under both the Medicaid and Medicare programs
- Institutionalized (in a nursing home and are not eligible under the Adult Extension category, long-term care facility, ICF-IID, or some other kind of institution)
- Receiving Medicaid Waiver services and are not eligible under the Adult Extension category

If you believe that you or your child meet any of the above criteria and should not be a member of a managed care plan, you must call the Medicaid Hotline at 1-800-324-8680 (TTY 1-800-292-3572). If any of the above criteria are met, MCP membership will be ended.

If you have questions about any of the information above or other questions we can help with, please call our Member Services at **1-800-895-2017**, TTY **711**. We are happy to have you as a member and look forward to working with you for better health care.

Ohio Department of Medicaid Member Handbook

ATTENTION: If you speak English, language services, free of charge, are available to you. Call 1-800-895-2017, TTY 711, 7:00 a.m. – 7:00 p.m., Monday – Friday. The call is free.

Si habla español (Spanish), tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-895-2017. TTY 711.

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-895-2017, TTY 711, 7:00 a.m. – 7:00 p.m., Monday – Friday. The call is free.

If you have a problem reading or understanding this information or any other UnitedHealthcare Community Plan information, please contact our Member Services at 1-800-895-2017, TTY 711 for help at no cost to you. We can explain this information, in English or in your primary language.

Welcome to UnitedHealthcare Community Plan. You are now a member of a health care plan, also known as a managed care plan (MCP). UnitedHealthcare Community Plan provides health care services to Ohio residents who are eligible, including individuals with low income, pregnant women, infants, and children, older adults, and individuals with disabilities.

UnitedHealthcare Community Plan may not discriminate on the basis of race, color, religion, gender, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services in the receipt of health services.

It is important to remember that you must receive services covered by UnitedHealthcare Community Plan from facilities and/or providers on UnitedHealthcare Community Plan panel. Provider panel means the MCP's contracted providers available to the MCP's general membership. See pages 54 – 59 for information on services covered by UnitedHealthcare Community Plan. The only time you can use providers that are not on UnitedHealthcare Community Plan's panel is for:

- emergency services
- federally qualified health centers/rural health clinics
- qualified family planning providers
- certified nurse midwives or certified nurse practitioners
- an out of panel provider that UnitedHealthcare Community Plan has approved you to see

You should have received UnitedHealthcare Community Plan's Provider Directory. 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 myuhc.com/CommunityPlan to view up to date provider panel information or call Member Services at 1-800-895-2017, TTY 711, 7:00 a.m. – 7:00 p.m., Monday – Friday for assistance.

Identification (ID) cards

You should have received a UnitedHealthcare Community Plan membership ID card. Each member of your family who has joined UnitedHealthcare Community Plan will receive their own card. These cards replace your monthly Medicaid card. Each card is good for as long as the person is a member of UnitedHealthcare Community Plan. You will not receive a new card each month as you did with the Medicaid card.

If you are pregnant, you need to let UnitedHealthcare Community Plan know. You must also call when your baby is born so we can send you a new ID card for your baby.

Always keep your ID card(s) with you

You will need your ID card each time you get medical services. This means that you need your UnitedHealthcare Community 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
- get medical supplies
- get a prescription
- have medical tests
- receive non-emergent transportation service (i.e., trips to and from your PCP)

Call your UnitedHealthcare Community Plan Member Services as soon as possible at 1-800-895-2017, TTY 711 if:

- you have not received your card(s) yet
- any of the information on the card(s) is wrong
- you lose your card(s)
- you have a baby

New member information

If you were on Medicaid fee-for-service the month before you became a UnitedHealthcare Community Plan member and have health care services already approved and/or scheduled, it is important that you call Member Services immediately (today or as soon as possible). In certain situations and for a specified time period after you enroll, we may allow you to receive care from a provider that is not a UnitedHealthcare Community Plan panel provider. Additionally, we may allow you to continue to receive services that were authorized by Medicaid fee-for-service. **However, you must call UnitedHealthcare Community Plan before you receive the care.** If you do not call us, you may not be able to receive the care and/or the claim may not be paid. For example, you need to call Member Services if you have the following services already approved and/or scheduled:

- Organ, bone marrow, or hematopoietic stem cell transplant
- Third trimester prenatal (pregnancy) care, including delivery
- Inpatient/outpatient surgery
- Appointment with a primary care or specialty provider
- Chemotherapy or radiation treatments
- Treatment following discharge from the hospital in the last 30 days
- Non-routine dental or vision services (for example braces or surgery)
- Medical equipment
- Services you receive at home, including home health, therapies, and nursing

After you enroll, UnitedHealthcare Community Plan will tell you if any of your current medications require prior authorization that did not require authorization when they were paid by Medicaid fee-for-service. It is very important that you look at the information UnitedHealthcare Community Plan provides and contact UnitedHealthcare Community Plan Member Services if you have any questions. You can also look on the UnitedHealthcare Community Plan website myuhc.com/CommunityPlan to find out if your medication(s) require prior authorization. You may need to follow up with the prescriber's office to submit a prior authorization request to UnitedHealthcare Community Plan if it is needed. If your medication(s) requires prior authorization, you cannot get the medication(s) until your provider submits a request to UnitedHealthcare Community Plan and it is approved.

Prescription drugs

While UnitedHealthcare Community Plan covers all medically necessary Medicaid-covered medications, we use a preferred drug list (PDL). These are the drugs we prefer your provider prescribes. 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 also have quantity (amount) limits and some drugs are never covered, such as drugs for weight loss.

If we do not approve a prior authorization request for a medication, we will send you information on how you can appeal our decision (see information below).

You can call Member Services to request information on our Preferred Drug List and medications that require prior authorization. You can also look on our website at myuhc.com/CommunityPlan. Select your plan. Then select “Find a Drug.” Please note that our PDL and 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.

Services not covered by UnitedHealthcare Community Plan

UnitedHealthcare Community Plan will not pay for services or supplies received without following the directions in this handbook. UnitedHealthcare Community Plan will not pay for the following services that are not covered by Medicaid:

- All services or supplies that are not medically necessary
- Paternity testing
- Services to find cause of death (autopsy) or services related to forensic studies
- Assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual

Services not covered by UnitedHealthcare Community Plan unless medically necessary:

- Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
- 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
- Inpatient treatment to stop using drugs and/or alcohol (in-patient detoxification services in a general hospital are covered)
- Plastic or cosmetic surgery that is not medically necessary
- Services for the treatment of obesity unless determined medically necessary
- 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 UnitedHealthcare Community Plan. Your managed care plan will review all requests for services from your provider. If you have a question about whether a service is covered, please call Member Services at 1-800-895-2017, TTY 711, 7:00 a.m. – 7:00 p.m., Monday – Friday.

Care management services

UnitedHealthcare Community Plan offers care management services that are available to children and adults with special health care needs.

- If you have a chronic health condition, like asthma or diabetes, you may benefit from our Care Management program. UnitedHealthcare Community Plan staff, including nurses, care managers and outreach workers may contact you if you or your doctor call us to ask if our care management or disease management programs could help you. Additionally, UnitedHealthcare Community Plan provides care management to members who use services in an amount or frequency that exceeds medical necessity.
- UnitedHealthcare Community Plan staff will go over your health, social and mental health history and make sure we have everything ready. A team of registered nurses and social workers will work with you, your family, your PCP, other health care providers and community resources to design a plan of care to meet your needs in the most appropriate setting.
 - 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 they may need.

If you want more information about our care management or disease management programs, call us at 1-800-508-2581.

Member Services

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

- Understanding your benefits
- How to access specialty care or services
- Changing PCPs
- How to file a grievance or appeal
- If you speak a language other than English, we can provide translated printed materials. Or we can provide an interpreter who can help you understand these materials.
- Members should call Member Services when there is a change to their demographic information and if they are pregnant.
- Help in finding a provider
- Filing a complaint about UnitedHealthcare Community Plan/providers/discrimination

Contact Member Services at 1-800-895-2017, TTY 711, 7:00 a.m. – 7:00 p.m., Monday – Friday for assistance.

Behavioral health services, mental health and substance use disorder treatment 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
- Psychological testing
- Mental health day treatment
- Substance use disorder treatment services to include peer recovery support, partial hospitalization, and residential treatment, case management, intensive outpatient, withdrawal management
- Therapeutic behavioral service
- Psychosocial rehabilitation
- Community psychiatric support services
- Diagnostic evaluation and assessment
- Psychotherapy and counseling
- Crisis intervention
- Opioid treatment program services
- Behavioral health nursing services
- Treatment for adults and intensive home-based treatment for children/adolescents
- Assertive community treatment

You're covered

It's important to know where to turn for help when needed. We are here for our members. Visit [Liveandworkwell.com](https://www.liveandworkwell.com) for straight talk on mental health topics.

How to contact the 24-hour behavioral health crisis line

You can also call us if you are in crisis. You can talk to someone right away and we can help you get the care you need. Just call our 24-hour behavioral health crisis line is 877-542-9236. This call is free. The Behavioral Health Crisis Line is available 24 hours a day, 7 days a week, 365 days a year. We have free interpreter services for people who do not speak English.

If you need mental health and/or substance use disorder treatment services, please call Member Services at **1-800-895-2017**, TTY **711**. You can also find additional UnitedHealthcare Community Plan providers on our website at myuhc.com/CommunityPlan and in our Provider Directory.

Coordinated services program

UnitedHealthcare Community Plan provides care management to members who use services in an amount or frequency that exceeds medical necessity. This is done to make sure you get high-quality, coordinated health care. If you are chosen to be part of this program, you will be given a Care Manager. The Care Manager will get in touch with you prior to your start date in the program.

If you are part of the program, you will get a letter asking you to pick a pharmacy and confirm your PCP. If you do not choose a pharmacy within 30 days from the date the letter was mailed, UnitedHealthcare Community Plan will pick a network pharmacy based on the following:

- Where you have gone before
- Open 24 hours, if possible
- Close to your home

Before your start date with this program, you will get a new ID card that will list your pharmacy and PCP. If you need to change the pharmacy on your ID card, call Member Services at **1-800-895-2017**, TTY **711**. Requests for pharmacy changes will be reviewed on an individual basis.

Those chosen for the program will get more details in the mail and will be notified of their right to a state hearing.

Healthchek

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 Medicaid eligible individuals under the age of 21. These exams are important to make sure that children are healthy and are developing physically and mentally. Mothers should have prenatal exams and children should have exams at birth, 3-5 days of age and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one exam per year.

Healthchek also covers medical, vision, dental, hearing, nutritional, developmental, and behavioral health exams, in addition to other care to treat physical, behavioral or other problems or conditions found by an exam. Some of the tests and treatment services may require prior authorization.

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

- Preventive checkups for newborns, infants, children, teens, and 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 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 Community Plan providers to diagnose and treat problems or issues
 - inpatient or outpatient hospital care
 - clinic visits
 - prescription drugs
- Health education

It is very important to get preventive checkups 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 a referral from your PCP or prior authorization by UnitedHealthcare Community Plan.** Also, for some EPSDT items or services, your provider may request prior authorization for UnitedHealthcare Community Plan to cover things that have limits or are not covered for members over age 20. Please see page 22 to see what services require a referral and/or prior authorization.

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 35 to learn more about the care management services offered by UnitedHealthcare Community Plan.

Member can obtain Healthchek services by:

- Calling your PCP and dentist to make appointments for regular checkups (making sure to ask for a Healthchek exam when you call the PCP), or by
- Calling UnitedHealthcare Community Plan Member Services if you have any questions or need assistance with accessing care, including finding a provider or making an appointment; services covered; transportation; prior authorizations; referrals for Women, Infants, and Children (WIC), Help Me Grow, Bureau for Children with Medical Handicaps (BCMH), Head Start, and community services such as food, heating assistance, etc.

Choosing a Primary Care Provider (PCP)

Each member of UnitedHealthcare Community Plan must choose a primary care provider (PCP) from UnitedHealthcare Community Plan provider directory. Your PCP is an individual physician, physician group practice, advanced practice nurse or advanced practice nurse group practice trained in obstetrics/gynecology (OB/GYN), family medicine (general practice), internal medicine, or pediatrics.

Your PCP will work with you to direct your health care. Your PCP will do your checkups and shots and treat you for most of your routine health care needs. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

You can reach your PCP by calling the PCP's office. Your PCP's name and telephone number are printed on your UnitedHealthcare Community Plan ID card.

Changing your PCP

If for any reason you want to change your PCP, you must first call the Member Services department to ask for the change. Members can change their PCP monthly. You can change your PCP at any time. PCP changes within the first month of membership will be effective the date of the request. If you request a PCP change after your first month of membership, the change will be effective on the first day of the next month.

UnitedHealthcare Community Plan will send you a new ID card to let you know that your PCP has been changed and the date you can start seeing the new PCP.

For the names of the PCPs in UnitedHealthcare Community Plan, you may look in your provider directory if you requested a printed copy, on our website at myuhc.com/CommunityPlan, or you can call the UnitedHealthcare Community Plan Member Services department at 1-800-895-2017 (hard-of-hearing: 711) for help.

Telehealth

Telehealth is the direct delivery of health care to a patient via audio and/or video. Instead of coming into the office for your appointment, you stay at your home or office and use your smartphone, tablet or computer to see and talk to your medical and behavioral health professionals. There is no cost for Medicaid members to use telehealth and telehealth removes the stress of needing transportation services.

Medicaid members can see medical and behavioral health professionals via telehealth for many illnesses and injuries, common health conditions, follow-up appointments and screenings as well as prescribing medication(s).

Check with your healthcare provider to see if they offer telehealth.

Your membership rights

As a member of UnitedHealthcare Community Plan, you have the following rights:

- To receive all information and services that UnitedHealthcare Community 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 health care. Instances believed to work against your best interest may be overridden.
- To get information on any medical care treatment, given in a way that you can follow.
- 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/corrected if needed.
- To be able to say yes or no to having any information about you given out unless UnitedHealthcare Community Plan has to by law.
- To be able to say no to treatment or therapy. If you say no, the doctor or MCP must talk to you about what could happen and they must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing. See page 43 of this handbook for information.
- To be able to get all MCP written member information from the MCP:
 - at no cost to you;
 - in the prevalent non-English languages of members in the MCP’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 UnitedHealthcare Community Plan and its providers if you do not speak English or need help in understanding information.
- To be able to get help 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 make advance directives (a living will). See page 71 which explains about advance directives.
- To file any complaint about not following your advance directive with the Ohio Department of Health.
- A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- A right to make recommendations regarding the organization’s member rights and responsibilities.

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- To know that the MCP shall review and resolve all grievances as expeditiously as the member's health condition requires. Grievance resolutions, including member notification, shall meet the following time frames:
 - (a) Within two business days of receipt if the grievance is about not being able to get medical care.
 - (b) Within thirty calendar days for all other grievances except for grievances that are about getting a bill for care you have received.
 - (c) Within sixty calendar days for grievances about getting a bill for care you have received.
- To change your primary care provider (PCP) to another PCP on UnitedHealthcare Community Plan's panel, at least monthly UnitedHealthcare Community Plan must send you something in writing that says who the new PCP is and the date the change began.
- To be free to carry out your rights and know that the MCP, the MCP's providers or the Ohio Department of Medicaid will not hold this against you.
- To know that the MCP 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.
- If you are a female, to be able to go to a woman's health provider on UnitedHealthcare Community Plan panel for covered women's health services.
- To be able to get a second opinion from a qualified provider on UnitedHealthcare Community Plan panel. If a qualified provider is not able to see you, UnitedHealthcare Community Plan must set up a visit with a provider not on our panel.
- To get information about UnitedHealthcare Community Plan services, our practitioners and providers and 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
E-mail 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
Phone: 312-886-2359, TTY 312-353-5693

How to let UnitedHealthcare Community 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 UnitedHealthcare Community 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 want to speak for you can contact us. If you want someone to speak for you, you will need to let us know this. UnitedHealthcare Community Plan wants you to contact us so that we can help you. To contact us, you can:

- Call the Member Services department at 1-800-895-2017, TTY 711, or
- Fill out the form in your member handbook, or
- Call the Member Services department to request they mail you a form, or
- Visit our website at myuhc.com/CommunityPlan, 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 Community 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 Community Plan
Grievances and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

UnitedHealthcare Community Plan 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 of the services that were approved; or
- deny payment for a service you received that is not covered by UnitedHealthcare Community Plan.

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.

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If you do not agree with the decision/action listed in the letter, and you contact us **within 60 calendar days** to ask that we change our decision/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 of 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 Community Plan appeal process.**

If you contact us because you are unhappy with something about UnitedHealthcare Community Plan or one of our providers, this is called a **grievance**. UnitedHealthcare Community Plan 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 except grievances that are about getting a bill for care you have received
- 60 calendar days for grievances about getting a bill for care you have received

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

Grievance and appeal form

Member's Name _____ ID # _____

Address _____

Telephone Number (Home) _____ (Work) _____

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

(Signature)

(Date)

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

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 Community 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 Community Plan did not make the right decision and UnitedHealthcare Community Plan 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 Community Plan 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
- a decision is made to propose enrollment or continue enrollment in the UnitedHealthcare Community Plan Coordinated Services Program
- a decision is made to deny your request to change your UnitedHealthcare Community Plan Coordinated Services Program provider

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 all of the approved services are received, your letter will tell you how you can keep receiving the services if you choose to and when you may have to pay for the services. If we propose to enroll you in the UnitedHealthcare Community Plan Coordinated Services Program and you request the hearing within 15 calendar days from the mailing date on the form, we will not enroll you in the program until the hearing decision.

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 email 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 Community Plan appeal process.**

State hearing decisions are usually issued no later than 70 calendar days after the request is received. However, if the MCP 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.

Emergency services

Emergency services are services for a medical problem that you think is so serious that it must be treated right away by a doctor. We cover care for emergencies both in and out of the county where you live. Some examples of when emergency services are needed include:

- Miscarriage/pregnancy with vaginal bleeding
- Heart attacks
- Severe chest pain
- Severe bleeding that does not stop
- Serious breathing difficulties
- Possible stroke
- Mental health: Threat of suicide, homicide or self-injury, mania or psychosis that needs immediate medical attention

You do not have to contact UnitedHealthcare Community Plan for an okay before you get emergency services. If you have an emergency, call 911 or go 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 24/7 NurseLine services at 1-800-542-8630 (TTY 1-800-855-2880). Your PCP or 24/7 NurseLine Representative 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 tell them that you are a member of UnitedHealthcare Community Plan and show them your 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 Community Plan.
- You will need to call your Primary Care Provider as soon as possible after the emergency is under control.
- If the hospital has you stay, please make sure that UnitedHealthcare Community Plan is called within 24 hours.

Accidental injury or illness (subrogation)

If a UnitedHealthcare Community Plan member has to 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)

If you or anyone in your family has health insurance with another company, it is very important that you call the Member Services department and your county caseworker about the insurance. For example, if you work and have health insurance or if your children have health insurance through their other parent, then you need to call the Member Services department to give us the information. 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, UnitedHealthcare Community Plan would be told to stop your membership as a Medicaid member and you would no longer be covered by UnitedHealthcare Community Plan.

Automatic renewal of MCP membership

If you lose your Medicaid eligibility but it is started again within 90 days, you will automatically become a UnitedHealthcare Community Plan member again.

Ending your MCP membership

As a member of a managed care plan, you have the right to choose to end your membership at certain times during the year. You can choose to end your membership during the first three months of your membership or during the annual open enrollment month for your area. The Ohio Department of Medicaid will send you something in the mail to let you know when your annual open enrollment month will be. If you live in a mandatory enrollment area, you will have to choose another managed care 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 for your area, you can call the Medicaid Hotline at 1-800-324-8680; TTY 1-800-292-3572. You can also submit a request online 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 managed care plan, you should learn about your choices, especially if you want to keep your current doctor(s). Remember, each MCP has its own list of doctors and hospitals that they will allow you to use. In addition, each MCP has written information which explains the benefits it offers and the rules that it has. If you would like written information about a managed care plan you are thinking of joining or if you simply would like to ask questions about the MCP, you may either call the plan or call the Medicaid Hotline at 1-800-324-8680; TTY 1-800-292-3572. You can also find information about the MCPs in your area by visiting the Medicaid Hotline website at www.ohiomh.com.

Just Cause membership terminations

Sometimes there may be a special reason that you need to end your membership with a plan. This is called a “Just Cause” membership termination. Before you can ask for a just cause membership termination, you must first call UnitedHealthcare Community Plan and give us a chance to resolve the issue. If we 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 MCP is not available where you now live and you must receive non-emergency medical care in your new area before your MCP membership ends.
2. The MCP 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 are not available on your MCP’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 MCP’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 MCP’s panel and that was the only PCP on your MCP’s panel who spoke your language and was located within a reasonable distance from you; or another 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 managed care 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 1-800-292-3572. 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 Community Plan doctors and other providers until the day you are a member of your new health plan or back on regular Medicaid.
- If you chose a new MCP 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 UnitedHealthcare Community Plan Member Services department. If they are unable to help you, call the Medicaid Hotline at 1-800-324-8680; TTY 1-800 292-3572.
- 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 MCP and have any medical visits 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 have an appointment to see a new doctor, a surgery, blood test or X-ray scheduled and especially if you are pregnant.**
- 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.

Optional membership terminations

You have the option not to be a member of a managed care 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 or your child meet any of the above criteria and do not want to be a member of a managed care plan, you can call the Medicaid Hotline at 1-800-324-8680 (TTY 1-800-292-3572). If someone meets the above criteria and does not want to be an MCP member, their membership will be ended.

Exclusions — Individuals that are not permitted to join a Medicaid MCP:

- Dually eligible under both the Medicaid and Medicare programs;
- Institutionalized (in a nursing home and are not eligible under the Adult Extension category, long-term care facility, intermediate care facility for individuals with intellectual disabilities (ICF/IID). ICF-MR, or some other kind of institution); or
- Receiving Medicaid Waiver services and are not eligible under the Adult Extension category.
* If you are eligible for Medicaid under the Adult Extension category, you will receive your nursing home services through the Managed Care Plan. Additionally, Adult Extension members approved for waiver services will remain in the Managed Care Plan.

If you believe that you meet any of the above criteria and should not be a member of a managed care plan, you must call the Medicaid Hotline at 1-800-324-8680 (TTY 1-800-292-3572). If you meet the above criteria, your MCP membership will be ended.

Can UnitedHealthcare Community Plan end my membership?

UnitedHealthcare Community 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 UnitedHealthcare Community Plan can ask to end your membership are:

- For fraud or for misuse of your UnitedHealthcare Community Plan ID card
- For disruptive or uncooperative behavior to the extent that it affects the MCP's ability to provide services to you or other members

UnitedHealthcare Community Plan provides services to our members because of a contract that UnitedHealthcare Community 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
Office of Managed Care
Bureau of Managed Care Compliance and Oversight
P.O. Box 182709
Columbus, Ohio 43218-2709
Phone: 1-800-324-8680
TTY: 1-800-292-3572

You can also visit the Ohio Department of Medicaid on the Web at www.medicaid.ohio.gov.

You can contact UnitedHealthcare Community Plan to get any other information you want including the structure and operation of UnitedHealthcare Community Plan and how we pay our providers. If you want to tell us about things you think we should change, please call the Member Services department at 1-800-895-2017, TTY 711.

Medicaid services table

Services covered by UnitedHealthcare Community Plan

As a UnitedHealthcare Community Plan member, you will continue to receive all medically-necessary Medicaid-covered services at no cost to you. Medically necessary means you need the services to prevent, diagnose, or treat a medical condition.

| Service | Coverage |
|--|---|
| Acupuncture | Covered for pain management of headaches and lower back pain. There is a 30-visit limit unless medically necessary. |
| Ambulance and ambulance transportation | Covered for emergency situations both in and out of network. |
| Certified nurse midwife services | Covered |
| Certified nurse practitioner services | Covered |
| Chiropractic (back) services | Covered; 30 visits per calendar year for members under age 21 unless medically necessary. 15 visits per calendar year for members age 21 and older. |
| Dental services | Covered; two examinations and two cleanings per calendar year, X-rays, fillings, simple extractions, full and partial dentures, general anesthesia and anterior (front teeth) root canals. Some procedures require prior authorization. |
| Developmental therapy services for children aged birth to 6 years | Covered; prior authorization may be required. |

Medicaid services table

| Service | Coverage |
|--|---|
| Diagnostic services (X-ray, lab) | Covered; Diagnostic and Lab Testing covered with Par provider. Some testing may require a prior authorization. |
| Durable medical equipment | <p>Most DME item under \$500 will be covered with a prescription to a participating vendor.</p> <ul style="list-style-type: none"> • Exclusions apply, refer to DME auth grid. <ul style="list-style-type: none"> Wigs are not a covered service. – In-Network: Breast pumps covered as DME. No authorization required for In-Network DME providers. – Out-of-Network: Authorization required. |
| Emergency services | Covered; services for a medical problem that you think is so serious that it must be treated right away by a doctor. |
| Family planning services and supplies | Covered |
| Freestanding birth center services at a freestanding birth center | Call Member Services to find a qualified clinic. |
| Federally Qualified Health Center or Rural Health Clinic services | Covered |
| Home health services | Covered; may require prior authorization. |
| Hospice care (care for terminally ill, e.g., cancer patients) | Prior authorization required for room and board. |
| Inpatient hospital services | Prior authorization required for elective admissions. |
| Medical supplies | Covered; may require prior authorization. |

Medicaid services table

| Service | Coverage |
|--|--|
| Behavioral health services, mental health and substance use disorder | <p>Covered; call Member Services to find qualified center/provider or self-refer directly to an Ohio Department of Mental Health and Addiction Services (OhioMHAS) certified community mental health center or certified treatment center.</p> <p>Beginning July 2018, the following will be covered:</p> <ul style="list-style-type: none"> • Assertive Community Treatment (ACT) for members age 18 and older. • Intensive Home Based Treatment (IHBT). This service is for individuals age 18 and under; however, in some circumstances may be available to members aged 18 – 21. • Comprehensive addiction treatment, including residential and partial hospitalization services. |
| Nursing facility services | <p>Covered unless the Ohio Department of Medicaid determines that the member will return to fee-for-service.</p> |
| Obstetrical (maternity care — prenatal and postpartum, including at-risk pregnancy services) and gynecological services | <p>Covered</p> |
| Outpatient hospital services | <p>Covered</p> |
| Physical and occupational therapy | <p>Covered</p> |
| Physical exam required for employment or for participation in job training programs | <p>Covered if the exam is not provided free of charge by another source.</p> |

Medicaid services table

| Service | Coverage |
|--|---|
| Podiatry (foot) services | Covered In-Network — No prior authorization required for visits, certain procedures may require prior authorization. Gold Star PCPs — Prior authorization not required. |
| Prescription drugs, including certain prescribed over-the-counter drugs | Covered; may require prior authorization. |
| Preventive mammogram (breast) and cervical cancer (Pap smear) exams | Covered |
| Primary care provider services | Covered |
| Radiology (MRI, CT and nuclear studies) | Covered; may require prior authorization. |
| Renal dialysis (kidney disease) | Covered |

Medicaid services table

| Service | Coverage |
|--|--|
| <p>Respite services</p> | <p>Covered:</p> <p>Respite Benefit Eligibility Criteria The Ohio Department of Medicaid has made rules for this benefit, including:</p> <ul style="list-style-type: none"> • Lives with his or her unpaid primary caregiver in a home or an apartment. Not in foster care. • Must be working with a Plan care manager. • Require skilled services at least once per week. • Have received at least 14 hours per week of home health aide services for at least six months before requesting respite services. • Medicaid eligible children under the age of 21 who have been determined eligible for Social Security Income for children with disabilities. • Adults disabled since childhood who are under age 21 and receive Supplemental Security Disability Income are also eligible for respite. • Members age 21 and over: not covered. |
| <p>Respite services (continued)</p> | <p>Behavioral health respite benefit eligibility criteria:</p> <p>The Ohio Department of Medicaid has made rules for this benefit, including:</p> <ul style="list-style-type: none"> • Had a need for at least 14 hrs of home health aide services for at least TWO consecutive months immediately preceding the date respite services are requested. • The member’s caregiver has a need for temporary relief from the care of the member as a result of the member’s LTSS or behavioral health needs, or in order to prevent an inpt, institutional, or out-of-home stay. • Be diagnosed with a serious emotional disturbance resulting in a functional impairment. • Not be exhibiting symptoms or behaviors that indicate imminent risk of harm to self or others. |

Medicaid services table

| Service | Coverage |
|---|---|
| Screening and counseling for obesity | Covered |
| Services for children with medical handicaps (Title V) | Covered |
| Shots (immunizations) | Covered |
| Specialist services | Covered in-network in most cases. |
| Speech and hearing services, including hearing aids | Covered |
| Vision (optical) services, including eyeglasses | Covered; all members can receive an eye exam every 12 months. They also have a choice of glasses with a retail frame allowance of up to \$25 or retail allowance of \$150 toward any type of contacts (must use at one time) every 12 months. |
| Well-child (Healthchek) exams for children under the age of 21 | Covered; medical, vision, dental, hearing, nutritional, developmental, and behavioral health exams, immunizations (shots), health education, and laboratory tests in addition to other care to treat physical, behavioral or other problems or conditions found by an exam. |
| Yearly well-adult exams | Covered |
| Air ambulance | Requires authorization. |

Medicaid services table

Your doctor must call UnitedHealthcare Community Plan’s Utilization Management department at 1-800-366-7304 to get approval for some services.

If you must travel 30 miles or more from your home to receive covered health care services, UnitedHealthcare Community Plan will provide transportation to and from the provider’s office. Please contact UnitedHealthcare Member Services at 1-800-895-2017, TTY 711 2 days in advance (unless the transport is for a hospital discharge) to set up your transport or for assistance.

In addition to the transportation assistance that UnitedHealthcare Community 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.

Additional UnitedHealthcare benefits

Additional benefits

UnitedHealthcare Community Plan also offers the following extra services and/or benefits to their members.

Wellness programs

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

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

Your provider may suggest one of these programs for you. If you want to know more, or to find a program near you, talk to your PCP or call Member Services at **1-800-895-2017**, TTY **711**.

Smart tools for health

- Members can go to myuhc.com/CommunityPlan to help manage their health. The site helps keep a health history. It educates on working with their doctor. They can also track future visits.
- Members can get smartphone applications. These help them track health goals and find a doctor.
- Community Services Connect — A program on the internet. The program helps members find services close to where they live.
- Lifeline — Some members may be able to participate in a government benefit program that provides discounts on monthly telephone service for eligible low-income consumers. Visit the website at www.lifelinesupport.org or call 1-888-641-8722.

Additional UnitedHealthcare benefits

Live and Work Well You're covered

It's important to know where to turn for help when needed. We are here for our members. Visit [Liveandworkwell.com](https://liveandworkwell.com) for straight talk on mental health topics.

Healthy First Steps™

Our Healthy First Steps program makes sure that both mom and baby get good medical attention. Earn great rewards (8 rewards in all), including a \$20.00 gift card for just signing up. Sign up for our maternity rewards program. Prenatal, delivery, postpartum care along with healthy tips for you and your baby.

We will help:

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

Call us toll-free at **1-800-599-5985**, TTY **711**, 8:00 a.m. – 5:00 p.m. CST, Monday – Friday.

It's important to start pregnancy care early. Be sure to go to all of your doctor visits, even if this isn't your first baby.

UnitedHealthcare Health4Me®

UnitedHealthcare Community Plan has a new member app. It's called Health4Me. The app is available for Apple® or Android® tablets and smartphones. Health4Me makes it easy to:

- Find a doctor, ER or urgent care center near you
- View your ID card
- Read your handbook
- Learn about your benefits
- Contact Member Services

Download the free Health4Me app today. Use it to connect with your health plan wherever you are, whenever you want.



Healthy rewards

An ounce of prevention can be worth a pound of cure. It can also be worth great rewards.

Earn great gifts for you or your child by doing things like:

- Completing well-child exams
- Getting lab tests

Dr. Health E. Hound® program

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

You and your family can meet Dr. Health E. Hound in person at some of our health plan events. We encourage you to come to an event and learn about the importance of healthy eating and exercise. Bring a camera to these events and get your picture taken with Dr. Health E. Hound.

Other plan details

Other plan details

Finding a network provider

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

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

Call Member Services at **1-800-895-2017**, TTY **711**. We can look up network providers for you. Or, if you’d like, we can send you a Provider Directory in the mail.

Provider Directory

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

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

If you would like a printed copy of our directory, please call Member Services at **1-800-895-2017**, TTY **711**, and we will mail one to you.

How to use the Doctor Lookup Tool and online Provider Directory

Find a Doctor

Use this online provider search tool to find a doctor, hospital, other health care provider or facility. You may search by specific categories for doctors or facilities.

First, select the “Doctor Lookup” button.

Then, select “Search for Providers.”

Step 1: Select your type of doctor or facility

I want to search for:

Doctors

Type of Doctor

Primary Care Physicians

Primary Care Clinics

Specialty Type [More Info](#)

All Specialties

Plan Name

Select any Plan

Additional Options:

City: State: Select State

Zip Code: Distance: Select Radius

County:

When using radius search all doctor locations are measured from the post office in the selected zip code

Last Name / Medical Group: Tip

Accepts New Patients: No Preference

Gender: No Preference

Language: Any Languages

Medical Group: Tip

Hospital Affiliation:

FIND DOCTOR

Doctors:

Select first button to search for a Primary Care Physician (PCP) to coordinate your health.

Select second button to search for Primary Care Clinics.

Note: Primary Care Clinics can act as a Primary Care Physician instead of an individual provider.

This button only applies to:

- UnitedHealthcare Community Plan of Ohio
- UnitedHealthcare Connected® MyCare Ohio

Select third button to search for non-primary care physicians who provide services in a specific field.

For example:

Speech therapy, cardiology, gynecology, etc.

Other plan details

I want to search for:

Facilities

Type of Facility

Hospitals

All Facilities [More Info](#)

Specialty:

Plan Name:

Additional Options:

City: State:

Zip Code: Distance:

County:

When using radius search all doctor locations are measured from the post office in the selected zip code

Facility Name: [Tip](#)

FIND FACILITY

[Looking for State Resources?](#)

[Looking for Behavioral Health?](#)

UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid Plan): [Click here](#)

[Ohio Medicaid: Click here](#)

[Looking for RX info?](#)

[Looking for Dental provider info?](#)

[Looking for Vision info?](#)

[Transportation](#)

To arrange non-emergency transportation to your medical appointment, please call 1-866-569-1902. In the event of an emergency, please dial 911 and request an ambulance.

Facilities:

Select first button to search for facilities that provide inpatient and outpatient services.

Select second button to search for a facility that provides a specific service.

For example:

Physical therapy, nursing home, pharmacy, etc.

Select "FIND FACILITY" button to search for additional health care services provided by facilities or vendors.

For example:

You can search for vision providers, dental providers and health care professionals that specialize in the treatment of behavioral health care concerns.

Step 2: Select your plan name

Search

I want to search for:

Doctors

Type of Doctor

Primary Care Physicians

Primary Care Clinics

Specialty Type [More Info](#)

Specialty:

Plan Name:

Additional Options:

City: State:

Zip Code: Distance:

County:

When using radius search all doctor locations are measured from the post office in the selected zip code

Last Name / Medical Group: [Tip](#)

Accepts New Patients:

Gender:

Language:

Medical Group: [Tip](#)

Hospital Affiliation:

FIND DOCTOR

I want to search for:

Facilities

Type of Facility

Hospitals

All Facilities [More Info](#)

Specialty:

Plan Name:

Additional Options:

City: State:

Zip Code: Distance:

County:

When using radius search all doctor locations are measured from the post office in the selected zip code

Facility Name: [Tip](#)

FIND FACILITY

[Looking for State Resources?](#)

[Looking for Behavioral Health?](#)

UnitedHealthcare Connected for MyCare Ohio (Medicare-Medicaid Plan): [Click here](#)

[Ohio Medicaid: Click here](#)

[Looking for RX info?](#)

[Looking for Dental provider info?](#)

[Looking for Vision info?](#)

[Transportation](#)

To arrange non-emergency transportation to your medical appointment, please call 1-866-569-1902. In the event of an emergency, please dial 911 and request an ambulance.

68 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at 1-800-895-2017, TTY 711.

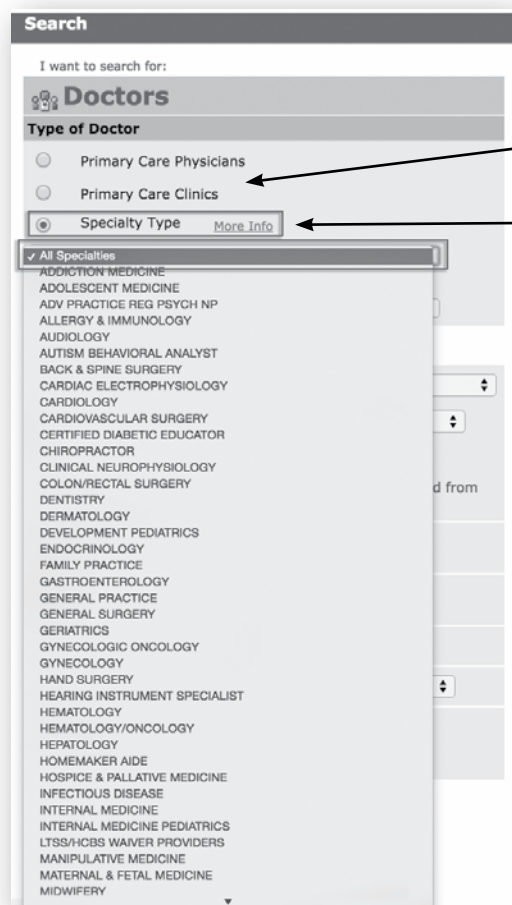
Step 3: Additional options

- Enter a Street Address, City, State and ZIP code, **OR**
- Enter a City and State, **OR**
- Enter a ZIP code, **OR**
- Enter Distance number.

Note: When using distance search, all doctor locations are measured from the post office in the selected ZIP code.

You can also narrow your search by entering the following:

- Medical Group or Facility Name
- Accepts New Patients (Is this physician accepting new patients into their practice?)
- Gender (Is this physician female or male?)
- Language (Does this physician, or his or her office staff speak a language other than English?)
- Hospital Affiliation (this is the facility where a physician can admit a patient into a hospital) and/or Office Location (physician’s business location)



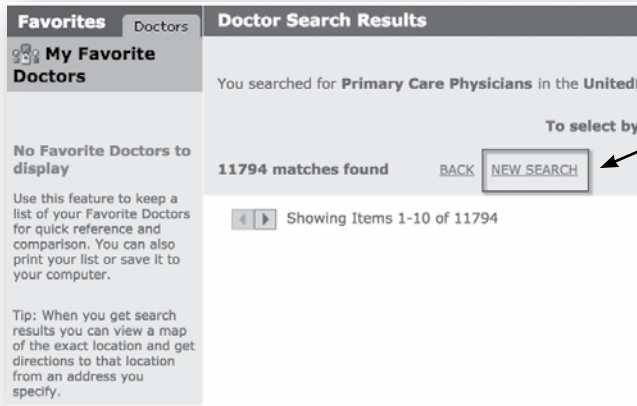
Click “**FIND DOCTOR**” or “**FIND FACILITY**” to see your results.

Note: If you cannot find a particular provider when using the “Primary Care Physicians” or “Primary Care Clinics” button(s), please click on the “Specialty Type” button and then on the “All Specialties” drop-down menu to open up a list of more options.

For example:

If you are looking for a family practice or internal medicine and cannot find the provider, click on the “All Specialties” drop-down menu and choose **Nurse Practitioner** or **Physician Assistant**, as they could be listed there.

Other plan details



Please note: When you are searching for a provider and would like to return to the main page to perform another search, you should click on the “NEW SEARCH” button, not the “BACK” button, to ensure all of the old data you previously entered is gone.

If you get a bill for services

Hospitals and doctors cannot bill members for covered services. If you get a bill, call Member Services at 1-800-895-2017, TTY 711. A representative will work with you to find out if you need to pay the bill or if you should send it to us at:

Medicaid Program
UnitedHealthcare Community Plan
9200 Worthington Road, 3rd Floor
Westerville, OH 43082

Keep a copy of the bill for yourself. We will review these bills to make sure the services are covered benefits. If they are covered, we will pay the health care provider right away. Call Member Services at 1-800-895-2017, TTY 711, with any questions.

Providers will bill your primary insurance first. After your primary insurance pays the allowed amount, the provider will bill UnitedHealthcare Community Plan. UnitedHealthcare Community Plan will pay the provider the amount agreed upon in our contract with the provider.

Advance Directives

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

Living Wills

A Living Will tells your doctor the kinds of life support you want or do not want.

Power of Attorney for health care

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

Declaration for Mental Health Treatment

A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows a person, while capable, to appoint a proxy to make decisions on his or her behalf when he or she lacks the capacity to make a decision. In addition, the declaration can set forth certain wishes regarding treatment. The person can indicate medication and treatment preferences, and preferences concerning admission/retention in a facility.

The Declaration for Mental Health Treatment supersedes a Durable Power of Attorney for mental health care, but does not supersede a Living Will.

You can ask your doctor for more information about advance directives. You can also find some sample forms at:

Nim.nih.gov/medlineplus/advancedirectives

or at: Familydoctor.org

or at: Uslivingwillregistry.com/forms

What kinds of forms are there?

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

Other plan details

Do Not Resuscitate order

State regulations offer a Do Not Resuscitate (DNR) Comfort Care and Comfort Care Arrest Protocol as developed by the Ohio Department of Health. A DNR Order means a directive issued by a physician or, under certain circumstances, a certified nurse practitioner or clinical nurse specialist, which identifies a person and specifies that CPR should not be administered to the person so identified. CPR means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR.

The DNR Comfort Care and Comfort Care Arrest Protocol lists the specific actions that paramedics, emergency medical technicians, physicians or nurses will take when attending to a DNR Comfort Care or Comfort Care Arrest order. The protocol also lists what specific actions will not be taken.

You should talk to your doctor about the DNR Comfort Care and Comfort Care Arrest order and protocol options.

Fraud and abuse

Anyone can report potential fraud and abuse. If you become aware of fraud or abuse, call Member Services at **1-800-895-2017**, TTY **711**, to report it. Some examples of fraud and abuse are:

- Receiving benefits in Ohio and another state at the same time
- Altering or forging prescriptions
- A person getting Medical Assistance benefits who is not eligible for benefits
- Giving a UnitedHealthcare Community Plan ID card to someone else to use
- Excessive use or overuse of Medicaid benefits
- Doctors or hospitals that bill you or UnitedHealthcare for services that were not provided to you
- Doctors or hospitals who bill UnitedHealthcare more than once for services you only had once
- Doctors who submit false documentation to UnitedHealthcare so that you may receive services that are only provided when medically needed

You may also write to ODI at:

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

Additionally, you can send a paper or electronic form to UnitedHealthcare Community Plan that can be accessed via link noted below:

<http://www.UHCCommunityPlan.com/assets/SpecialInvestigationReferralForm.pdf>

Fraud and abuse hotline

You can also report suspected fraud and abuse to UnitedHealthcare Community Plan by calling toll-free at 1-877-766-3844 and leaving a detailed message. This also has been set up so that you do not have to give your name.

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

Other plan details

Your opinion matters

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

- Call Member Services at **1-800-895-2017**, TTY 711
- Write to us at:

UnitedHealthcare Community Plan
9200 Worthington Rd.
Westerville, OH 43082

Member Advisory Board

The Member Advisory Board is an advisory council to ensure that UnitedHealthcare actively engages consumers, families, advocacy groups, and other key stakeholders as partners in the complex care program design and delivery system.

Who can join?

- UnitedHealthcare Community Plan members
- Family members and caregivers of UnitedHealthcare Community Plan members
- Representatives from community and consumer advocacy groups

Participants can:

- Share feedback and ideas with the UnitedHealthcare team
- Join a monthly call with UnitedHealthcare leaders about health and wellness
- Attend an annual regional meeting
- Sign up for free advocacy trainings

For information about the advisory council, contact:

Member Services at **1-800-895-2017**, TTY 711

Member Advisory Committee

We also have a Member Advisory Committee that meets every three months. If you'd like to join us, call Member Services.

Utilization management

UnitedHealthcare Community Plan does not want you to get too little care or care you don't really need. We also have to make sure that the care you get is a covered benefit. We use utilization management (UM) to make sure you are getting the right care at the right time and in the right place.

There are also some treatments and procedures we need to review before you can get them. Your providers know what they are, and they take care of letting us know to review them. The review we do is called Utilization Review. We do not reward anyone for saying no to needed care. If you have questions about UM, you can talk to our Medicaid Care Management staff. Our nurses are available 8:00 a.m. to 5:00 p.m., Monday through Friday at 1-800-504-9669, TTY 711; language assistance is available.

Quality program

Our Quality program can help you stay healthy by working with your doctor. The Quality program helps you remember to get preventive tests and shots. We send you and your providers reminders about lead tests, Pap tests, mammograms and shots that prevent diseases like polio, mumps, measles and chickenpox.

UnitedHealthcare Community Plan uses HEDIS[®] standards to help measure how we are doing with our Quality program. HEDIS is a set of standard performance measures and scores to help people compare the performance of managed care plans. HEDIS studies many areas, such as prenatal care and disease prevention programs.

UnitedHealthcare Community Plan wants to make sure you are happy with the services you get from your doctor and from us. To do this, we look at CAHPS[®] data. CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. This survey asks questions to see how happy you are with the care you receive. If you get a member survey in the mail, please fill it out and return it to us.

UnitedHealthcare Community Plan looks at the results of HEDIS and CAHPS. Then we share the results with our providers. We work with providers to make sure the services they give you and the services we give you add to your health care in a positive way.

If you would like to know more about the quality program, call Member Services at 1-800-895-2017, TTY 711.

Safety and protection from discrimination

Patient safety is very important to us. Although we do not direct care, we want to make sure that our members get safe care. We track quality-of-care issues, develop guidelines to promote safe care, provide information to members about patient safety, and work with hospitals, doctors and others to improve continuity and coordination between sites of care. If you would like more information on patient safety or places to get information, call Member Services at **1-800-895-2017**, TTY 711.

UnitedHealthcare Community Plan and its providers are prohibited from discriminating against anyone because of age, race, ethnicity, sex or religion. UnitedHealthcare Community Plan providers must follow the Americans with Disabilities Act and cannot discriminate on the basis of health or mental health, need for health care or pre-existing conditions. If you think you have been subject to any form of discrimination, please call Member Services at **1-800-895-2017**, TTY 711, immediately.

Clinical practice guidelines and new technology

UnitedHealthcare Community Plan gives our providers clinical guidelines that have information about the best way to provide care for some conditions. Each clinical guideline is an accepted standard of care in the medical profession, which means other doctors agree with that approach. We want to improve your health by giving our providers information that supports their clinical practices, consistent with nationally recognized standards of care.

If you have any questions about UnitedHealthcare Community Plan's clinical guidelines or would like a paper copy of a clinical practice guideline, please call Member Services at **1-800-895-2017**, TTY 711. You can also find the clinical practice guidelines on our website at myuhc.com/CommunityPlan.

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 **1-800-895-2017**, TTY 711.

Your membership responsibilities

As a member of UnitedHealthcare Community Plan, you have the responsibility:

- To understand how UnitedHealthcare Community Plan works by reading this handbook.
- To choose your Primary Care Provider.
- To carry your UnitedHealthcare Community Plan card. (You must show your card when receiving services and must report a stolen or lost card as soon as possible. You also must inform UnitedHealthcare Community Plan of any other insurance you may have, and must 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 health care workers, and other patients.
- To know when to take your medicine, how to take your medicine and to follow your doctor's instructions for care that you have agreed to.
- To give the right medical information and any information needed to provide your care to UnitedHealthcare Community Plan and your health care providers.
- 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 Primary Care Provider has all your medical records. (This includes all medical records from other doctors.)
- To let UnitedHealthcare Community Plan know if you are in the hospital. (Do this in 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 Community Plan membership.

Other plan details

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 Community Plan will cover for you.

Clinical Care Management: One-on-one help by a nurse providing education and coordination of UnitedHealthcare Community Plan benefits, tailored to your needs.

Disenrollment: To stop your membership in UnitedHealthcare Community Plan.

Durable Medical Equipment (DME): Durable Medical Equipment includes things such as wheelchairs, walkers, diabetic glucose meter and IV poles that have to be used for a length of time. 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, or (3) permanent damage to a body part or health of unborn child. (Mental Health: Threat of suicide, homicide or self-injury, mania or psychosis that needs immediate medical attention.)

Emergency – Non-Life-Threatening Mental Health: When symptoms first develop, but are not life-threatening, like suicidal ideation without a plan to implement or the member is starting to show signs of a mania or psychosis.

Fraud: An untruthful act (example: if someone other than you uses your member ID card and pretends to be you).

78 **Questions?** Visit myuhc.com/CommunityPlan,
or call Member Services at **1-800-895-2017**, TTY **711**.

Grievance: A grievance is an expression of dissatisfaction about the health plan, or a practitioner or any matter other than an action taken by the plan. Grievances can include issues with the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect a member's rights.

Health Information: Facts about your health and care. This information may come from UnitedHealthcare Community Plan or a provider. It includes information about your physical and mental health, as well as payments for care.

Mental Health Information: Facts about your mental health and care. This information may come from UnitedHealthcare Community Plan or a provider. It includes information about your physical and mental health, as well as payments for care.

ID Card: An identification card that says you are a UnitedHealthcare Community Plan member. You should have this card with you at all times.

Immunization: A shot that protects from a disease. Children should get a variety at specific ages. Shots are often given during regular doctor visits.

Informed Consent: That all medical treatments have been explained to you; you understand and agree to them.

In-Network: Doctors, specialists, hospitals, pharmacies and other providers who have an arrangement with UnitedHealthcare Community Plan to provide health care services to members.

Inpatient: When you are admitted into a hospital for a length of time.

Member: An eligible person enrolled with UnitedHealthcare Community Plan in the Medicaid or DHCP programs.

ODM: Ohio Department of Medicaid.

Out-of-Network: Doctors, specialists, hospitals, pharmacies and other providers who do not have an arrangement with UnitedHealthcare to provide health care services to members.

Outpatient: When you have a procedure done that does not require a hospital stay overnight.

Prescription: A doctor's written instructions for drugs or treatment.

Primary Care Provider (PCP): A doctor you choose to be your primary care provider who has his or her own private practice. Your PCP will coordinate all of your health care.

Other plan details

Prior Authorization: Process that your doctor uses to get approval for services that need to be approved before they can be done.

Provider Directory: A list of providers who participate with UnitedHealthcare Community Plan to help take care of your health care needs.

Provider or Practitioner: A person or facility that offers health care (doctor, pharmacy, dentist, clinic, hospital, etc.).

Referral: When you and your PCP agree you need to see another doctor and your PCP sends you to a network specialist.

Self-Referred Services: Services for which you do not need to see your PCP for a referral.

Specialist: Any doctor who has special training for a specific condition or illness.

Substance Use Information: Facts about your substance use and care. This information may come from UnitedHealthcare Community Plan or a provider. It includes information about your substance use history and current use, as well as payments for care.

Urgent Care: When you are sick but it is not an emergency, and you need treatment or medical advice within a 48-hour time period.

WIC: Supplemental food program for Women, Infants and Children that provides nutrition counseling, nutrition education, and nutritious foods to pregnant and postpartum women, infants and children up to the age of 2. Children deemed nutritionally deficient are covered up to age 5 if they are low income and are determined to be at nutritional risk.

Health Plan Notices of Privacy Practices

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

Effective January 1, 2019.

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

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

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

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

How We Use or Share Your Information

We must use and share your HI with:

- You or your legal representative
- Government agencies

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

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

Questions? Visit myuhc.com/CommunityPlan, 81
or call Member Services at **1-800-895-2017**, TTY **711**.

Other plan details

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

We may use or share your HI as follows:

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

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

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

Your Rights

You have the following rights.

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

Other plan details

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

Using Your Rights

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

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

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

Financial Information Privacy Notice

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

Effective January 1, 2019.

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

Information We Collect

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

Sharing of FI

We will only share FI as permitted by law.

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

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

Confidentiality and Security

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

Other plan details

Questions About This Notice

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

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

We provide services at no cost to help you communicate with us. Such as, letters in other languages or large print, auxiliary aids and services, or you can ask for an interpreter. To ask for help, please call **1-800-895-2017 (TTY 711)** from 7 a.m. to 7 p.m. EST Monday through Friday. (voicemail available 24 hours per day/7 days a week).

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande, ayuda y servicios auxiliares, o bien puede solicitar un intérprete. Para solicitar ayuda, llame al **1-800-895-2017 (TTY 711)**, de 7 a. m. a 7 p. m., hora del este, de lunes a viernes (correo de voz disponible las 24 horas del día, los 7 días de la semana).

نحن نقدم لك خدمات مجانية لمساعدتك على التواصل معنا؛ مثل، توفير الخطابات بلغات أخرى أو بحروف كبيرة، أو المساعدات والخدمات المساعدة، أو يمكن لك أن تطلب الاستعانة بمترجم فوري. لطلب المساعدة، اتصل على الرقم **1-800-895-2017 (الهاتف النصي 711)** من الساعة 7:00 صباحًا إلى 7:00 مساءً بتوقيت شرق الولايات المتحدة من يوم الإثنين حتى الجمعة. (تتوفر خدمة البريد الصوتي على مدار الساعة وطوال أيام الأسبوع).

Waxaan bixinaa adeegyo aan lacag ku fadhin si aan kaaga caawino inaad nala soo xiriirtid inaga. Sida, waraaqo ku qoran luqado kale ama daabacan, kaaliyeyaasha iyo adeegyada naafada, ama waxaad codsan kartaa turjubaan. Si aad u codsato caawimaad, fadlan wac **1-800-895-2017 (TTY 711)** laga bilaabo 7 subaxnimo ilaa 7 galabnimo. Isniinta ilaa Jimcaha Waqtiga Caadiga ee Bariga (EST) (fariin codeedka waxaa la heli karaa 24 saacadood maalintiiba/7 maalmood Isbuuciiba).

हामीसँग सञ्चार/सम्पर्क गर्नमा मद्दत पुऱ्याउन हामी तपाईंलाई निःशुल्क सेवाहरू प्रदान गर्छौं। जस्तै, अन्य भाषामा वा ठूला अक्षरमा छापिएका पत्रहरू, सहायक सामग्री तथ सेवाहरू वा तपाईंले दोभाषेको लागि अनुरोध गर्न सक्नुहुन्छ। सहयोग माग्नुका लागि, कृपया सोमबारदेखि शुक्रबार बिहान 7 बजेदेखि साँझ 7 बजेसम्म **1-800-895-2017 (TTY 711)** मा फोन गर्नुहोस् (भ्वाइसमेल दिनमा 24 घण्टा/हप्तामा 7 दिन नै उपलब्ध छ)।



We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-895-2017**, TTY **711**. You can also visit our website at myuhc.com/CommunityPlan.

UnitedHealthcare Community Plan
9200 Worthington Rd.
Westerville, OH 43082

myuhc.com/CommunityPlan

1-800-895-2017, TTY **711**

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