



Louisiana

Welcome to the community

Member Handbook
for Integrated Health Services

United
Healthcare
Community Plan

Important information

Member Services

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

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

Mental Illness and Addiction Crisis Line

Available 24 hours a day, 7 days a week

Toll-Free Phone Number **1-866-232-1626, TTY 711**

NurseLine **1-877-440-9409**

Pharmacy

Magellan Medicaid Administration **1-800-424-1664**

Available 24 hours a day, 7 days a week

Your health providers

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

Emergency **911**

My Member ID: _____

My Provider's Name: _____

My Provider's Phone Number: _____

My Provider's Address: _____

2 **Questions?** Visit myuhc.com/CommunityPlan,
or call Member Services at **1-866-675-1607, TTY 711**.

Thank you for choosing UnitedHealthcare Community Plan

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

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

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

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

Welcome to UnitedHealthcare Community Plan

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



Questions? Visit myuhc.com/CommunityPlan, **3**
or call Member Services at **1-866-675-1607**, TTY **711**.

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4 **Questions?** Visit myuhc.com/CommunityPlan,
or call Member Services at **1-866-675-1607**, TTY **711**.

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Getting started

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

1. Call your provider to schedule an appointment

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

2. Take your Health Assessment

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

3. Get to know your health plan

Start with the **Health Plan Highlights** section on page 9 for a quick overview of your new plan. Be sure to keep this booklet handy, for future reference.

4. Learn about your pharmacy benefits

UnitedHealthcare will work with Magellan Medicaid Administration – LDH’s Single Pharmacy Benefit Manager (SPBM) – to provide your pharmacy benefits. Magellan will process your prescription claims, manage your prescription coverage, and may cover other medicines with prior approval. If your drug does need prior approval, your provider can request it for you. For all pharmacy related questions and needs contact Magellan at **1-800-424-1664**. You can access a list of preferred drugs at www.lamcopbpharmacy.com. To learn more about your pharmacy benefits, see **Appendix A** in the back of this handbook.

What to do in an emergency

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

Call NurseLine for help

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

Emergency preparedness information and resources

If you are affected by a weather emergency and need help, please call Member Services at **1-855-675-1607**, TTY **711**. For more information about weather emergencies or to learn how to make a plan that can protect you and your family during a disaster or emergency, you can visit the following websites.

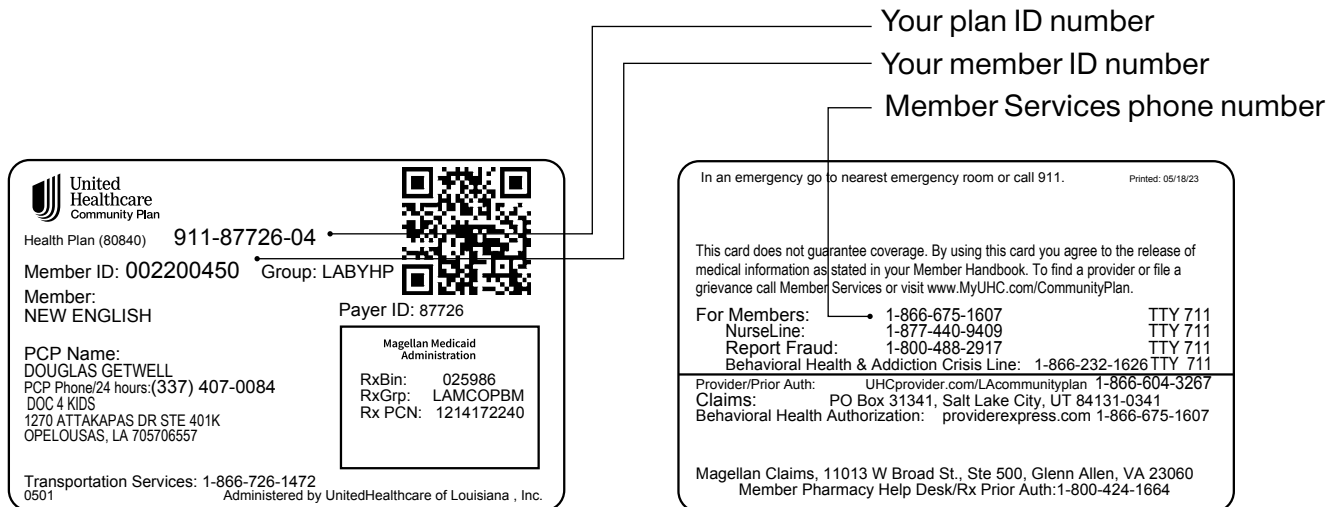
<https://www.getagameplan.org/> – Home – Get a Game Plan

<https://ldh.la.gov/subhome/17> – Emergency Preparedness | LA Dept. of Health

<https://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/flood.html> – Flood Safety | Flood Preparedness | American Red

Health plan highlights

Member ID card



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

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

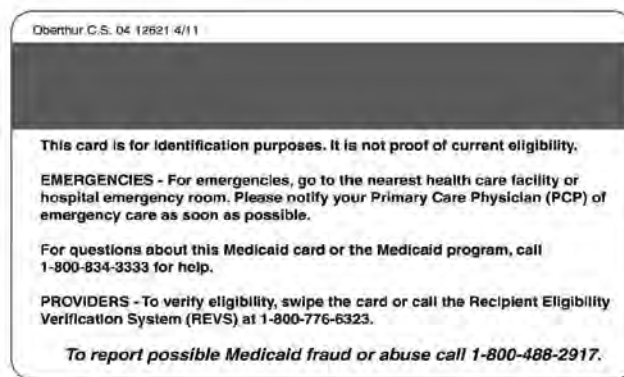
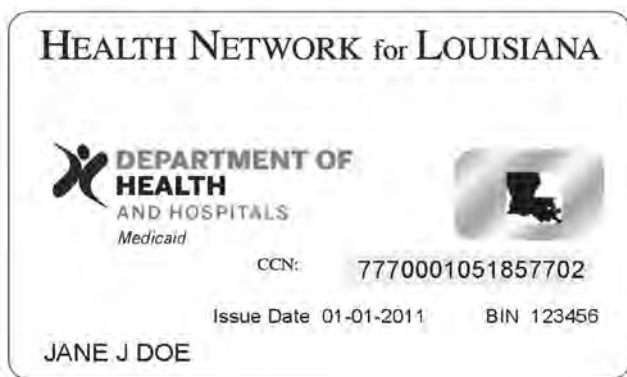
Lost your member ID card?

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

Health plan highlights

State of Louisiana ID card

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



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

Member support

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

Website offers 24/7 access to plan details

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

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

10 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-866-675-1607**, TTY **711**.

Member Services is available to assist you

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

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

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

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

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

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

Your Health Assessment

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

We speak your language

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

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

Questions? Visit myuhc.com/CommunityPlan, 11
or call Member Services at **1-866-675-1607**, TTY **711**.

Health plan highlights

Emergencies

In case of emergency, call **911**

Other important numbers

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

Mental Illness and Addiction Crisis Line **1-866-232-1626, TTY 711**
Available 24 hours a day, 7 days a week

24/7 NurseLine **1-877-440-9409, TTY 711**
(available 24 hours a day, 7 days a week)

Fraud and Abuse Hotline

UnitedHealthcare Community Plan **1-877-766-3844**

Louisiana Medicaid Fraud Hotline **1-800-488-2917**

Healthy Louisiana **1-855-229-6848**
TTY **1-855-LAMed4Me (1-855-526-3346)**

Member Services Email Address **LA_memberservices@uhc.com**

Member Services Fax **1-888-624-2748**

Transportation Services **1-866-726-1472**

Going to the doctor

Your Primary Care Provider (PCP)

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

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

You have options

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

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

What is a Network Provider?

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

You may have to pay for those services.

Going to the doctor

Choosing your PCP

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

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

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

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

Changing your PCP

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

Learn more about network doctors

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

We can tell you the following information:

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

Annual checkups

The importance of your annual checkup

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

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

For women

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

For men

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

Well-child visits

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

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

Checkup schedule

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

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

Going to the doctor

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

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

Making an appointment with your PCP

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

How long it should take to see your PCP:	
Emergency	Immediately or sent to an emergency facility
Urgent (but not an emergency)	Within 1 day or 24 hours
Routine	Within 1 week or 7 days
Preventive, Well-Child and Regular	Within 1 month

Prenatal care services

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

Making an appointment with your mental health and substance use treatment provider

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

How long it should take to see your provider:	
Emergency	Immediately or sent to an emergency facility
Urgent (but not an emergency)	Within 48 hours of request
Routine/Non-Urgent	Within 14 days of referral

Choosing your mental health and substance use treatment provider

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

Going to the doctor

What is a Network Provider?

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

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

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

Learn more about network providers

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

NurseLine services – Your 24-hour health information resource

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

Mental illness and addiction crisis line

1-866-232-1626, TTY 711

Available 24 hours a day, 7 days a week

Transportation services

Emergency Ambulance Transportation (EAT)

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

Non-Emergency Medical Transportation (NEMT)

Non-Emergency Medical Transportation (NEMT) services are provided by UnitedHealthcare Community Plan. The NEMT services include gas reimbursement providers, municipal transit providers, non-profit providers and for-profit NEMT providers. Members who reside in a nursing facility or Intermediate Care Facility for the Developmentally Disabled (ICF-DD) can access non-ambulance transportation through their nursing facility or ICF-DD. For transportation assistance, call **1-866-726-1472**, 7:00 a.m.–7:00 p.m., Monday–Friday.

Non-Emergency Ambulance Transportation (NEAT)

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

Transportation services

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

How to schedule a ride

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

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

- Give the transportation representative this information:
 - Where you need to go
 - What time you need to arrive at your appointment
 - If you need a van that is equipped with a wheelchair lift
- Ride Assist (Where’s My Ride): **1-866-726-1472**

Remember to call **911** if you have an emergency.

Preparing for your appointment

Before the visit

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

During the visit

When you are with the provider, feel free to:

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

Once you have made the appointment

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

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

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

Call your provider if you need care that is not an emergency. Your provider's phone is answered 24 hours a day, 7 days a week. Your provider will leave instructions on his or her office phone on how to receive after-hours care. For additional help, you may also call Member Services at **1-866-675-1607**, TTY **711**, 7:00 a.m.–7:00 p.m., Monday–Friday.

If you need care when out of town

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

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

Out-of-network providers

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

Referrals and specialists

Referrals to specialists are not required but recommended. Members should coordinate care with their PCP and specialist.

Member's right to refuse treatment

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

Getting a second opinion

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

Indian health services

American Indian members are able to receive covered health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

Prior authorizations

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

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

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

A prior authorization may be needed for services like:

- Hospital admissions
- Home health care services
- Certain outpatient imaging procedures, including MRIs, MRAs and CT scans
- Pediatric Day Healthcare/Personal Care Services
- Sleep studies performed in a facility
- Pharmacy (see [Appendix A](#) in the back of this handbook)
- DME – Durable Medical Equipment

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

Continued care if your provider leaves the network

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

Emergency care

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

Reasons to go to the ER include:

- Serious illness
- Broken bones
- Heart attack
- Poisoning
- Severe cuts or burns

Don't wait

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

Mental illness and addiction crisis line

1-866-232-1626, TTY 711

Available 24 hours a day, 7 days a week

Going to the doctor

Urgent Care

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

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

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

Planning ahead

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

Hospital services

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

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

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

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

Going to the hospital

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

Post-stabilization services

Post-stabilization services are covered services that is provided after emergency medical care to maintain or improve your condition. No prior authorization is need for these services.

No coverage outside of United States

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

Tobacco education and prevention

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

Gambling disorders

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

Pharmacy

Prescription drugs

UnitedHealthcare Community Plan members will use Magellan to process prescription claims. **Refer to Appendix A on page 88** in the back of this handbook for more information. For any pharmacy related questions or assistance, call Magellan at **1-800-424-1664**.

Physical health benefits

Physical health benefits covered by UnitedHealthcare Community Plan

As member of UnitedHealthcare Community Plan, you are covered for the following services and have a \$0 copay on all clinical services. Your doctor may need to provide evidence of medical necessity for some covered services.

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

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

Benefit	Services included	Limitations	Who to contact
Ambulatory Surgical Centers	Coverage of some surgeries and related lab services.	Covered, all members.	Contact your PCP.
Audiological Services	Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries.	<p>Hearing Examinations: Covered, all members.</p> <p>Hearing Aids: Covered for members under the age of 21. See Hearing Aids page 32.</p>	Contact your PCP.

Physical health benefits

Benefit	Services included	Limitations	Who to contact
Chemotherapy Services	Are services that include treatment and drugs prescribed by your doctor to treat your condition.	Covered, all members.	Contact your PCP.
Child Health Screenings/ Checkups (EPSDT Screening Services)	Screenings include vision, hearing, dental screening, and periodic screenings.	Covered, members under the age of 21.	Contact your PCP.
Chiropractic Services	Include medically needed chiropractic services for members who are referred by their PCP or as part of an EPSDT screening.	Covered for members under the age of 21. For members age 21 and older, see Adult Pain Management under the Value-Added Benefits section page 39.	Contact your PCP.

Physical health benefits

Benefit	Services included	Limitations	Who to contact
<p>Dental Care Services</p>	<p>Pediatric and Adult Dental Services.</p>	<p>Covered for members under the age of 21.</p> <p>Eligible members 21 or older can access dental benefits by calling one of the state’s dental providers DentaQuest or Manage Care of North America (MCNA).</p>	<p>Covered members can access these services through your dental provider:</p> <p>DentaQuest 1-800-685-0143, TTY 1-800-466-7566 Available Monday–Friday, 7:00 a.m.–7:00 p.m. www.DentaQuest.com</p> <p>or</p> <p>MCNA Dental 1-855-702-6262, TTY 1-800-846-5277 Available Monday–Friday, 7:00 a.m.–7:00 p.m. www.mcnala.net</p>
<p>Durable Medical Equipment (DME)</p>	<p>Medical equipment and appliances like wheelchairs, leg braces, etc.</p> <p>Medical supplies like ostomy supplies, etc.</p>	<p>Covered, all members.</p>	<p>Contact your PCP.</p>

Questions? Visit myuhc.com/CommunityPlan, 29
 or call Member Services at **1-866-675-1607**, TTY **711**.

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Physical health benefits

Benefit	Services included	Limitations	Who to contact
EPSDT Dental Services	Screening with exam, X-rays, cleaning, topical fluoride treatment and lessons in oral hygiene twice each year.	Covered, members under the age of 21.	For covered members, through your Medicaid dental provider: DentaQuest 1-800-685-0143, TTY 1-800-466-7566 Available Monday–Friday, 7:00 a.m.–7:00 p.m. www.DentaQuest.com or MCNA Dental 1-855-702-6262, TTY 1-800-846-5277 Available Monday–Friday, 7:00 a.m.–7:00 p.m. www.mcnala.net
EPSDT Personal Care Services	Services include help with activities of daily living such as grooming, eating, preparing meals, and household chores.	Covered, Medicaid members under the age of 21, not receiving Individual Family Support services.	Contact your PCP.

Physical health benefits

Benefit	Services included	Limitations	Who to contact
Routine Vision Services	<p>Vision exams, prescription lenses and eyeglasses.</p> <p>Eye exams:</p> <ul style="list-style-type: none"> • One every year • Diabetic eye exams, for any age, one every year <p>Eyeglasses (lenses and frames):</p> <ul style="list-style-type: none"> • Up to three pairs every year <p>If a member has additional exams/eyeglasses in the same year, a prior authorization is required from March Vision.</p>	<p>Covered, members under the age of 21.</p> <p>For members age 21 and older, see Adult Vision under the Value-Added Benefits section page 39.</p> <p>Diabetic screenings/tests including vision exams are covered yearly, when performed by an ophthalmologist and/or optometrists.</p>	<p>Covered members can access the services of any vision care provider, or eyewear vendor in UnitedHealthcare Community Plan's Vision network.</p> <p>Contact Member Services at 1-866-675-1607, TTY 711.</p>
Family Planning	<p>Are covered services you receive from your provider such as contraception, lab work, doctor visits, sterilization counseling, and other family planning services.</p>	<p>Covered for members of child-bearing age.</p>	<p>Contact your PCP.</p> <p>UnitedHealthcare Community Plan members are welcome to choose a family planning provider without a need for a referral.</p>

Physical health benefits

Benefit	Services included	Limitations	Who to contact
Voluntary Sterilization	<p>The federal government requires states to cover sterilization when certain conditions are met.</p> <p>This is to protect against practices that had historically forced sterilizations upon marginalized groups. Protections against these practices include requiring signature of an informed consent form at least 30 days prior to a procedure.</p>	<p>Covered for members age 21 and older with signed federal sterilization consent form.</p> <p>At least 30 but not more than 180 days must pass between the date of your signature and the procedure.</p>	<p>Contact your PCP.</p> <p>Members are welcome to choose a family planning provider without a need for a referral.</p>
Federally Qualified Health Centers (FQHCs)	<p>Professional care provided by health care providers. Service include medical, behavioral and dental care.</p>	<p>Covered, all members.</p>	<p>UnitedHealthcare Community Plan members are welcome to choose a local FQHC provider as their primary care physician (PCP).</p>
Hearing Aids	<p>Hearing aids and related supplies such as earpieces and batteries.</p>	<p>Covered, members under the age of 21.</p>	<p>Contact Member Services at 1-866-675-1607, TTY 711.</p>
Hemodialysis Services – See OP Services	<p>Includes routine lab, dialysis, medically necessary non-routine lab work and medically necessary injections.</p>	<p>Covered, all members.</p>	<p>Contact your PCP.</p>

Physical health benefits

Benefit	Services included	Limitations	Who to contact
Home Health	Includes intermittent/part-time nursing, including skilled nursing; aide visits; PT/OT/ST; and medically necessary extended home health for multiple hours of skilled nursing.	Covered, all members.	Contact your PCP.
Hospital – Emergency Room Services	Emergency services is medical care you need right away to treat a serious, sudden injury or illness.	Covered, all members.	Call 911 or your local emergency system.
Hospital – Inpatient Services	This is medical care and services you receive while you are in the hospital.	Covered, all members.	Contact your PCP. For pregnant moms before or after delivery who want more information on our Healthy First Steps program and services, call 1-877-813-3417 , TTY 711 .
Hospital – Outpatient Services	Diagnostic and therapeutic outpatient services, including outpatient surgery, habilitation and rehabilitation services; therapeutic and diagnostic radiology services; chemotherapy; hemodialysis.	Covered for outpatient rehabilitative, habilitative and diagnostic services.	Contact your PCP.

Physical health benefits

Benefit	Services included	Limitations	Who to contact
Immunizations		Covered, all members. If you have questions or want more information please call Member Services at 1-866-675-1607 , TTY 711 .	Contact your PCP.
Laboratory Tests and Radiology Services	This includes most lab test and radiology services. Some portable X-rays are covered for members who are physically unable to leave their home. If you have questions or need more information, call Member Services 1-866-675-1607 , TTY 711 .	Covered, all members.	Contact your PCP.
Long-Term Personal Care Services	Services include assistance with daily living activities like grooming, hygiene, bathing, eating, shopping, and some chores.	Covered, Medicaid members under the age of 21, not receiving Individual Family Support services. For members age 21 and older, services may be available through Louisiana Department of Health (LDH).	Contact your PCP.
Medical Transportation Emergent	This is when ambulance services are needed in an emergency.	Covered, all members.	Call 911 or your local emergency system.

Physical health benefits

Benefit	Services included	Limitations	Who to contact
Medical Transportation Non-Emergent	This is transportation to scheduled medical appointments.	Covered, all members.	Members should call 1-866-726-1472 , 7:00 a.m.–7:00 p.m., Monday–Friday, at least 2 business days prior to appointment.
Midwife Services (Certified Nurse Midwife)	See FQHC; Physician/ Professional Services; Rural Health Clinics.	Covered, all members.	Contact your PCP.
Nurse Practitioners/ Clinical Nurse Specialists	See FQHC; Physician/ Professional Services; Rural Health Clinics.	Covered, all members.	Contact your PCP.
Occupational Therapy Services		Covered, all members.	Contact your PCP.
Pediatric Day Health Care (PDHC)	Nursing care, respiratory care, physical therapy, speech — language therapy, occupational, personal care services and transportation to and from PDHC facility.	Covered for members under the age of 21 who have a medically fragile condition.	Contact your PCP.

Physical health benefits

Benefit	Services included	Limitations	Who to contact
Pharmacy Services	Copays of \$.50 to \$3.00 apply to members EXCEPT those under the age of 21, pregnant women, Native Americans and Alaskan Eskimos.	Covered, all members.	For questions about your prescription, contact your PCP. Magellan manages pharmacy benefits and claims. For general pharmacy benefit questions, call Magellan at 1-800-424-1664.
Physical Therapy		Covered, all members.	Contact your PCP.
Physician/ Professional Services	Professional medical services including those of a physician, nurse, midwife, nurse practitioner, clinical nurse specialists, physician assistant, audiologist. Certain family planning services when provided in a physician's office.	Covered, all members.	Contact your PCP.
Podiatry Services	Office visits.	Covered, all members.	Contact your PCP.
Prenatal Care Services	Office visits. Other pre- and post-natal care and delivery. Lab services.	Covered, all pregnant members. Contact HFS (Healthy First Steps).	Healthy First Steps: 1-877-813-3417, TTY 711. Healthy First Steps Fax: 1-877-353-6913.

Physical health benefits

Benefit	Services included	Limitations	Who to contact
Rehabilitation/ Habilitation Clinic Services	See: Occupational Therapy. Physical Therapy. Speech, Language and Hearing Therapy.	Covered, all members.	Contact your PCP.
Rural Health Clinics	Includes medical, behavioral and dental visits, EPSDT screening services; EPSDT Dental, Adult Denture.	Covered, all members.	Contact your PCP.
Sexually Transmitted Disease Clinics (STD)	Includes testing, counseling and treatment. Confidential HIV testing.	Covered, all members.	Contact your PCP.
Speech and Language Evaluation and Therapy	See: Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services; Therapy Services.	Covered, members under the age of 21.	Contact your PCP.
Therapy Services	Audiological Services (available in rehabilitation clinic and hospital-outpatient settings only). See: Occupational Therapy. Physical Therapy. Speech and Language Therapy.	Covered. Audiological Services: Members under the age of 21. Other Therapies: no age limit.	Contact your PCP.

Physical health benefits

Benefit	Services included	Limitations	Who to contact
Transportation	See Medical Transportation Emergent and Medical Transportation Non-Emergent.	Covered, all members.	For emergencies, call 911 or your local emergency system. For non-emergency medical transportation. Members should call 1-866-726-1472 , 7:00 a.m.–7:00 p.m., Monday–Friday, 2 business days prior to appointment.
Tuberculosis Clinics	Treatment and disease management services including physician visits, medications and X-rays.	Covered, all members.	Contact your PCP.
Women’s Health Services	Routine and preventive health care services include, but are not limited to: prenatal care, breast exams, mammograms and Pap tests. Two annual visits may be covered, with the second visit based on medical necessity, along with follow-up care provided as needed.	Covered, all female members. No referral required.	Contact your PCP or Women’s Health Specialist.
X-Ray Services	See Laboratory Tests and X-Ray Services.		

Value-added benefits

Well visits	
Benefit	Services included
\$20 Gift Card	Offered for members completing a PCP visit within 90 days of enrollment.
\$20 Gift Card	Offered for one (1) well-child visit each year between the ages of 1 and 17.
\$10 Gift Card	Offered for completing a health risk assessment (HRA) within 90 days of enrollment.
Adult access to health	
Benefit	Services included
Adult Dental Benefit	Members over 21 will be provided with up to \$500 in dental services towards: <ul style="list-style-type: none"> • Regular exams twice per year • Cleanings twice per year • X-rays once per year
Adult Vision Benefit	Members over 21 will be provided vision services including one routine eye exam every year and \$100 allowance for frames/lenses or a \$105 allowance for contacts every year.
Adult Pain Management	Members over 21 will be provided alternative pain management service. Gym memberships/exercise therapy will be provided to eligible members referred through case management. 24/7 access for mindfulness exercises from home through our Live and Work Well website at www.liveandworkwell.com .
Weight Management	Weight Watchers program enrollment offered to qualifying members where they will learn valuable skills about healthy eating and weight loss. Upon referral by your PCP, you will receive meeting vouchers to attend up to 10 meetings. Limited to members over the age of 12.

Physical health benefits

Pregnancy	
Benefit	Services included
Healthy First Steps	For pregnant women and new mothers. Members can receive eight (8) incentives for achieving health care goals during the 24-month pregnant and postpartum program. \$20 Gift Card for joining Healthy Start rewards program.
Home Visiting Programs	Connect pregnant members or individuals who recently delivered to community-based home visiting services that offer resources and support.
Circumcisions	Provides circumcisions for newborn males in the hospital or a physician's office.
Technology	
Benefit	Services included
Cellphones	No mobile phone? Get one at no cost from the federal Lifeline program. Call 1-866-675-1607 , TTY 711 , to learn more.
Social Media on Facebook, Twitter: @UHCPregnantCare (In Spanish: @UHCEmbarazada)	Delivers health and wellness information relating to pregnancy, childbirth and general health information applicable to pregnant women.

Technology (continued)	
Benefit	Services included
Mobile Apps	<p>UnitedHealthcare® app</p> <p>UnitedHealthcare Community Plan has a new member app. It's called UnitedHealthcare Health4Me. The app is available for Apple® or Android® tablets and smartphones. Health4Me makes it easy to:</p> <ul style="list-style-type: none"> • Find a doctor, ER or urgent care center near you • View your ID card • Read your handbook • Learn about your benefits • Contact Member Services <p>Download the free Health4Me app today. Use it to connect with your health plan wherever you are, whenever you want.</p> <p>Self Care by AbleTo ableto.com/begin</p> <p>Self Care by AbleTo app is available to you at no extra cost as part of your behavioral health benefits, and offers self-paced access to mental health support.</p>
Online Resources	<p>Live and Work Well www.liveandworkwell.com</p> <p>Online site includes help for members to find the balance, support and care they need to live the healthiest life possible. Get access to great health-related information, discover self-help services, find a provider or learn about community and work-life resources.</p>

Mental health and substance use treatment benefits

Mental health and substance use treatment benefits covered by UnitedHealthcare Community Plan

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

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

What is a mental health and substance use treatment care provider?

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

Recovery and resiliency

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

What is a recovery coach?

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

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

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

What are Peer Coaching Services?

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

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

Mental health and substance use treatment benefits

Services may include:

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

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

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

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

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

There are also online resources and face-to-face support groups

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

This online resource for UnitedHealthcare Community Plan members has many recovery tools and resources. It is a great one-stop shop to start your journey to health and well-being. <https://www.liveandworkwell.com/public/>

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

Mental health and substance use treatment benefits

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

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

Resources for specific populations:

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

Mental health and substance use treatment benefits

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

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

Provider	Definition
Psychiatrist	A psychiatrist is a physician who specializes in the diagnosis, treatment, and prevention of mental health and emotional problems and is the one who can prescribe your medications.
Psychiatric/Mental Health Nurse Practitioner	Psychiatric/mental health nurse practitioners (PMHNPs) practice under the supervision of a psychiatrist and provide a wide range of services to adults, children, adolescents and their families including assessment and diagnosis, prescribing medications and providing therapy for individuals with psychiatric disorders or substance abuse problems.
Medical Psychologist	Can perform all the functions of a psychologist and can also prescribe medications.

Mental health and substance use treatment benefits

Provider	Definition
Psychologist	Practicing psychologists are trained to administer and interpret a number of tests and assessments that can help diagnose a condition or tell more about the way a person thinks, feels and behaves. Psychologists can also provide talk-therapy.
Psychiatric/Mental Health Nurse	Psychiatric/mental health nurses provide a broad range of psychiatric and medical services, including the assessment and treatment of psychiatric illnesses, case management and psychotherapy.
Licensed Mental Health Professional (LMHP) <ul style="list-style-type: none"> • Licensed Clinical Social Worker • Licensed Professional Counselor • Licensed Marriage and Family Therapist 	Licensed Mental Health Professionals (LMHPs) can provide case management, inpatient discharge planning services, placement services and a variety of other daily living needs services for individuals. LMHPs can also provide assessment and treatment of psychiatric illnesses including psychotherapy. They may provide services that include assessment and diagnosis of mental health conditions as well as providing individual, family or group therapy.
Physician Assistant	Physician assistants, also known as PAs, practice medicine on a team under the supervision of physicians and surgeons. They are formally educated to examine patients, diagnose injuries and illnesses, prescribe medication, order and interpret diagnostic tests, refer patients to specialists as required and provide treatment.
Case Manager	Case managers serve to assist members with achieving wellness and autonomy through advocacy, communication, education, identification of service resources and service facilitation.
Addictions Counselor	Addictions counselors counsel individuals with alcohol, tobacco, drug or other problems, such as gambling disorders. May counsel individuals, families or groups, or engage in prevention programs.

Mental health and substance use treatment benefits

Provider	Definition
Peer Support Specialist	A service provided by a person (who received mental health and substance use treatment services themselves) to help you learn to manage difficulties in your life.

Mental health and substance use treatment covered services

Service	Service definition	Authorization requirement
23-Hour Observation Bed	Is when an enrollee at risk of harming self or others is receiving care and being observed for up to 23 hours.	Yes
Applied Behavioral Analysis (ABA)	<p>Applied behavioral analysis (ABA): Enrollees under the age of 21 are eligible for ABA services. To access these services, contact your Care Manager who can submit a request for prior authorization, which will then be reviewed by UnitedHealthcare Community Plan.</p> <p>If you have further questions about the ABA services, contact your Care Manager for more information. Your Care Manager can help submit a request for prior authorization for services, if needed. You can also contact our Member Services at 1-866-675-1607, TTY 711.</p>	Yes

Mental health and substance use treatment benefits

Service	Service definition	Authorization requirement
Assertive Community Treatment (ACT) (limited to 18 years and above)	Assertive Community Treatment (ACT) services are therapeutic interventions that address the functional problems of individuals who have the most complex and/or pervasive conditions associated with a major mental illness or co-occurring addictions disorder. These interventions are strength-based and focused on promoting symptom stability, increasing the individual's ability to cope and relate to others and enhancing the highest level of functioning in the community.	Yes
Community Psychiatric Support and Treatment (CPST)	Community Psychiatric Support and Treatment (CPST) are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the personal treatment plan.	Yes
Crisis Intervention (CI)	Crisis intervention (CI) services are provided to a person who is experiencing a psychiatric crisis and are designed to interrupt and/or to help improve a crisis experience, via a preliminary assessment, immediate crisis resolution and de-escalation and referral and linkage to appropriate community services to avoid more restrictive levels of treatment.	No for the initial 24-hour per diem; Yes for Crisis Intervention Follow-Up
Electroconvulsive Therapy (ECT)	Electroconvulsive therapy (ECT) is a standard psychiatric treatment in which seizures are electrically induced in patients to provide relief from psychiatric illnesses.	Yes
Family Psychotherapy	Your family can talk with a mental health and substance use treatment care professional about emotional problems you and your family may be having and learn coping skills to help you and your family manage them.	No

Mental health and substance use treatment benefits

Service	Service definition	Authorization requirement
Functional Family Therapy (FFT) (under age 21)	Functional Family Therapy (FFT) These services are available for families with youth ages 10–18 who display severe behaviors that disrupt family functioning.	Yes
Group Psychotherapy	A group of people with similar emotional issues meet to talk with a mental health and substance use treatment care professional. The group members share experiences and practice coping skills to learn how to manage issues as independently as possible.	No
Homebuilders (under age 21)	Homebuilders® is an intensive, in-home Evidence-Based Program (EBP) utilizing research-based strategies (e.g., Motivational Interviewing, Cognitive and Behavioral Interventions, Relapse Prevention, Skills Training), for families with children (birth to 18 years) at imminent risk of out-of-home placement (requires a person with placement authority to state that the child is at risk for out-of-home placement without Homebuilders), or being reunified from placement. Homebuilders is provided through the Institute for Family Development (IFD).	Yes
Individual Psychotherapy	You can talk with a mental health and substance use treatment care professional about emotional issues you may be having and learn coping skills to help you manage them.	No
Inpatient Hospitalization	The need for one or more nights in a hospital for emergency treatment which cannot otherwise be treated in the community by your provider.	Yes

Mental health and substance use treatment benefits

Service	Service definition	Authorization requirement
Multi-Systemic Therapy (MST) (under age 21)	Multi-systemic therapy (MST) provides an intensive home/family and community-based treatment for youth who are at risk of out-of-home placement or who are returning from out-of-home placement.	Yes
Neuropsychological Testing	Neuropsychological testing often done by a psychologist with special training can help your doctor find out how a problem with your brain is affecting your ability to reason, concentrate, solve problems or remember.	No
Outpatient Therapy	Individual, family, group outpatient psychotherapy and mental health assessment, evaluation and testing.	No
Peer Support Services	A service provided by a person (who received mental health and substance use treatment services themselves) to help you learn to manage difficulties in your life.	Yes
Pharmacologic Management (all ages)	A doctor or nurse meets with you to discuss the medicines you are taking and orders new prescriptions you might need.	No
Psychiatric Residential Treatment Facilities (PRTF) (under age 21)	A Psychiatric Residential Treatment Facility (PRTF) is any non-hospital facility which provides inpatient services benefit to individuals under the age of 21 to ensure that all medical, psychological, social, behavioral and developmental aspects of the recipient's situation are assessed and treated.	Yes
Psychological Testing	Written, visual or verbal tests that are given by a psychologist to measure your thinking and emotional abilities.	Yes

Mental health and substance use treatment benefits

Service	Service definition	Authorization requirement
Psychosocial Rehabilitation (PSR)	Is designed to assist enrollees with support services that focuses on social, personal, and daily living skills needed to live, work, and become active members in their community and family settings.	Yes
Residential Substance Use Services in Accordance with the American Society of Addiction Medicine (ASAM) Levels of Care	Addiction services include many individual-centered outpatient, intensive outpatient and residential services in keeping with the member’s assessed treatment needs, with a rehabilitation and recovery focus meant to build skills for coping with and managing substance use symptoms and behaviors.	Yes
Substance Use and Intensive Outpatient Treatment (IOP)	Substance Use and Intensive Outpatient Treatment (IOP) programs offer both group and individual services of 9 hours a week. IOP allows the individual to be able to participate in their daily affairs, such as work, and then participate in treatment at an appropriate facility in the morning or at the end of the day.	Yes
Therapeutic Group Homes (TGH) (under age 21)	Therapeutic Group Homes (TGHs) provide a community-based residential service in a home-like setting of no greater than eight beds, under the supervision and program oversight of a psychiatrist or psychologist.	Yes
Treatment Plan Development	The function of the treatment planner is to produce your community-based, individualized treatment plan.	No

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

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

Specialized services for adults

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

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

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

What will happen if I am eligible?

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

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

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

Regular Medicaid services

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

Other benefits and services

For moms-to-be and children

UnitedHealthcare Healthy First Steps™

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

We will help:

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

Having a baby?

When you think you are pregnant, call Member Services at **1-866-675-1607**, TTY **711**. This will help ensure you get all the services available to you.

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

Text4baby

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

The text4baby messages will give you tips about:

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

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

Newborn care services

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

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

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

Nurse family partnership

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

Dr. Health E. Hound® program

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

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

Disease and care management

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

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

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

Complex case management services

Complex case management is a service to help members with complex or multiple health care needs get care and services. Case managers help to coordinate your care, with your goals in mind. A Plan representative may suggest case management based on questions answered in your first health screening (health assessment) upon enrollment. You may ask for case management services for yourself or a family member at any time. Others, such as health care providers, discharge planners, caregivers and medical management programs can also refer you to case management. You must consent to case management services. For any questions call **1-866-675-1607**, TTY **711**.

Wellness programs

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

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

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

Tobacco education and prevention

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

New technology

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

Other plan details

Finding a network provider

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

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

Go to myuhc.com/CommunityPlan for the most up-to-date information. For a behavioral health provider, use the **Behavioral Health Lookup** search.

Call Member Services at **1-866-675-1607**, TTY **711**. We can look up network providers for you. Or, if you'd like, we can send you a Provider Directory in the mail. You can also view or print the Provider Directory from the website.

Provider Directory

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

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

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

Utilization management

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

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

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

Interpreter services and language assistance

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

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

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

Payment for services

Will I ever have to pay for medical, mental health, or substance abuse services?

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

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

What should I do if I get a medical bill?

Sometimes you will get a bill that should have been sent to us. If you receive a bill from a provider, ask them why they are billing you. Tell them you are a UnitedHealthcare Community Plan member. You do not have to pay bills that Medicaid should pay. If you get a bill, call Member Services at **1-866-675-1607**, TTY **711**. We will work with you to find out if you need to pay the bill or if you should send it to us. You may have to pay the bill if you receive treatment from doctors who are not part of our network.

Who do I call if I get a bill?

If you still get a bill, call your provider. If you still have questions, you can call UnitedHealthcare Community Plan Member Services at **1-866-675-1607**, TTY **711**. Be sure you have your bill in front of you when you call.

What information will they need?

You will need to tell Customer Support Services:

- Your name
- Who sent the bill
- The date of service
- The amount
- The provider, hospital or provider's address and phone number

60 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-866-675-1607**, TTY **711**.

What if I have other health insurance in addition to Medicaid?

You are required to report all insurance information to Medicaid. Call Health Management Systems (HMS) at 1-800-873-5875 if:

- Your private health insurance is canceled, or
- You have new insurance coverage.

Other health insurance (Coordination of benefits – COB)

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

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

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

Other insurance

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

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

Reporting marketing violations

Healthy Louisiana plans, like UnitedHealthcare Community Plan, follow strict marketing guidelines set by the Louisiana Department of Health (LDH). For example, a potential marketing violation is when you see a representative of a plan doing something unfair, deceptive or not allowed as a part of the health care services they provide. To report marketing violations, call the Louisiana Medicaid Customer Service Unit toll-free at **1-888-342-6207** or online at ldh.la.gov/HealthyLaMarketingComplaint.

Updating your information

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

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

Please call Member Services at **1-866-675-1607**, TTY **711**, if any of this information changes. UnitedHealthcare Community Plan needs up-to-date records to tell you about new programs, to send you reminders, and to mail you member newsletters, ID cards and other important information.

You should also call the Louisiana Medicaid Customer Service Unit toll-free at **1-888-342-6207** if you have any changes. They need updated address information every time you move. You may also go to Louisiana Medicaid Self-Service Portal at [MyMedicaid.la.gov](https://mymedicaid.la.gov), or visit a local Medicaid eligibility office to report if family size, living arrangements, parish of residence, or mailing address changes.

Disenrollment options

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

Disenroll from UnitedHealthcare Community Plan

Members may request disenrollment if:

- During the disenrollment period offered to enrollees at the start of the contract
- You are a new member you can switch health plans during your first 90 days of enrollment. After the first 90 days you are “locked in” as a plan member unless there is good cause to disenroll.
- During your annual open enrollment period. You have 60 days from when you get your open enrollment information to change plans. If you don’t pick a new plan, you will stay enrolled in your current Healthy Louisiana plan until the next open enrollment period. Members who change health plans during the Open Enrollment period will have a 90 day grace period to change plans beginning on the effective date of their new plan. Confirmation notices will include language informing members that they will have until March 31 to request a plan change.
- You are part of the Voluntary opt in populations; you may disenroll from Healthy Louisiana at any time. Your disenrollment will be effective the earliest possible month that the action can be administratively taken.
- You are part of the Voluntary opt out population; you may voluntarily disenroll within ninety (90) days of initial enrollment and during the annual open enrollment
- Upon automatic reenrollment if temporary loss (90 days) of eligibility has caused you to miss the annual disenrollment period
- When LDH has imposed sanctions on UnitedHealthcare Community Plan consistent with 42 CFR §438.702[a]
- After LDH notifies UnitedHealthcare Community Plan that it intends to terminate our contract as provided in 42 CFR §438.722
- At any time for good cause

Good cause for disenrollment means:

- We do not, because of moral or religious objections, cover the service you need. If this happens you can call Healthy Louisiana to find out how you can get those services.
- Your need to get certain services at the same time but we are not able to provide all the services. Your PCP or another provider must say that your health will be at risk if you can’t get the services at the same time.
- Our contract with LDH is terminated

Questions? Visit myuhc.com/CommunityPlan, 63
or call Member Services at **1-866-675-1607**, TTY **711**.

Other plan details

- You get poor quality of care from UnitedHealthcare Community Plan
- You are not able to access the services we cover as determined by LDH
- You need specialized care and we don't have providers in our network that can give you the care, or your specialized behavioral health provider leaves our network and no other provider is available
- You move out of our service area
- Lack of access, or lack of access to providers qualified to treat your condition
- Any other reason that LDH and/or its agent says counts as a valid cause

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

Disenrollment caused by a change in status

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

You may be disenrolled if:

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

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

Additional information about UnitedHealthcare Community Plan

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

Fraud and abuse

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

What is fraud and abuse?

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

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

Or

Complete the appropriate fraud report form available on the Louisiana Medicaid website:

www.ldh.la.gov/ReportProviderFraud or

www.ldh.la.gov/ReportRecipientFraud

Or

By mail:

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

Or

By fax:

Fraud Reporting Fax Line
1-225-219-4155

Your opinion matters

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

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

Other plan details

Member Advisory Committee

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

Advance Directives

What are 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. Make sure you have your Advance Directive included in your care plan with your provider. Your provider must put in your medical record whether you have an Advance Directive. Some examples of advanced directives include:

Living wills

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

Power of attorney for health care

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

Do I have to make an Advance Directive?

No. It is entirely up to you. A provider cannot refuse care based on whether you have an Advance Directive.

What if I am in crisis or unable to make a decision about my care?

By preparing an Advance Directive when you are well, you can make sure your wishes are honored when you are sick or hurt or unable to speak for yourself.

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

If you wish to file a complaint about failure to comply with an Advance Directive, please call:

Louisiana Department of Health (LDH) Bureau of Health Standards
1-225-342-0138

Member rights and responsibilities

Uphold member “Bill of Rights”

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

Members have the right to:

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

Other plan details

Members have the responsibility to:

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

Adverse benefit determination, appeal and grievance

Adverse benefit determination

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

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

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

Appeal

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

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

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

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

Other plan details

When reviewing your appeal, UnitedHealthcare Community Plan reviewers:

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

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

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

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

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

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

Grievance

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

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

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

When reviewing your grievance, UnitedHealthcare Community Plan reviewers:

- Will be different from the professionals who may have previously reviewed;
- Will not be subordinates of previous reviewers;
- Will have the appropriate clinical knowledge and expertise to perform the review involving a clinical matter;
- Will review all information submitted by the member or representative regardless if this information was submitted previously; and
- Will make a decision about your grievance within 90 calendar days or as expeditiously as your health condition requires.

How to file a grievance or appeal

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

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

You can find a copy of the Grievance and Appeals form on page 73 of this handbook. UnitedHealthcare Community Plan can also assist you in completing the form if you need help. You can send us the form or a written letter to the address below:

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

Other plan details

State Fair Hearings

Asking the State to Review UnitedHealthcare Community Plan's decision

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

To request a State Fair Hearing, you can contact the Louisiana Division of Administrative Law, <http://www.adminlaw.state.la.us/HH.htm>. You will find a copy of the form to request a State Fair Hearing on page 75 of this handbook. If you need help, please call Member Services at **1-866-675-1607**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

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

Division of Administrative Law

Health and Hospitals Section

P.O. Box 4189

Baton Rouge, LA 70821-4189

Fax: 1-225-219-9823

Phone: 1-225-342-5800 or 1-225-342-0443

Online: <http://www.adminlaw.state.la.us/HH.htm>

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

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

Reversed appeal resolutions

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

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

72 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-866-675-1607**, TTY **711**.

Request for State Fair Hearing Form

Member name: _____

Address: _____

City, State, ZIP code: _____

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

Date: _____ Signature: _____

Recipient/Representative: _____

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

Telephone number: _____

Social Security Number: _____

Email address: _____

Name, address and phone number of your Authorized Representative at the Hearing, if any:

Mail this completed form to:

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

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

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

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



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

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

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

Part I – Member information

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

Part II – Provider information

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

Part III – Service information

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

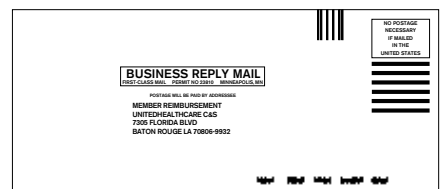
For questions or assistance, please contact **Member Services** at **1-866-675-1607**, TTY **711**, 7:00 a.m.–7:00 p.m., Monday–Friday. If all information has been correctly submitted, you can expect your claim to be processed within 30 business days of receipt by UnitedHealthcare. **This is not a guarantee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

Before you submit your claim...

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

Mail form and attachments in the return envelope to:

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



Health Plan Notices of Privacy Practices

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

Effective January 1, 2023

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

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

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

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

How we collect, use, and share your information

We collect, use, and share your HI with:

- You or your legal representative.
- Government agencies.

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

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

Other plan details

- **For Plan Sponsors.** We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** We may collect, use, and share your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may collect, use and share your HI to send you appointment reminders and information about your health benefits.
- **For Communications to You.** We may use the phone number or email you gave us to contact you about your benefits, health care or payments.

We may collect, use, and share your HI as follows:

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

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

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

Your rights

You have the following rights.

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

Other plan details

- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website (www.uhccommunityplan.com).
- **To ask that we correct or amend** your HI. Depending on where you live, you can also ask us to delete your HI. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

Using your rights

- **To Contact your Health Plan. Call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at **1-866-633-2446**, or TTY/RTT **711**.
- **To Submit a Written Request.** Mail to:
UnitedHealthcare Privacy Office
MN017-E300, P.O. Box 1459, Minneapolis MN 55440
- **Timing.** We will respond to your phone or written request within 30 days.
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

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

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

82 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-866-675-1607**, TTY **711**.

Financial Information Privacy Notice

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

Effective January 1, 2023

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

Information we collect

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

Sharing of FI

We will only share FI as permitted by law.

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

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

Confidentiality and security

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

Other plan details

Questions about this notice

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

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: ACN Group of California, Inc.; AmeriChoice Corporation.; Benefitter Insurance Solutions, Inc.; Claims Management Systems, Inc.; Dental Benefit Providers, Inc.; Ear Professional International Corporation; Excelsior Insurance Brokerage, Inc.; gethealthinsurance.com Agency, Inc. Golden Outlook, Inc.; Golden Rule Insurance Company; HealthMarkets Insurance Agency; Healthplex of CT, Inc.; Healthplex of ME, Inc.; Healthplex of NC, Inc.; Healthplex, Inc.; HealthSCOPE Benefits, Inc.; International Healthcare Services, Inc.; Level2 Health IPA, LLC; Level2 Health Management, LLC; Life Print Health, Inc.; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Global Solutions (India) Private Limited; Optum Health Care Solutions, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Physician Alliance of the Rockies, LLC; POMCO Network, Inc.; POMCO, Inc.; Real Appeal, LLC; Solstice Administrators of Alabama, Inc.; Solstice Administrators of Arizona, Inc.; Solstice Administrators of Missouri, Inc.; Solstice Administrators of North Carolina, Inc.; Solstice Administrators of Texas, Inc.; Solstice Administrators, Inc.; Solstice Benefit Services, Inc.; Solstice of Minnesota, Inc.; Solstice of New York, Inc.; Spectera, Inc.; Three Rivers Holdings, Inc.; U.S. Behavioral Health Plan, California; UHIC Holdings, Inc.; UMR, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; UnitedHealthcare, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; and USHEALTH Group, Inc.; and Vivify Health, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.



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

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

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

UHC_Civil_Rights@uhc.com

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

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

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

Online:

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

Complaint forms are available at

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

Phone:

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

Mail:

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

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

English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-866-675-1607, TTY 711.**

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-675-1607, TTY 711.**

Vietnamese

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi số **1-866-675-1607, TTY 711.**

Traditional Chinese

注意：如果您說中文，您可獲得免費語言協助服務。請致電 **1-866-675-1607**，或聽障專線 **TTY 711**。

French

ATTENTION: Si vous parlez français, vous pouvez obtenir une assistance linguistique gratuite. Appelez le **1-866-675-1607, TTY 711.**

Arabic

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم **1-866-675-1607، الهاتف النصي 711.**

Tagalog

ATENSYON: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo ng pantulong sa wika, nang walang bayad. Tumawag sa **1-866-675-1607, TTY 711.**

German

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachendienste zur Verfügung. Wählen Sie: **1-866-675-1607, TTY 711.**

Korean

참고: 한국어를 하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. **1-866-675-1607, TTY 711** 로 전화하십시오.

Japanese

ご注意：日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。電話番号 **1-866-675-1607**、または **TTY 711**。

Russian

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами переводчика. Звоните по тел **1-866-675-1607, TTY 711.**

Portuguese

ATENÇÃO: Se fala português, é-lhe disponibilizado um serviço gratuito de assistência linguística.
Ligue **1-866-675-1607, TTY 711.**

Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃຫ້ແກ່ທ່ານ.
ໂທຫາ **1-866-675-1607, TTY 711.**

Urdu

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبانی اعانت کی خدمات، مفت دستیاب ہیں۔ کال کریں
TTY 711، 1-866-675-1607

Persian (Farsi)

توجه: اگر به زبان فارسی صحبت نمی‌کنید، خدمات ترجمه زبان به صورت رایگان به شما ارائه خواهد شد. با
TTY 711، 1-866-675-1607 تماس بگیرید.

Thai

โปรดทราบ : หากท่านพูดภาษาไทย จะมีบริการให้ความช่วยเหลือด้านภาษาแก่ท่านฟรีโดยไม่มีค่าใช้จ่าย
โทร **1-866-675-1607, TTY 711.**

Appendix A – Pharmacy

Pharmacy benefits

Louisiana Department of Health Pharmacy Benefit Management (PBM)

UnitedHealthcare will work with Magellan Medicaid Administration (MMA) – LDH’s Pharmacy Benefit Manager (PBM) – to provide your pharmacy benefits. MMA will process your prescription claims, manage your prescription coverage, and may cover other medicines with prior approval. If your drug does need prior approval, your PCP can request it for you. For all pharmacy related questions, you can contact MMA at **1-800-424-1664**.

1. How to access pharmacy services?

MMA’s Member and Pharmacy Help Desk is available 24 hours a day, 7 days a week. For all pharmacy related questions, you can contact MMA at:

Member and Pharmacy Help Desk
Phone number: **1-800-424-1664**

Pharmacy Prior Authorizations
Phone number: **1-800-424-1664**
Fax number: 1-800-424-7402

1.1 You can start using your pharmacy benefit 10/1/23

There are many medicines that are covered, but some may require prior authorization. Your prescriber or doctor can request a prior authorization if needed. You can view the preferred/non-preferred drug list online at www.ldh.la.gov/HealthyLaPDL.

For all pharmacy, prescription, or drug related information or questions, call MMA Member Services at **1-800-424-1664**.

1.2 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 also call MMA Member Services at **1-800-424-1664**.

Copayments (cost sharing) will not exceed 5% of the Medicaid household income. Copays will stop once this monthly amount is met.

Otherwise, the listed copays apply based on the cost of medicine.

\$10.00 or less, copay = \$0.50

\$10.01 to \$25.00, copay = \$1.00

\$25.01 to \$50.00, copay = \$2.00

\$50.01 or more, copay = \$3.00

Copays are not required for:

- Family planning
- Emergency services
- Members under 21 years of age
- Pregnant women
- Native Americans
- Preventive medications
- Members living in a long-term care facility
- Individuals receiving hospice care
- Alaskan Eskimos
- Home and Community Based Waiver recipients
- Women are eligible for Medicaid because they have breast or cervical cancer

1.3 How do you find a pharmacy network provider?

Magellan has a large network of pharmacies for you to choose from. You can search the directory online at www.ldh.la.gov/HealthyLaPDL. There is also a full PDF directory on the website, or one can be mailed to you by calling Magellan's Pharmacy Call Center at 1-800-424-1664.

You can fill your prescription at any in-network pharmacy. You will have to pay for the drug yourself if you do not go to a network pharmacy.

Appendix A – Pharmacy

1.4 What if you arrive to the pharmacy and do not have your member ID card?

If you do not have your member ID card, you can show the pharmacist the information below.

BIN: 025986

Processor Control Number: 1214172240

Group: LAMCOPBM

They can typically look up your member number and submit the claim with the above information.

2. How to ask for grievances, appeals, and State Fair Hearings?

2.1 MMA's pharmacy-related grievances

MMA can help! If you need assistance or want to file clinical reconsideration, a complaint or grievances related to pharmacy services, you may reach MMA by phone, fax, mail, or through the Contact Us feature on the web portal.

Magellan Medicaid Administration pharmacy call center (24/7/365)

Phone number: **1-800-424-1664**

Fax number: 1-800-424-7402

Address:

Magellan Medication Administration, LLC

Attn: GV – 4301

P.O. Box 64811

St. Paul, MN 55164-0811

Web portal:

Contact us: <https://www.lamcopbmpharmacy.com>

2.2 UnitedHealthcare Community Plan's appeals, grievances, and State Fair Hearings

If you are not happy with a service that UnitedHealthcare Community Plan has provided, you can file a grievance. A grievance may be about access to care or the quality of care. Or it may be about personal relationships, such as rudeness of a provider or employee or failure to respect your rights. Additional information on your rights, filing grievances, appeals, and State Fair Hearings can be found in the front of this handbook under "Other Plan Details" section.

3. Are there other available pharmacy services (PDL, prior authorizations, pharmacy utilization management [UM] strategies, excluded services, etc.)?

3.1 Preferred Drug List (PDL)

Your pharmacy benefits include prescription drugs. A Preferred Drug List or PDL is a list of some drugs covered under your plan. There are some drugs covered that are not listed.

3.2 How to access the PDL

The PDL is available online at www.ldh.la.gov/HealthyLaPDL or can be mailed to Enrollees by calling MMA's Pharmacy Call Center **1-800-424-1664**.

3.3 Prior authorizations (PA)

MMA has robust systems and clinical experience. These things make sure members who are eligible can get the medicine that works best for them.

Prior authorization means approval is needed before you or your provider can get the medication. When a prior authorization is required, MMA must approve the provider's request before you will be able to fill your medication at your preferred, in-network pharmacy.

If you need to fill a medication that requires prior authorization, you may be able to get a temporary 3-day supply until obtained you are able to get a prior authorization from your doctor. To do so, If you need a temporary 3-day supply, visit a network pharmacy and show your member ID card. Talk to your doctor about your prescription options.

- Claims indicating emergency situations should be dispensed in at least a 72-hour (3-day) supply and up to a 14-day supply
- Emergency fills will be limited to, 2 fills per rolling 30 days, per drug strength. Once this limit is exceeded, claims will deny NCPDP 76 – Plan Limitations Exceeded and the pharmacy must call the Call Center for any further consideration.
- Beneficiaries are exempt from paying copayments for emergency situations

4. What services are excluded?

May also be found in enrollee handbook, categories include:

Excluded services — May also be found in enrollee handbook, categories include:

- Drugs for the treatment of obesity, except Orlistat
- Drugs for the treatment of infertility, except vaginal progesterone when used for high-risk pregnancy to prevent premature births
- Drugs for cough and colds, except antihistamine and antihistamine/decongestant combination products
- Drugs for the treatment of erectile dysfunction, except when used for the treatment of conditions, or indications approved by the FDA, other than erectile dysfunction
- DESI drugs or drugs that may have been determined to be identical, similar, or related
- Drugs that are eligible to be covered by Medicare Part D
- Drugs being used for indications not approved by the Food and Drug Administration (FDA) unless supported by compelling clinical evidence

5. Maintenance Medications

- To find out which medicines are available with a 90-day supply, you can contact MMA Member Services at **1-800-424-1664**, 24 hours a day 7 days a week
- Talk with your pharmacist. Your pharmacist can call your doctor to get a new prescription for a 90-day supply.
- Talk with your doctor. Your doctor can write you a new 90-day supply prescription for your medicine. We've let your doctor know about this change to your pharmacy benefit.

For more information speak with your doctor, pharmacist, or call MMA Member Services at **1-800-424-1664**.

6. Over the counter (OTC) medications

MMA also covers Medicaid approved over the counter (OTC) medications. An in-network provider must write you a prescription for the OTC medication you need. Then all you have to do is take your prescription and member ID card into any network pharmacy to fill the prescription. OTC medications include:

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

There may be a copayment charged based on the cost of the medication. Copayments (cost sharing) are not to exceed 5% of the Medicaid household income. Copays will stop once the monthly threshold is met. For more information on copayments see section 1.2. For a complete list of covered OTC medicines call MMA Member Services at **1-800-424-1664**.

7. Injectable medicines

Injectable medications are medicines given by shot, and some may be a covered benefit. Your PCP can verify which injectable medications are covered.



We're here for you

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

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