Welcome to the Ohio 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.

- Welcome Letter
- Member Handbook
- Other Information
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 eligible for Aged, Blind, or Disabled, Covered Families and Children (including Healthy Start and Healthy Families), and adult extension Medicaid benefits. As a member, you are now eligible for exciting benefits at no cost to you. 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. See page 13.

3. **Get to know your health plan.** Start with the Health Plan Highlights section on page 10 for a quick overview of your new plan. And be sure to keep this booklet handy, for future reference.

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

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

**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
Welcome to UnitedHealthcare Community Plan of Ohio.

As an Ohio native and President of UnitedHealthcare Community Plan, I am proud and excited to be serving Ohioans through the Medicaid Program.

We are thrilled that you have joined the UnitedHealthcare Community Plan and I am committed to making sure that our team provides you with the best customer service to meet your needs.

As a member of our plan, you receive all of your Medicaid services. Plus you get many extra benefits. For example, earn free wellness cards for going to the doctor within the first 90 days, and for going to the eye doctor or dentist in the first six months.

**Care coordinators.** To develop and manage a family-centered plan of care.

**24/7 NurseLine™.** Someone to call whenever you need advice, day or night.

**Dental.** Preventive dental visits to help maintain healthy teeth and gums.

**Vision.** Coverage to help protect against serious disease.

**Transportation.** Rides to and from doctors’ appointments.

**Healthy Rewards.** Special rewards for maintaining healthy behaviors.

**Online tools.** Easy online tools to find doctors, check benefits and more.

**Highly skilled care provider network.** Your current doctor is probably already in our network — which means you’ll have a doctor who already knows you.
To learn more about these, and other benefits, we invite you to attend a Community Days event in your local community where you meet people from the health plan and learn more about your benefits. If you want more information on the dates, times and locations of these sessions, please call Member Services at 1-800-895-2017.

Enclosed with this letter, you will find a Member Handbook. This handbook explains how your health plan works. It can answer many of your questions about your coverage. Inside the Member Handbook is a new member checklist. Follow this checklist to take full advantage of your benefits.

Or go to myuhc.com/CommunityPlan and register. It is fast and easy, and myuhc.com/CommunityPlan gives you access to print your member ID card, shows you how your health plan works, helps you look for a doctor, and shows you more information about your benefits.

If you have questions, please call Member Services at 1-800-895-2017. If you have a TTY phone, dial extension 711.

Thank you for joining UnitedHealthcare.

Sincerely,

Tracy Davidson
Plan President
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, 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. If you are visually or hearing-impaired, special help can be provided.

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 identification (ID) card. You will need to show this card to receive health care services. 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.

• In the next few days, you will also receive a member handbook. It is very important that you read these materials. Your member handbook gives you a lot of information you need to know as a UnitedHealthcare Community Plan member.

• 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, 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
Children under nineteen (19) years of age have the option of being a UnitedHealthcare Community Plan managed care plan (MCP) member if they are:

- Receiving foster care or adoption assistance under Title IV-E;
- In foster care or other out-of-home placement; or
- Receiving services through the Ohio Department of Health’s Bureau for Children with Medical Handicaps (BCMH).

Additionally, if anyone is a member of a federally recognized Indian tribe, regardless of age, they have the option to not be a member of a managed care plan.

If you believe you or your child(ren) meet(s) any of the above criteria and do not want to be a member of UnitedHealthcare Community Plan, you can call the Medicaid Hotline toll-free at 1-800-324-8680 (TTY: 1-800-292-3572). If any of the above criteria are met, MCP membership can be ended.

Excluded from MCP Membership
The following individuals are not permitted to join UnitedHealthcare Community Plan:

- Dually eligible under both the Medicaid and Medicare programs;
- Certain institutionalized individuals (for example, certain individuals in a nursing home/long-term care facility or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID));
- Eligible for Medicaid by financial spend down or spending down their resources to a level that meets the Medicaid program’s financial or resource eligibility requirements;
- Receiving Medicaid Home and Community-Based Services (HCBS); or
- Receiving services through the Ohio Department of Health’s Bureau for Children with Medical Handicaps (BCMH) for a diagnosis of cancer, cystic fibrosis or hemophilia.

If you believe that you or your child meets any of the above criteria and should not be a member of UnitedHealthcare Community 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.
Benefits Covered by UnitedHealthcare Community Plan
Additional Benefits for Adult Extension Population Members
Services Not Covered by UnitedHealthcare Community Plan or Ohio Medicaid
Behavioral Health and Substance Abuse Services
Care Management
Durable Medical Equipment, Home Health Services
Medically Necessary Services
Disease and Care Management
Wellness Programs
My Advocate™
For Moms-to-Be and Children

Finding a Network Provider
Provider Directory
How to Use the Doctor Lookup Tool and Online Provider Directory
Language Help
If You Get a Bill for Services
Advance Directives
Updating Your Information
New Member Information
Fraud and Abuse
Your Opinion Matters
Enrollment and Membership
Other Health Insurance (Coordination of Benefits – COB)
Utilization Management
Quality Program
Safety and Protection From Discrimination
Clinical Practice Guidelines and New Technology
Your Membership Rights and Responsibilities
Complaints, Grievances and Appeals
Important Terms
Health Plan Notices of Privacy Practices
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. Your Member ID card may only be used for your care and should not be given to anyone for their use.

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

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.
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.
- See a mental health care provider and substance abuse 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 (hard-of-hearing: 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 are pregnant or had a new baby.
Health Plan Highlights

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.

**NurseLineSM.**
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 29 of the handbook.

**Medicines.**
Your plan covers prescription drugs with no co-pays 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 38.

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 starting on page 18. Then mail it to us in the postage-paid envelope. Or call 1-877-460-7681 to complete it by phone.
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.

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.

Members Matter.
UnitedHealthcare Community Plan provides our members with a Members Matter representative. Members can contact their personal Members Matter representative or speak with any of our dedicated Member Services team by calling 1-800-895-2017, TTY: 711. Your Members Matter representative can also explain things such as:

- Ordering new ID cards.
- Changing PCPs.
- Information on participating providers.
- How to access specialty care.
- How to file a grievance or appeal.

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

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.
You can start using your pharmacy benefit right away.

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

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

   **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.

   **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.
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.
Help us match you with the benefits and services available to you.

Fill out and return today.

Completing your Health Assessment.
Please complete one for each person in your family who has joined UnitedHealthcare Community Plan.

You’ll find an Adult Health Assessment on the following pages.

If you need more HRA forms, you can:
- Make copies before filling them out.
- Call us at 1-800-895-2017, TTY: 711 to request more forms, or to complete the Health Assessments by phone.

Return the forms in the enclosed postage-paid envelope.

Or mail to:

UnitedHealthcare Community Plan
HARC Department
1001 Brinton Road
Pittsburgh, PA 15221-9907

Questions about Health Assessments?
Call us at 1-800-895-2017, TTY: 711
Monday – Thursday 8:00 a.m. – 7:00 p.m. and Friday 8:00 a.m. – 4:30 p.m.
Dear Member:

Your health is important to us at UnitedHealthcare Community Plan. We want you to stay as healthy as possible, and get the most from your health plan.

That’s why it’s important that you fill out this survey and send it back to us right away. It will help us connect you with benefits and services available to you. Your answers will not reduce your health care coverage in any way.

Thank you for being a member of UnitedHealthcare Community Plan. We look forward to serving your health care needs.

*Please fill out a survey for every adult in your family who has joined UnitedHealthcare Community Plan.*

Name ___________________________ Member ID Number __________________

Date of Birth ___________________________ Current Phone Number __________________

Today’s Date ___________________________

1. Have you ever been told you have or had any of the following medical conditions?

☐ High Blood Pressure  ☐ High Cholesterol  ☐ Heart Disease
☐ Heart Failure  ☐ Emphysema (COPD) or Asthma  ☐ Currently on Dialysis
☐ Sickle Cell Disease  ☐ Currently Under Treatment for Cancer  ☐ HIV/AIDS
☐ Diabetes or Sugar Problems  ☐ Depression  ☐ Bi-Polar
☐ Schizophrenia  ☐ None  ☐ Don’t know

2. If you’ve been told you have other conditions not listed above, list them here:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

3. Are you currently pregnant?

☐ Yes  ☐ No

4. Do you take prescription medications?

☐ Yes  ☐ No  ☐ Don’t know

5. How many prescription medications do you take every day? ___________________________
How much do you weigh? ___________ pounds

How tall are you? ___________ feet ___________ inches

Which of the following statements best describe your health?
☐ Must stay in bed all or most of the time
☐ Must stay in the house all or most of the time
☐ Need the help of another person in getting around inside or outside the house
☐ Need the help of a special aid, like a cane or wheelchair, to get around inside or outside the house
☐ Do not need the help of another person or a special aid but have trouble getting around freely
☐ Not limited in any of these ways
☐ Don’t know

Do you need help at home because of health problems and are unable to get help?
☐ Yes ☐ No

In the last 12 months have you stayed overnight as a patient in the hospital?
☐ Yes ☐ No ☐ Don’t know

How many times?
☐ 1 time ☐ 2 – 3 times ☐ 4 or more times

In the past six months, how many times did you visit the ER or Urgent Care Center?
☐ None ☐ 1 visit ☐ 2 visits ☐ 3 visits

Are you currently being treated for, or do you have, serious memory loss?
☐ Yes ☐ No ☐ Don’t know

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things: ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Feeling down, depressed, or hopeless: ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Do you sometimes drink alcoholic beverages and/or use drugs?
☐ Yes ☐ No If yes, how many times a week? ________________
Child Health Assessment

Dear Parent or Guardian:

Your child’s health is important to us at UnitedHealthcare Community Plan. We want your child to stay as healthy as possible, and get the most from their health plan.

That’s why it’s important that you fill out this survey and send it back to us right away. It will help us connect your child with benefits and services available to them. Your answers will not reduce their health care coverage in any way.

We are glad to have your child as a member of UnitedHealthcare Community Plan, and we look forward to serving their health care needs.

*Please fill out a survey for each child in your family who has joined UnitedHealthcare Community Plan.*

Child’s Name ____________________________________  Member ID Number _____________________
Date of Birth ____________________________________  Current Phone Number ____________________
Today’s Date ____________________________________

1. Does your child see the doctor regularly for things like Well-Child Exams, immunizations, hearing and vision tests?
   - ☐ Yes  ☐ No  ☐ Not sure

2. In the last 12 months, has your child stayed overnight as a patient in the hospital?
   - ☐ Yes  ☐ No  ☐ Not sure

3. How many times?
   - ☐ 1 time  ☐ 2 – 3 times  ☐ 4 or more times

4. Was one of the hospital stays in a NICU (Neonatal Intensive Care Unit) after birth?
   - ☐ Yes  ☐ No

5. Has your child been in the Emergency Room 3 or more times in the last 6 months?
   - ☐ Yes  ☐ No

6. Is there any activity that your child can’t do that other children do at his/her age?
   - ☐ Yes  ☐ No

7. Do you need help at home caring for your child because of his/her health problems — and are unable to get help?
   - ☐ Yes  ☐ No
How much does your child weigh?  __________  pounds

How tall is your child?  __________  feet  __________  inches

Have you ever been told that your child has any of the following conditions? If yes, put a check by those conditions.

☐ Asthma  ☐ Depression
☐ Cerebral Palsy/Developmental Delay  ☐ Bi-Polar
☐ Diabetes or Sugar Problems  ☐ Schizophrenia
☐ Sickle Cell Disease  ☐ Other Conditions — Please describe:
☐ Cancer
☐ HIV/AIDS
☐ Congenital Deformities/“Born with abnormal heart”

Does your child currently receive Social Security Income (SSI)?
☐ Yes  ☐ No

Does your child have any sensory problems? (This would include vision problems that are not corrected with glasses, or hearing problems that are not corrected with hearing aids or other special services.)
☐ Yes  ☐ No

Does your child receive any of the following services? (Check all that apply)
☐ Private Duty Nursing — extended hours of nursing care  ☐ Speech Therapy
☐ Physical Therapy  ☐ Other Therapy — Please describe:
☐ Home Health Aide/Personal Care Attendant
☐ Occupational Therapy

Does your child receive Durable Medical Equipment (DME) services? (Check all that apply)
☐ Oxygen  ☐ Other DME Services — Please describe:
☐ Apnea Monitor
☐ Wheelchair

Is your child currently pregnant?
☐ Yes  ☐ No  ☐ Not sure

Does your child need (or already get) treatment or counseling for any kind of emotional, developmental or behavioral problems?
☐ Yes  ☐ No
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. There may be times when you need to get services outside of our network.
Choosing a Primary Care Provider (PCP).

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 your PCP’s office. Your PCP’s name and telephone number are printed on your UnitedHealthcare Community Plan ID card.

Each member of UnitedHealthcare Community Plan must choose a Primary Care Provider (PCP) from UnitedHealthcare Community Plan’s Provider Directory. Your PCP is an individual physician, or physician group practice, family medicine (general practice), internal medicine, or pediatrics. You can find our most up-to-date listings of UnitedHealthcare Community Plan providers on our website at myuhc.com/CommunityPlan. If you do not have access to the internet, call Member Services at 1-800-895-2017 (hard-of-hearing: 711) to ask about a provider or request a printed directory.

Your PCP is an individual physician, physician group practice, advance practice nurse or advance practice nurse group practice trained in pediatrics, family medicine (general practice), internal medicine or pediatrics. If you are pregnant, you can choose a PCP trained in obstetrics/gynecology (OB/GYN).

Some Primary Care Provider offices may have medical residents, nurse practitioners and provider assistants who will provide care to you under the supervision of your PCP. If your Primary Care Provider stops working with UnitedHealthcare Community Plan, we will let you know. We will help you pick a new provider.

UnitedHealthcare Community Plan providers.

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

It is important to remember that you must receive services covered by UnitedHealthcare Community Plan from facilities and/or providers on UnitedHealthcare Community Plan’s panel. See pages 37 – 41 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.
- Ohio Department of Mental Health and Addiction Services (OhioMHAS) certified community mental health centers.
- An out-of-network provider that UnitedHealthcare Community Plan has approved you to see.

You should have received a Provider Directory that lists all of our network 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.
There are three ways to find the right PCP for you.

1. Look through our printed Provider Directory.
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 53 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.

**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, 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.

If you did not select a PCP at the time you enrolled with UnitedHealthcare Community Plan, UnitedHealthcare Community Plan will assign a PCP for you. We will notify you that you can change to another PCP if you wish during the first month of your enrollment with UnitedHealthcare Community Plan, or monthly thereafter.

**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.
Going to the Doctor

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.

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.

**Checkup schedule.**
It’s important to schedule your well-child visits for these ages:

<table>
<thead>
<tr>
<th>Age</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 to 5 days</td>
<td>15 months</td>
</tr>
<tr>
<td>1 month</td>
<td>18 months</td>
</tr>
<tr>
<td>2 months</td>
<td>24 months</td>
</tr>
<tr>
<td>4 months</td>
<td>30 months</td>
</tr>
<tr>
<td>6 months</td>
<td>Every year after age 3</td>
</tr>
<tr>
<td>9 months</td>
<td>Adolescent well-checks</td>
</tr>
<tr>
<td>12 months</td>
<td></td>
</tr>
</tbody>
</table>
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.
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.
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).
• Mental health and substance abuse services.
• Services provided at Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC).
• 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.

There may be times when you need to get services outside of our network. 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.

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**Members Matter**

We want to be sure you are getting the most from your plan. To do that, we will assign you a personal representative you can talk to about your health plan, or what needs to be done to have a smooth transition from your current treatment plan. A few times a year, this Members Matter Representative will call to see how you are doing. You can ask them any questions you have about your health care.

If you have a question or concern, call UnitedHealthcare Community Plan at 1-800-895-2017, press 6, 7 or 8, Monday through Friday, 8:00 a.m. to 5:00 p.m.

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**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 abuse providers. You may also request help to get to your Medicaid redetermination visits.

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. These services must be medically necessary and not available in your service area. You must also have a scheduled appointment (except in the case of urgent/emergency care). Please contact Member Services at 1-800-895-2017, TTY: 711, at least 48 hours in advance of your appointment 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.
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. Further, UnitedHealthcare Community Plan considers emergency services to be those covered inpatient and outpatient services that are:

(a) Furnished by a qualified provider; and
(b) Needed to evaluate or stabilize an emergency medical condition.

Emergency services are needed when you need immediate medical care because of the sudden onset of a medical or mental condition or severe pain that the average person feels would:

- Place the person's health or the health of an unborn baby at serious risk;
- Result in serious harm to bodily functions; and/or,
- Result in serious harm to an organ or body part.

If you are not sure whether you need to go to the emergency room, call your Primary Care Provider or our 24/7 NurseLine services at 1-800-542-8630 (TTY: 1-800-855-2880). Your PCP or the 24/7 NurseLine Representative can talk to you about your medical problem and give you advice on what you should do.

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 a medical or mental health emergency, call 911 or go to the NEAREST emergency room or other appropriate setting.

**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 you need emergency transportation, contact 911 or your local emergency service.
- 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. Your Primary Care Provider is available 24 hours a day, 7 days a week to help you.
- If the hospital has you stay, please make sure that UnitedHealthcare Community Plan is called within 24 hours or as soon as possible. Please call Member Services at 1-800-895-2017, TTY: 711. This number is listed on your UnitedHealthcare Community Plan member ID card.

### 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.
- Flu.
- Ear infection.
- Low-grade fever.
- Minor cuts or burns.
- 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.

**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.

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.
Prescription Drugs

While UnitedHealthcare Community Plan covers all medically necessary Medicaid-covered medications, we use a preferred drug list (PDL). These are the drugs that we prefer that your provider prescribe. We may also require that your provider submit information to us (a prior authorization request) to explain why a specific medication and/or 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.
- There are other drugs that may be better for your condition.

Some drugs may also have quantity (amount) limits, and some drugs are never covered, such as drugs for weight loss.

We also apply limits to certain classes of drugs. You may fill any FOUR medications from the following classes in a 30-day period:

- Opiate analgesics.
- Benzodiazepines.
- Sedative hypnotic agents.
- Barbiturates.
- Select muscle relaxants.

Additional fills will require prior authorization. Medications in these classes may also be subject to individual quantity limits.

If we do not approve a prior authorization request for medication, we will send you information on how you can appeal our decision and your right to a state hearing.
You can call Member Services to request information on our PDL 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.

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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.
## Benefits Covered by UnitedHealthcare Community Plan

As a member of UnitedHealthcare Community Plan, you are covered for the following services. (Remember to always show your current member ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Member Services at 1-800-895-2017, TTY: 711, to ask questions about benefits.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy Services</td>
<td>Covered</td>
</tr>
<tr>
<td>Ambulance and Ambulette</td>
<td>Covered</td>
</tr>
<tr>
<td>Transportation</td>
<td>Prior Authorization may be required.</td>
</tr>
<tr>
<td>Air Ambulance</td>
<td>Covered</td>
</tr>
<tr>
<td>Cardiac Rehabilitation</td>
<td>Covered</td>
</tr>
<tr>
<td>Certified Nurse Midwife Services</td>
<td>Covered</td>
</tr>
<tr>
<td>Certified Nurse Practitioner Services</td>
<td>Covered</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Covered</td>
</tr>
<tr>
<td>Chiropractic Service (back)*</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization required.</td>
</tr>
</tbody>
</table>

* back: Chiropractic Service
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental Services</strong></td>
<td>Routine exams and cleanings every six months. Some non-routine dental services may require a prior authorization.</td>
</tr>
<tr>
<td><strong>Developmental Therapy Services for Children Aged Birth to Six Years</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Diagnostic Services</strong> (X-ray, lab)</td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Enteral Feeding/Nutrition</strong></td>
<td>Covered</td>
</tr>
<tr>
<td>*<em>Eye Exams, Routine Vision (optical) Services, Including Eyeglasses</em></td>
<td>1 exam and 1 pair of glasses or retail allowance of $125 toward any type of contacts (must use the entire benefit at one time) per 12 months. Must be for vision correction and not for cosmetic reasons only. Additional replacements may require prior authorization.</td>
</tr>
<tr>
<td><strong>Family Planning Services and Supplies</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Federally Qualified Health Center or Rural Health Clinic Services</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Free-Standing Birthing Center Services at a Free-Standing Birth Center</strong></td>
<td>Call Member Services to find a qualified clinic.</td>
</tr>
<tr>
<td><strong>Hearing Exam/Screening – Routine</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Home Health Services</strong></td>
<td>When medically necessary, MCPs must provide additional skilled nursing or home health aide services beyond the prior authorization limits (also known as “soft limits”) set forth in the Medicaid State Plan.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Coverage</td>
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<tr>
<td>---------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td><strong>Hospice Care</strong> (care for terminally ill; e.g., cancer patients)</td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Immunizations</strong> (shots)</td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services</strong></td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization required.</td>
</tr>
<tr>
<td><strong>Kidney Transplants</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Behavioral Health and Substance Abuse Services</strong></td>
<td>Prior authorization is required for mental health services and substance abuse services not provided at Ohio Department of Mental Health and Addiction Services (OhioMHAS) certified centers.</td>
</tr>
<tr>
<td><strong>Medical Supplies</strong></td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization may be required.</td>
</tr>
<tr>
<td><strong>Medically Necessary Plastic or Cosmetic Surgery</strong></td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization required.</td>
</tr>
<tr>
<td></td>
<td>(Initial plastic surgery office visit to determine treatment does not require prior authorization.)</td>
</tr>
<tr>
<td><strong>Nuclear Medicine</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Nursing Facility Services for a Short-Term Rehabilitative Stay</strong></td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization required.</td>
</tr>
<tr>
<td><strong>Nutritional Counseling</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Obstetrical and Gynecological Services</strong> (maternity care — prenatal and postpartum including at-risk pregnancy services)</td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong></td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization may be required.</td>
</tr>
</tbody>
</table>
**Benefits**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Surgeries</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization may be required.</td>
</tr>
<tr>
<td>Pain Management Specialist Services</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization required.</td>
</tr>
<tr>
<td>Physical and Occupational Therapy</td>
<td>Covered</td>
</tr>
<tr>
<td>Physical Exam Required for Employment or for Participation in Job</td>
<td>Covered if the exam is not provided free of charge by another source.</td>
</tr>
<tr>
<td>Training Programs</td>
<td></td>
</tr>
<tr>
<td>Podiatry Services (foot)</td>
<td>Covered</td>
</tr>
<tr>
<td>Prescription Drugs, Including Certain Prescribed Over-the-Counter Drugs</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization may be required.</td>
</tr>
<tr>
<td>Preventive Mammogram (breast) and Cervical Cancer (pap smear) Exams</td>
<td>Covered</td>
</tr>
<tr>
<td>Primary Care Provider Services</td>
<td>Covered</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>Covered</td>
</tr>
<tr>
<td>Pulmonary Rehabilitation Therapy</td>
<td>Covered</td>
</tr>
<tr>
<td>Renal Dialysis (kidney disease)</td>
<td>Covered</td>
</tr>
<tr>
<td>Respite Services</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>This service is for SSI members under 21 years of age.</td>
</tr>
</tbody>
</table>
### Benefit Coverage

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity Screening and Counseling</td>
<td>Covered</td>
</tr>
<tr>
<td>Services for Children With Medical Handicaps (Title V)</td>
<td>Covered</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>Covered</td>
</tr>
<tr>
<td>Sleep Studies</td>
<td>Covered</td>
</tr>
<tr>
<td>Specialist Services</td>
<td>Covered in-network in most cases.</td>
</tr>
<tr>
<td>Speech and Hearing Services, Including Hearing Aids</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Prior Authorization required.</td>
</tr>
<tr>
<td>Transplant Services</td>
<td>Covered</td>
</tr>
<tr>
<td>Yearly Well-Adult Exams</td>
<td>Covered</td>
</tr>
<tr>
<td>Vision Therapy – Orthoptics</td>
<td>Covered</td>
</tr>
<tr>
<td>Well-Child (Healthchek) Exams for Children Under the Age of 21</td>
<td>Covered</td>
</tr>
</tbody>
</table>

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

* Members age 21 and over are covered for 15 visits per calendar year.

** Covered for up to 60 days (end of month after admission). For example: If admitted March 3rd, coverage lasts from admission date through April 30th.

*** Please refer to Preferred Drug List for details at myuhc.com/CommunityPlan.
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.

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.

Services Not Covered by UnitedHealthcare Community Plan or Ohio Medicaid

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:

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

This is not a complete list of the services that are not covered by Medicaid or UnitedHealthcare Community Plan. If you have a question about whether a service is covered, please call the Member Services department.

For more information, visit the State of Ohio website at benefits.ohio.gov.

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**Behavioral Health and Substance Abuse Services**

If you need mental health and/or substance abuse 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. Or you may self-refer directly to an Ohio Department of Mental Health and Addiction Services (OhioMHAS) certified community mental health center or certified treatment center. Please see your Provider Directory or call Member Services for the names and telephone numbers of the facilities near you.

If you decide to use an Ohio Department of Mental Health and Addiction Services (OhioMHAS) certified treatment center, you do not need a prior authorization for outpatient therapy. The mental health or substance abuse provider must get a prior authorization from UnitedHealthcare Community Plan before you get other services from these providers. This can include non-emergency inpatient, intensive outpatient, outpatient ECT (Electroconvulsive Therapy), psychological testing and home health services.

To access your mental health benefits, you must call Optum at **1-800-435-7486, TTY: 711**. You can call 24 hours a day, 7 days a week, and your call is always confidential.
Care Management

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

How it works:
We’ll go over your health, social and mental health history and make sure we have everything ready.

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

Durable Medical Equipment, Home Health Services

To obtain durable medical equipment (e.g., crutches, wheelchair) or home health services, contact your Primary Care Provider (doctor). Your doctor will contact UnitedHealthcare Community Plan for authorization.

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.

Free-standing birth center services at a free-standing 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.

**Member eligibility for respite benefit:**

- Children under the age of 21 and determined eligible for SSI.
- Enrolled in a Medicaid Managed Care Organization care management program.
- Resides with an informal, unpaid primary caregiver.
- Determined by 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 31 of this handbook for more information on prior authorization.

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**Disease and Care Management**

If you have a chronic health condition like asthma or diabetes, UnitedHealthcare Community Plan has a program to help you live with your condition and improve the quality of your life. These programs are voluntary and available to you. The programs give you important information about your health condition, medications, treatments and the importance of follow-up visits with your physician.

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

You or your doctor can call us to ask if our care management or disease management programs could help you. If you or your doctor thinks a Care Manager could help you, or if you want more information about our care management or disease management programs, call us at 1-800-672-2156 or 1-401-732-7373.
Benefits

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.

My Advocate™
My Advocate™ helps members learn about and get enrolled into money-saving social programs like food, housing, utility discounts, free wireless cellphone programs and child care in their community. To reach a live Advocate, call 1-855-759-5342, or log on to myadvocatehelps.com. My Advocate™ representatives can help bring much-needed relief from some of the financial challenges facing a growing number of low-income, seniors, and disabled individuals throughout the country by accessing the more than 7,500 public and privately sponsored social programs.

For Moms-to-Be and Children

Baby Blocks™
If you are pregnant, you can earn rewards with Baby Blocks. When you join, you get a gift card or cool gear for your baby. Then earn up to seven more rewards with doctor visits during pregnancy and your baby’s first 15 months. You earn great rewards while both you and your baby get the care you need to stay healthy.

It’s easy to get started.
1. Enroll at UHCBabyBlocks.com. Get appointment reminders by text or email.
2. Go to your appointments and record them at UHCBabyBlocks.com.
3. Choose your rewards for going to the doctor.

Having a baby?
When you think you are pregnant, call your local county Job and Family Services (JFS) office and Member Services at 1-800-895-2017, TTY: 711. This will help ensure you get all the services available to you.
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 everyone eligible for Medicaid and under the age of 21 years. 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 complete medical, vision, dental, hearing, nutritional, developmental and mental health exams, in addition to other care to treat physical, mental or other problems or conditions found by an exam. Healthchek covers tests and treatment services that may not be covered for people over age 20; some of the tests and treatment services may require pre-approval.

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:
  - Complete medical exams (with a review of physical and mental health development).
  - Vision exams.
  - Dental exams.
  - Hearing exams.
  - Nutrition checks.
  - Developmental exams.
  - Lead testing.
- Laboratory tests for certain ages.
- Immunizations.
- Medically necessary follow-up care to treat physical, mental, or other health problems or issues found during a screening. This could include, but is not limited to, services such as:
  - Visits with a primary care provider, specialist, dentist, optometrist and other UnitedHealthcare Community Plan providers to diagnose and treat problems or issues.
  - Inpatient or outpatient hospital care.
  - Clinic visits.
  - Prescription drugs.
  - Laboratory tests.
- Health education.
Benefits

It is very important to get preventive checkups and screenings so that 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. 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.

As a part of Healthchek, care management services are available to all members under the age of 21 years who have special health care needs. Please see page 44 to learn more about the care management services offered by UnitedHealthcare Community Plan.

UnitedHealthcare Community Plan will give you the help you need to get a Healthchek screening and any follow-up services. Call UnitedHealthcare Community Plan Member Services at 1-800-895-2017, TTY: 711, to see if you are eligible for Healthchek and to receive information on how to obtain Healthchek services. You can also call your PCP to make an appointment for a Healthchek exam. Please make sure to ask for a Healthchek exam when you call. It is very important to make appointments with a PCP and dentist for regular checkups. If your child is under age 2, you may also be eligible to earn gift rewards by taking your child for regular Healthchek visits. Call Member Services at 1-800-895-2017, TTY: 711, for more information.

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

If you would like more information on Healthchek or how you can earn rewards for Healthchek visits for children under age 2, please contact Member Services at 1-800-895-2017, TTY: 711.

Women, Infants and Children program (WIC).
WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. The WIC program provides nutritious food at no cost, breastfeeding support, nutrition education and health care referrals. If you are pregnant, ask your doctor to complete a WIC application at your doctor’s appointment. If you have an infant or child, ask your doctor to complete a WIC application or call Member Services at 1-800-895-2017, TTY: 711, for more information about the WIC program. Our Member Services staff can also give you information about the Help Me Grow program.
Text4baby program.
Text4baby is a free mobile information service that will help you through your pregnancy and baby's first year of life. Get free text messages on your cellphone each week. The text4baby messages will give you tips about:

- Breastfeeding.
- Exercise and healthy eating.
- Keeping healthy.
- Labor and delivery.
- The importance of immunizations.
- And much more.

To sign up for text4baby, simply text the word BABY to 511411. You will be asked for a participant code after you sign up. The participant code is HFS. This code will let text4baby know that you are a member of our health plan. It will also let us know you signed up for the service.

Give your baby the best possible start in life. Sign up for text4baby. For more information, please visit https://text4baby.com.

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.lifeslinesupport.org or call 1-888-641-8722.
Healthy First Steps™.
Our Healthy First Steps program makes sure that both mom and baby get good medical attention.

We will help:

• Get good advice on nutrition, fitness and safety.
• 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 1-877-813-3417, TTY: 711, Monday – Friday, from 7:00 a.m. – 6:00 p.m. Central Standard Time.

Follow us on Twitter @UHCPregnantCare.

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.
Community Rewards™.
Help your child get a healthy start in life. And earn points for toys, games, electronics and more. Here’s how it works:

- Children earn points for things like brushing their teeth, eating healthy and getting a good night’s sleep.
- Mom and dad earn points for things like reading the welcome kit, calling our NurseLine™ and taking their children to the doctor for well-child visits.
- Use your computer or smartphone to record each healthy thing your family does.
- Do something every day, and your family’s points can really add up.
- Use your points to reward your child or yourself. Choose from toys, electronics, kitchen tools, exercise equipment and more.

It’s that easy. The rewards are great. But your child’s health is the best reason of all to start today.

Enroll at UHCCommunityRewards.com. Register all your children who are 21 years of age and younger, and are UnitedHealthcare Community Plan members. You’ll need each child’s member ID number.

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.
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-to-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 Customer Service 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**

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.
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
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.
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.

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**Language Help**

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 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. If you are visually or hearing-impaired, special help can be provided.

Members with hearing loss, please call 711. This is a free Telecommunications Relay Service (TRS) that allows persons with hearing or speech disabilities to place and receive telephone calls. Ask to be connected to UnitedHealthcare Community Plan and give them the Member Services number: 1-800-895-2017.

If needed, member information and literature can be made available in a different language, large print, Braille and audio tapes. Interpreters are also available for visual or hearing-impaired members. If you need this information in Braille or large print, please call Member Services at 1-800-895-2017.

Si desea recibir una copia de esta información en español, por favor llame al número 1-800-895-2017.
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.

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:

- Nlm.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.

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.
Updating Your Information

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

- Marital status.
- Address.
- Member name.
- Phone number.
- You become pregnant.
- Family size (new baby, death, etc.).
- Other health insurance.

Please call Member Services at 1-800-895-2017, TTY: 711, if any of this information changes. UnitedHealthcare Community Plan needs up-to-date records to tell you about new programs, to send you reminders about healthy checkups, and to mail you member newsletters, ID cards and other important information.

Other insurance.

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

- If you are a member, your other health insurance will have to pay your health care bills first.
- When you get care, always show both member ID cards (for UnitedHealthcare Community Plan and your other insurance).
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 very 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 the 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 specialty provider.
- Appointment with a primary care 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, your MCP will tell you if any of your current medications require authorization that did not require prior authorization when they were paid by Medicaid fee-for-service. It is very important that you look at the information the MCP provides and contact your MCP’s Member Services if you have any questions. You can also look on your MCP’s website to find out if your medication(s) require prior authorization. You may need to follow up with your prescriber’s office to submit a prior authorization request to your MCP if it is needed. If your medication(s) requires prior authorization, you cannot get the medication(s) until your provider submits a request to your MCP and it is approved.
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.
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:
  Members Matters at **1-800-895-2017, extensions 6, 7 or 8.**
Enrollment and Membership

Changes to your membership.
Please call or write UnitedHealthcare Community Plan if you have changed:

- Your address.
- Your phone number.

Automatic renewal of MCP membership.
If you lose your Medicaid eligibility but it is started again within 60 days, you will automatically become a UnitedHealthcare Community Plan member again.

Changes in your family size.
If any changes occur in your family size (marriage, divorce, birth, adoption and death), call your local County Department of Job and Family Services (CDJFS) to let them know. You should also call Member Services at 1-800-895-2017, TTY: 711, and let us know.

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 choose another managed care plan, your new plan will send you information in the mail before your membership start date.

Choosing a new plan.
If you are thinking about ending your membership to change to another health plan, you should learn about your choices. Especially if you want to keep your current doctor(s). Remember, each health plan has its own list of doctors and hospitals that they will allow you to use. Each health plan also has written information which explains the benefits it offers and the rules that it has. If you would like written information about a health plan you are thinking of joining or if you simply would like to ask questions about the health plan, you may either call the plan or call the Medicaid Hotline at 1-800-324-8680 (TTY: 1-800-292-3572). You can also find information about the health plans in your area by visiting the Medicaid Hotline website at www.ohiomh.com.
**Other Plan Details**

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

1. You moved 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 aren’t 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 he/she was the only PCP on your MCP’s panel that spoke your language that is located within a reasonable distance from you. Another health plan has a PCP on their panel that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
7. Other — If you think staying as a member in your current health plan is harmful to you and not in your best interest.

You may ask to end your membership for Just Cause by calling the Medicaid Hotline at 1-800-324-8680 (TTY: 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 health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan’s Member Services department. If they are unable to help you, call the Medicaid Hotline at 1-800-324-8680 (TTY: 1-800-292-3572).
• If you were allowed to return to the regular Medicaid plan card and you have not received a new Medicaid card, call your county caseworker.

• If you have chosen a new health plan and have any 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.
Children under nineteen (19) years of age have the option to choose not to be a member of a managed care plan if they are:

• Receiving foster care or adoption assistance under Title IV-E;
• In foster care or an out-of-home placement; or
• Receiving services through the Ohio Department of Health’s Bureau for Children with Medical Handicaps (BCMH).

Additionally, if anyone is a member of a federally recognized Indian tribe, regardless of age, they have the option to not be a member of a managed care plan. If you believe that you/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 an MCP.

• Dually eligible under both the Medicaid and Medicare programs.
• Institutionalized (in a nursing home, long-term care facility, ICF-MR, or some other kind of institution).
• Eligible for Medicaid by spending down their income or resources to a level that meets the Medicaid program’s financial eligibility requirements.
• Receiving Medicaid Waiver services.
• Receiving services through the Ohio Department of Health’s Bureau for Children with Medical Handicaps (BCMH) for a diagnosis of cancer, cystic fibrosis or hemophilia.

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 member 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 write to:

Ohio Department of Medicaid Bureau of Managed Care  
P.O. Box 182709  
Columbus, OH 43218-2709  
or call: 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](http://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 Member Services at 1-800-895-2017, TTY: 711.

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**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.

UnitedHealthcare Community Plan follows Ohio insurance guidelines for members with commercial insurance. Your commercial insurance is considered your primary or first coverage. UnitedHealthcare Community Plan is second. You should follow the guidelines of your primary insurance when you get medical care. Be sure to show both insurance cards to your health care providers.
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.

**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. UnitedHealthcare Community Plan will then work with your employer or auto insurance company and other health plans to help make sure that the bills are paid.

**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. If you need assistance with transportation to keep your redetermination visit with the County Department of Job and Family Services, please call Member Services at 1-800-895-2017, TTY: 711.

**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.

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**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.

Only doctors and pharmacists perform UM. We do not reward anyone for saying no to needed care. If you have questions about UM, you can talk to our UnitedHealthcare Community Plan Care Management staff.
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 Rights and Responsibilities

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

- To receive all 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 unless it is not in your best interest.
- To get information on any medical care treatment, given in a way that you can follow.
- To be sure that 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 the section called “How to Let UnitedHealthcare Community Plan Know if You Are Unhappy or Do Not Agree With a Decision We Made” in this Member Handbook for information.

• To be able to get all UnitedHealthcare Community Plan written member information from the plan:
  – 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 get information about UnitedHealthcare Community Plan services, our practitioners and providers, and member rights and responsibilities.

• To be able to get help free of charge from UnitedHealthcare Community Plan and its providers if you do not speak English or you 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 or 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 pages 57 – 58, which explains about advance directives. You can also contact Member Services for information.

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

• 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’s panel for covered woman’s health services.
• To be able to get a second opinion from a qualified provider on UnitedHealthcare Community Plan’s 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 from us.
• To contact the United States Department of Health and Human Services Office of Civil Rights and/or the Ohio Department of Medicaid Bureau of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran’s status, ancestry, health status or need for health services.

**Office for Civil Rights:**
United States Department of Health and Human Services
233 N. Michigan Ave. – Suite 240
Chicago, IL 60601
1-312-886-2359 (TTY: 1-312-353-5693)

**Bureau of Civil Rights Ohio:**
Ohio Department of Medicaid
30 E. Broad St., 30th Floor
Columbus, OH 43215
1-614-644-2703; 1-866-227-6353 (TTY: 1-866-221-6700)
Fax: 1-614-752-6381

• To share ideas to make UnitedHealthcare Community Plan better; including recommendations regarding your rights and responsibilities.
• To talk openly about all appropriate and needed medical treatment options no matter what the cost or benefit coverage.
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.
- To give the right medical information about yourself.
- 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.
Complaints, Grievances and Appeals

How to let UnitedHealthcare Community Plan know if you are unhappy or do not agree with a decision we made.

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 Member Services at 1-800-895-2017, TTY: 711, or
- Fill out the form in your member handbook, or
- Call Member Services 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 okay a request to cover a service for you, or
- Give you an answer to something you told us you were unhappy about.

If you do not agree with the decision/action listed in the letter, and you contact us within 90 calendar days to ask that we change our decision/action, this is called an appeal. The 90-calendar-day period begins on the day after the mailing date on the letter. Unless we tell you a different date, we will give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. 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.
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.

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

Ohio Department of Medicaid Bureau of Managed Care
P.O. Box 182709
Columbus, OH 43218-2709
1-800-605-3040; 1-800-324-8680 (TTY: 1-800-292-3572)

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

**State Hearings.**

UnitedHealthcare Community Plan will notify you of your right to request a state hearing when:

- A decision is made to deny services.
- A decision is made to reduce, suspend or stop services before all of the approved services are received.
- A provider is billing you because UnitedHealthcare Community Plan has denied payment of the service.
- 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.

At the time UnitedHealthcare Community Plan makes the decision, or is aware that the provider is billing you for payment, we will mail you a state hearing form. If you want a state hearing, you must request a hearing within 90 calendar days. The 90-calendar-day period begins on the day after the mailing date on the hearing form. If we have made a decision to reduce, suspend or stop services before all of the approved services are received and you request the hearing within 15 calendar days from the mailing date on the form, we will not take the action until all approved services are received or until the hearing is decided, whichever date comes first.
You may have to pay for services you receive after the proposed date to reduce, suspend, or stop services if the hearing officer agrees with our decision. If we propose to enroll you in UnitedHealthcare’s Coordinated Service Program (CSP) 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.

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. 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. A state hearing is a meeting with you, someone from the County Department of Job and Family Services, someone from UnitedHealthcare Community Plan and a hearing officer from the Ohio Department of Medicaid. UnitedHealthcare Community Plan will explain why we made our decision and you will tell why you think we made the wrong decision. The hearing officer will listen and then decide who is right based upon the information given and whether we followed the rules. 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.

**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.
**Other Plan Details**

**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).

**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.

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 MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED.
IT SAYS HOW YOU CAN GET ACCESS TO THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2016.
We must by law 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.

We must by law follow the terms of this notice.

“Health information” (or HI) in this notice means information related to your health or health care services that can be used to identify you. We have the right to change our privacy practices. If we change them, we will notify you by mail or e-mail, as permitted by law. If we maintain a website for your health plan, we will also post the new notice on myuhc.com/CommunityPlan. We have the right to make the changed notice apply to HI that we have now and to future information. We will follow the law and give you notice of a breach of your HI.

We collect and keep your HI so we can run our business. HI may be oral, written or electronic. We limit access to all types of your HI to our employees and service providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards per federal standards to guard your HI.

How we use or share your information.
We must use and share your HI with:

- You or your legal representative.
- The Secretary of the Department of Health and Human Services.

We have the right to use and share your HI for certain purposes. This must be for your treatment, to pay for your care, and to run our business. For example, we may use and share your HI:

- For Payment. We may use or share your HI to process premium payments and claims. This also may include coordinating benefits. For example, we may tell a doctor if you are eligible for coverage and how much of the bill may be covered.
- For Treatment or Managing Care. We may share your HI with providers to help them give you care.
- For Health Care Operations Related to Your Care. We may suggest a disease management or wellness program. We may study data to see how we can 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 plan sponsor. We may give them other HI if they agree to limit its use as required by federal law.

• For Underwriting Purposes. We may use your HI to make underwriting decisions, but we will not use your genetic HI for underwriting purposes.

• For Reminders on Benefits or Care. We may use your HI to send you information on your health benefits or care and doctor's appointment reminders.

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. This may happen if you are unable to agree or object. Examples are an emergency or when you agree or fail to object when asked. If you are not able to object, we will use our best judgment. If you pass away, we may share HI with family members or friends who helped with your care prior to your death unless doing so would go against wishes that you shared with us before your death.

• 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, as allowed by law.

• 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; (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 Plan Details

• **Other Restrictions.** Federal and state laws may limit the use and sharing of highly confidential HI. This may include state laws on:
  1. HIV/AIDS
  2. Mental health
  3. Genetic tests
  4. Alcohol and drug abuse
  5. Sexually transmitted diseases and reproductive health
  6. Child or adult abuse or neglect or sexual assault

If stricter laws apply, we aim to meet those laws. The attached “Federal and State Amendments” document describes those laws in more detail.

Except as stated in this notice, we use your HI only with your written consent. This includes getting your written consent to share psychotherapy notes about you, to sell your HI to other people, or to use your HI in certain promotional mailings. If you allow us to share your HI, we do not promise that the person who gets it will not share it. You may take back your consent, unless we have acted on it. To find out how, call the phone number on your ID card.

**Your rights.**
You have a right:

• **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 involved in your care or payment for it. 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 that we use to make decisions about you. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you will have the right to ask for an electronic copy to be sent to you. You can ask to 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.

• **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared: (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 require us to track.
• To get a paper copy of this notice. You may ask for a copy at any time. Even if you agreed to get this notice electronically, you have a right to a paper copy. If we maintain a website for your health plan, you may also get a copy at our website: myuhc.com/CommunityPlan.

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 1-800-895-2017 or TTY: 711.
• To Submit a Written Request. Mail to:
  UnitedHealthcare Government Programs 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.

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

Effective January 1, 2016.
We protect your “personal financial information” (“FI”). This means non-health information about someone with health care coverage or someone applying for coverage. It is information that identifies the person and is generally not public.

Information we collect.
We get FI about you from:
• Applications or forms. This may be name, address, age and social security number.
• Your transactions with us or others. This may be premium payment data.

Sharing of FI.
We do not share FI about our members or former members, except as required or permitted by law.
To run our business, we may share FI without your consent to our affiliates. This is to tell them about your transactions, such as premium payment.

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To other companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To other companies that perform services for us, including sending promotional communications on our behalf.

Confidentiality and security.
We limit access to your FI to our employees and service providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards per federal standards to guard your FI.

Questions about this notice.
If you have any questions about this notice, please call the toll-free member phone number on your health plan ID card or contact the UnitedHealth Group Customer Call Center at 1-800-895-2017 or TTY: 711.


For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1 on this page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: Alere Women’s and Children’s Health, LLC; AmeriChoice Health Services, Inc.; Connextons HCl, LLC; Dental Benefit Providers, Inc.; HealthAllies, Inc.; LifePrint East, Inc.; Life Print Health, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; OneNet PPO, LLC; OptumHealth Care Solutions, Inc.; OrthoNet, LLC; OrthoNet of the Mid-Atlantic, Inc.; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Spectera, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group healthplans in states that provide exceptions.
UNITEDHEALTH GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES: FEDERAL AND STATE AMENDMENTS

Revised: January 1, 2016.
The first part of this Notice (pages 78 – 82) says how we may use and share your health information ("HI") under federal privacy rules. Other laws may limit these rights. The charts below:

1. Show the categories subject to stricter laws.
2. Give you a summary of when we can use and share your HI without your consent.

Your written consent, if needed, must meet the rules of the federal or state law that applies.

### SUMMARY OF FEDERAL LAWS

#### Alcohol and Drug Abuse Information

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

#### Genetic Information

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

### SUMMARY OF STATE LAWS

#### General Health Information

<table>
<thead>
<tr>
<th>Description</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to disclose general health information only (1) under certain limited circumstances, and/or (2) to specific recipients.</td>
<td>CA, NE, PR, RI, VT, WA, WI</td>
</tr>
<tr>
<td>HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.</td>
<td>KY</td>
</tr>
<tr>
<td>You may be able to restrict certain electronic disclosures of health information.</td>
<td>NC, NV</td>
</tr>
<tr>
<td>We are not allowed to use health information for certain purposes.</td>
<td>CA, IA</td>
</tr>
<tr>
<td>We will not use and/or disclosure information regarding certain public assistance programs except for certain purposes</td>
<td>KY, MO, NJ, SD</td>
</tr>
<tr>
<td>We must comply with additional restrictions prior to using or disclosing your health information for certain purposes.</td>
<td>KS</td>
</tr>
</tbody>
</table>
### Other Plan Details

#### Prescriptions

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

#### Communicable Diseases

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

#### Sexually Transmitted Diseases and Reproductive Health

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

#### Alcohol and Drug Abuse

| We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients. | AR, CT, GA, KY, IL, IN, IA, LA, MN, NC, NH, OH, WA, WI |
| Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information. | WA |

#### Genetic Information

<p>| We are not allowed to disclose genetic information without your written consent. | CA, CO, KS, KY, LA, NY, RI, TN, WY |
| We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients. | AK, AZ, FL, GA, IA, IL, MD, MA, ME, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT |
| Restrictions apply to (1) the use, and/or (2) the retention of genetic information. | FL, GA, IA, LA, MD, NM, OH, UT, VA, VT |</p>
<table>
<thead>
<tr>
<th>HIV/AIDS</th>
<th>AZ, AR, CA, CT, DE, FL, GA, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.</td>
<td>Certain restrictions apply to oral disclosures of HIV/AIDS-related information.</td>
</tr>
<tr>
<td>We will collect certain HIV/AIDS-related information only with your written consent.</td>
<td>CT, FL</td>
</tr>
<tr>
<td>Mental Health</td>
<td>CA, CT, DC, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI</td>
</tr>
<tr>
<td>We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.</td>
<td>Disclosures may be restricted by the individual who is the subject of the information.</td>
</tr>
<tr>
<td>Certain restrictions apply to oral disclosures of mental health information.</td>
<td>WA</td>
</tr>
<tr>
<td>Certain restrictions apply to the use of mental health information.</td>
<td>CT</td>
</tr>
<tr>
<td>Child or Adult Abuse</td>
<td>AL, CO, IL, LA, MD, NE, NJ, NM, NY, RI, TN, TX, UT, WI</td>
</tr>
<tr>
<td>We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.</td>
<td></td>
</tr>
</tbody>
</table>
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.