

A decorative graphic of three thick, dark blue wavy lines that originate from the left side of the page and curve towards the right, ending in a point that overlaps with the main title.

Welcome to the community

**Member Handbook
for Mental Health and Substance Use Treatment 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**

Your health providers

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

Emergency **911**

My Member ID: _____

My Provider's Name: _____

My Provider's Phone Number: _____

My Provider's Address: _____

Thank you for choosing UnitedHealthcare Community Plan

for your mental health and substance use treatment plan

We're happy to have you as a mental health and substance use treatment 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.

Our goal is to support your recovery. If you are a parent or guardian, we want to make sure that you have the tools you and your child or dependent needs to promote resiliency.

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

Please take a few minutes to review this Mental Health and Substance Use Treatment Member Handbook. 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.

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 Cross



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 mental health and substance use treatment 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 Mental Health and Substance Use Treatment 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 Mental Health and Substance Use Treatment 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 Mental Health and Substance Use Treatment Assessment over the phone. See page 14.

3. Get to know your mental health and substance use treatment plan

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

What to do in a mental health and substance use treatment emergency

You should call **911** if you are having a life-threatening mental health and substance use treatment emergency. If you receive emergency services, call your Mental Health and Substance Use Treatment 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. If you are experiencing a behavioral health crisis, call the Crisis Line at **1-866-232-1626**, TTY **711**.

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**.

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

Crisis help

The Louisiana Behavioral Health Crisis Response System is now available to UnitedHealthcare Community Plan members. The following mental health crisis services are available for members 21 and older. For assistance, call the Crisis Line at **1-866-232-1626**, TTY **711**.

Mobile crisis response:

A mobile service is available to help someone in a self-identified crisis. Teams go to where the person is located.

Behavioral health crisis center:

Facility-based walk-in center provides short-term behavioral health crisis help.

Community brief crisis support:

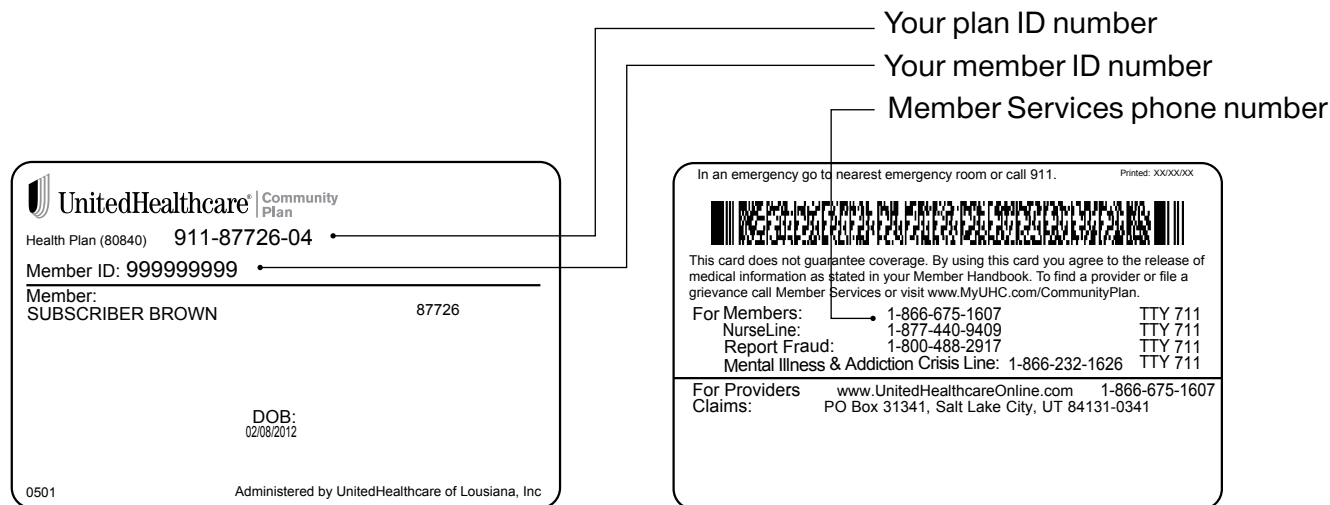
A face-to-face ongoing crisis intervention is available to members who have received care from either the mobile crisis response or Behavioral Health Crisis Center.

Crisis stabilization:

A short-term bed-based crisis treatment and support services for members at risk of hospitalization or institutionalization.

Health plan highlights

Member ID card



Your mental health and substance use treatment member ID card holds a lot of important information. It gives you access to your 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**.

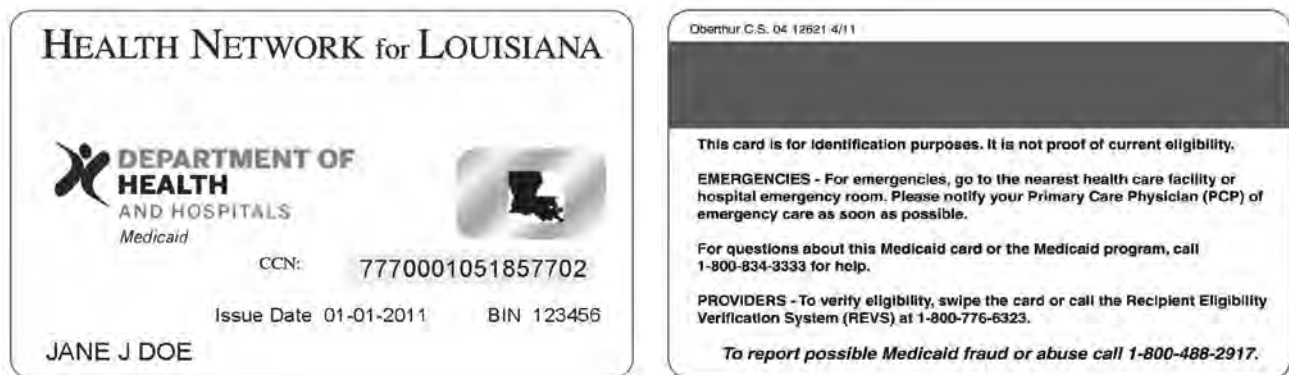
- Take your member ID card to your appointments
- Have it ready when you call Member Services; this helps us serve you better
- Do not let someone else use your card(s). It is against the law.

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**.

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 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.

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

Services may include:

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

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

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

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

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

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

Sanvello app

This app provides the support you need to help improve your mental health. Download the app to get help with stress, anxiety, and depression.

[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.

Health plan highlights

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

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

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://fccmh.org/chapters>

Member support

We want to make it as easy as possible for you to get the most from your mental health and substance use treatment 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 Mental Health and Substance Use Treatment Assessment
- Print a new member ID card
- Find a provider
- Get benefit details
- Download a new Mental Health and Substance Use Treatment Member Handbook

Health plan highlights

Member Services is available to assist you

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

- Understanding your 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**.

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. The NEAT services include transportation for life-threatening conditions enroute to seeking emergency medical treatment.

For Emergency Ambulance Transportation (EAT), call **911**.

Your Mental Health and Substance Use Treatment 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 Mental Health and Substance Use Treatment 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**.

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**

Your mental health and substance use treatment provider

Choosing your mental health and substance use treatment provider

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

What is a network provider?

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

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

1. Look through our printed or electronic Provider Directory.
2. Go to myuhc.com/CommunityPlan. Then use the **Behavioral Health Lookup** search.
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.

Mental illness and addiction crisis line

1-866-232-1626, TTY 711

Available 24 hours a day, 7 days a week

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 24-hour crisis information

If you have a mental health or substance use crisis, services are available 24 hours a day, 7 days a week. For assistance, call the Crisis Line at **1-866-232-1626**, TTY **711**.

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

Transportation services

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. **Call 1-866-726-1472.**

Non-Emergency Ambulance Transportation (NEAT)

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

Emergency Ambulance Transportation (EAT)

Emergency Ambulance Transportation (EAT) services are not covered by UnitedHealthcare Community Plan. The EAT services for Mental Health and Substance Use Treatment are available to members through Medicaid. The EAT services include transportation for life-threatening conditions enroute to seeking emergency medical treatment. **Call 911.**

Transportation services

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

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

How to schedule a ride

- Call **1-866-726-1472**, 7:00 a.m. to 7:00 p.m., two (2) business days prior to appointment
- Reservations are accepted two (2) business days prior to appointment, Monday through Friday 7:00 a.m. to 7:00 p.m. Routine trip requests are not allowed during non-business hours; urgent/same day and/or hospital discharges are accepted 24/7/365.
Calls for routine reservations are not accepted on national holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas
- Give the transportation representative this information:
 - Where you need to go
 - What time you arrive at your appointment
 - If you need a van that is equipped with a wheelchair lift
- Ride Assist (Where's My Ride): **1-866-726-1472**

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 personal identification

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/her office phone on how to receive after-hours care. For additional help, you may also call Member Services at **1-866-675-1607**, TTY **711**.

If you need care when out of town

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

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

Out-of-network providers

You or your mental health and substance use treatment 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.

No coverage outside of United States

If you are outside of the United States and need health care coverage, 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.

Member's right to refuse treatment

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

Getting a second opinion

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

Prior authorizations

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

You do not need a prior authorization for emergencies.

Continued care if your mental health and substance use treatment 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 mental health and substance use treatment provider and let them know about your visit so they can provide follow-up care if needed.

Don't wait

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

If you are feeling suicidal, please call **988**.

Are you age 21 or older, in crisis and need help?

You can get the help you need from the Louisiana Crisis Response System, for more information call **1-866-232-1626**, TTY **711**.

Post-stabilization services

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

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.

Mental illness and addiction crisis line

1-866-232-1626, TTY 711

Available 24 hours a day, 7 days a week

Benefits

Benefits covered by UnitedHealthcare Community Plan

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

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

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

A mental health and substance use treatment care provider can be a licensed (or otherwise certified) mental health counselor, substance use disorder counselor, doctor, psychiatrist, psychiatric nurse, psychologist, licensed clinical social worker, other professional counselors, 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.

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 (PMHNP) 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 use problems.
Medical Psychologist	Can perform all the functions of a psychologist and can also prescribe medications.
Psychologist	Practicing psychologists are trained to administer and interpret a number of tests and assessments that can help diagnose a condition or tell more about the way a person thinks, feels and behaves. Psychologists can also provide talk-therapy.
Psychiatric/Mental Health Nurse	Psychiatric/mental health nurses provide a broad range of psychiatric and medical services, including the assessment and treatment of psychiatric illnesses, case management and psychotherapy.
Licensed Mental Health Professional (LMHP) Licensed Clinical Social Worker	Social workers are licensed mental health professional (LMHP) that 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.

Benefits

Provider	Definition
Licensed Professional Counselor	Licensed Professional Counselors are licensed mental health professionals (LMHP) that 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.
Licensed Marriage and Family Therapist	Licensed Marriage and Family Therapist are licensed mental health professionals (LMHP) that 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.
Licensed 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.

Provider	Definition
Peer Support Specialist	An Office of Behavioral Health (OBH) recognized peer support specialist (is a person who received mental health or substance abuse services themselves) to help you learn to manage difficulties in you life.
Mental Health Rehabilitation (MHR)	Is a behavioral health provider that offer services in the community or member’s home.
Personal Care Service (PCS)	Are license providers that provide home and community- based service that help members with daily living skills to live independently in their own homes.
Individual Placement and Support (IPS)	Are service providers that offer employment support and help members living with mental health conditions find part-time or full-time jobs of their choosing.
Crisis Response Service Providers	Are providers that offer face-to-face mobile, community-based, or short-term facility-based services to members in a behavioral health crisis.
Mobile Crisis Response (MCR)	Service providers that offer face-to-face crisis response services to members experiencing a crisis in the community where the member is located.
Behavioral Health Crisis Centers (BHCC)	Are facility-based service providers that offer short-term walk-in crisis response services.
Community Brief Crisis Support (CBCS)	Providers that offer face-to-face crisis response services to members for up to 15 days.
Crisis Stabilization Providers (CS)	Providers that offer short-term bed-based crisis response service and treatment.

Benefits

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>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
Assertive Community Treatment (ACT) (limited to 18 years and older)	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
Personal Care Services (PCS)	Personal care services (PCS) assist members with daily skills needed to live more independently in their own homes.	Yes
Individual Placement and Support (IPS)	Individual Placement and Support (IPS) is a service where members receive supportive employment assistance. IPS helps members find full or part time jobs of their choosing.	Yes

Service	Service definition	Authorization requirement
Intensive Outpatient Program (IOP)	Treatment provided outside of a hospital setting and usually more than one time a week.	Yes
Mobile Crisis Response (MCR)	Mobile Crisis Response (MCR) is a mobile service available as an initial intervention for members in a self-identified crisis. Teams go to the member where they are located in the community. For more information or to access help 24 hours a day, 7 days a week dial 1-866-232-1626, TTY 711.	No
Behavioral Health Crisis Centers (BHCC)	Behavioral Health Crisis Centers (BHCC) is a facility-based walk-in center providing short-term behavioral health crisis intervention. For more information or to access help 24 hours a day, 7 days a week dial 1-866-232-1626, TTY 711.	Yes
Community Brief Crisis Support (CBCS)	Community Brief Crisis Support (CBCS) are a face-to-face ongoing crisis intervention response. Available to members who have received an initial intervention by either Mobile Crisis Response or Behavioral Health Crisis Center. For more information or to access help 24 hours a day, 7 days a week dial 1-866-232-1626, TTY 711.	Yes
Crisis Stabilization (CS)	Crisis Stabilization (CS) are short-term bed-based crisis treatment and support services for members who have received crisis services and are at risk of placement in a hospital or institution. For more information or to access help 24 hours a day, 7 days a week dial 1-866-232-1626, TTY 711.	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

Benefits

Service	Service definition	Authorization requirement
Crisis Intervention (CI)	These services are available when you are in a mental health crisis. For more information contact your Care Manger or the UnitedHealthcare crises line at 1-866-232-1626, TTY 711.	No for the initial 24-hour per diem; Yes for Crisis Intervention Follow-Up
Electroconvulsive Therapy (ECT)	Electroconvulsive therapy (ECT) is a standard psychiatric treatment in which seizures are electrically induced in patients to provide relief from psychiatric illnesses.	Yes
Family Psychotherapy	Your family can talk with a mental health and substance use treatment care professional about emotional problems you and your family may be having and learn coping skills to help you and your family manage them.	No
Functional Family Therapy (FFT) (under age 21)	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

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

Benefits

Service	Service definition	Authorization requirement
Peer Support Services	These are behavioral health services provided by a qualified peer support specialist who assists enrollees with their recovery from mental illness and/or substance use. Peer Support Specialists are individuals with personal lived recovery experience from behavioral health conditions and/or substance use disorders who are trained and certified by the Office of Behavioral Health (OBH).	Yes
Pharmacologic Management (all ages)	A doctor or nurse meets with you to discuss the medicines you are taking and orders new prescriptions you might need.	No
Psychiatric Residential Treatment Facilities (PRTF) (under age 21)	A Psychiatric Residential Treatment Facility (PRTF) is any non-hospital facility which provides inpatient services benefit to individuals under the age of 21 to ensure that all medical, psychological, social, behavioral and developmental aspects of the recipient's situation are assessed and treated.	Yes
Psychological Testing	Written, visual or verbal tests that are given by a psychologist to measure your thinking and emotional abilities.	Yes
Psychosocial Rehabilitation (PSR)	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

Service	Service definition	Authorization requirement
Substance Use and Intensive Outpatient Treatment (IOP)	Substance Use and Intensive Outpatient Treatment (IOP) programs offer both group and individual services of 9 hours a week. IOP allows the individual to be able to participate in their daily affairs, such as work, and then participate in treatment at an appropriate facility in the morning or at the end of the day.	Yes
Therapeutic Group Homes (TGH) (under age 21)	Therapeutic Group Homes (TGHs) provide a community-based residential service in a home-like setting of no greater than eight beds, under the supervision and program oversight of a psychiatrist or psychologist.	Yes
Crisis Stabilization	The intent of this service is to provide an out-of-home crisis stabilization option for the family in order to avoid psychiatric inpatient and institutional treatment of the youth by responding to potential crisis situations.	Yes

Referral to Coordinated System of Care (CSoC) services

Coordinated System of Care (CSoC) is a philosophy and approach where children with significant mental health and substance use treatment challenges receive the needed services and supports within their homes and communities. CSoC involves:

- **Wraparound facilitation (WF)** – Which is an intensive, individualized care planning and management process. Wraparound is not a treatment, per se. Instead, WF is a care coordination approach that fundamentally changes the way in which individualized care is planned and managed across systems; and
- **Wraparound Agencies (WAA)** – The WAA is responsible for facilitating the wraparound process, developing individualized Plans of Care (POC) that cross agencies and assigning one accountable individual to coordinate care.
- If you are interested or believe you qualify for these services, you can call Member Services or Magellan directly at 1-800-424-4489

Questions? Visit myuhc.com/CommunityPlan, 33
or call Member Services at **1-866-675-1607**, TTY 711.

Benefits

CSoC services include:

Benefit	Services included
Parent Support and Training	This service provides support and training. It teaches caregivers about the treatment plan process and encourages them to actively participate in the planning and how to access services that provide a safe and supportive environment for their child/youth.
Youth Support and Training	Youth support and training services have a recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills.
Independent Living/ Skills Building	Independent living/skills building services are designed to assist children who are, or will be, transitioning to adulthood with support in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to be successful in the domains of employment, housing, education and community life, and to reside successfully in home and community settings.
Short-Term Respite Care	Short-term respite care provides temporary direct care and supervision for the child/youth in the child’s home or a community setting that is not facility-based (i.e., not provided overnight in a provider-based facility). The primary purpose is relief to families/caregivers of a child with an SED or relief of the child. The service is designed to help meet the needs of the primary caregiver, as well as the identified child. Respite services help to de-escalate stressful situations and provide a therapeutic outlet for the child.

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

Other plan details

Finding a network mental health and substance use treatment provider

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

We have a directory of providers available to 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. Then 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 a copy, we can send you a Mental Health and Substance Use Treatment Provider Directory in the mail. You can also view or print the Provider Directory from the website.

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. These services are free of charge. Please call Member Services at **1-866-675-1607**, TTY **711**.

Payment for services

Will I ever have to pay for mental health or substance use treatment 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 if I get a bill from my provider?

If you get 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.

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

Other plan details

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

UnitedHealthcare Community Plan follows 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 you can fill out the online complaint form on the web at ldh.la.gov/HealthyLaMarketingComplaint.

Updating your information

To ensure that the personal information we have for you is correct, please contact Member Services at **1-866-675-1607**, TTY **711**, if any of the following changes:

- Address
- Member name
- Phone number
- Other insurance

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 Louisiana Medicaid Customer Service Unit toll-free at **1-888-342-6207** or go online to MyMedicaid.la.gov if any of the following changes:

- Marital status
- Household size
- Income and tax filing status

You may also go to the Louisiana Medicaid Self-Service Portal at MyMedicaid.la.gov, or visit a local Medicaid eligibility office.

Disenrollment options

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

Disenroll from UnitedHealthcare Community Plan

Members may request disenrollment if:

- You are a new member you can switch health plans during your first 90 days of enrollment. After the first 90 days you are “locked in” as a plan member unless there is good cause to disenroll.
- During your annual open enrollment period. You have 60 days from when you get your open enrollment information to change plans. If you don’t pick a new plan, you will stay enrolled in your current Healthy Louisiana plan until the next open enrollment period. Members who change health plans during the Open Enrollment period will be granted 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 31st 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
- At any time for good cause

Good cause for disenrollment means:

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

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

Disenrollment caused by a change in status

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

You may be disenrolled if:

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

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

Additional information about UnitedHealthcare Community Plan

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

Other plan details

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

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.

Other plan details

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

Can I get a psychiatric Advance Directive (PAD)?

Yes. You are allowed to put into writing what psychiatric treatment you want or do not want. This is called a **psychiatric Advance Directive (PAD)**. If you are unable to make a decision, the PAD will describe what you want done. In the PAD, you can also list an agent you trust to make decisions for you. For more information, contact the National Resource Center on Psychiatric Advance Directives at www.nrc-pad.org/states/view/84/54/.

You can also call UnitedHealthcare Community Plan Member Services at **1-866-675-1607**, TTY **711**, for more information.

Can I get an Advance Directive for medications and/or hospitalization?

Yes. You can get an Advance Directive for all mental health treatment, including refusal of treatments. You also can make your requests known by talking to your provider.

How do I get an Advance Directive?

There are many ways to complete an Advance Directive. You can contact your Care Coordinator or a Peer or Family Support Specialist. Your provider can assist you and include your directive in your records. There are also local and national groups that may help you complete an Advance Directive. Be sure that any form you use is valid under law. You also may tell your provider in words so he or she can write it down.

Must a lawyer prepare my Advance Directive?

No.

Does someone have to approve my Advance Directive?

No.

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

Can I ask that someone make mental health decisions for me if I am unable?

Yes. You can choose an “agent” in your psychiatric Advance Directive (PAD) to make these mental health treatment decisions. You should first speak with this person to make sure they are willing to serve as your agent and that they understand and will enforce your wishes for treatment as outlined in your Advance Directive. Your PAD must be in writing and signed by an adult witness who knows you. For more information, contact the National Resource Center on Psychiatric Advance Directives at www.nrc-pad.org/content/view/84/54/.

You also can call UnitedHealthcare Community Plan Member Services at **1-866-675-1607**, TTY **711**.

If I am unable, can my agent make decisions for me?

Yes. Your agent can make decisions for you about your treatment, including refusals. Your agent can also agree for you to go to a psychiatric facility, but only for evaluation.

Who should have a copy of my Advance Directive?

Give a copy to your health care provider and any health care center you enter and to your agent. You may give a copy to your Care Coordinator, and you should keep copies for yourself. You may give a copy to persons you trust who can make health care providers aware that you have an Advance Directive.

Can I change or cancel my Advance Directive?

Yes. If you change or cancel it, let everyone who has a copy know. Have your adult witness sign and date the changed version.

Does my provider have to follow my Advance Directive?

Not always. Your providers could decide not to follow your psychiatric Advance Directive (PAD) if:

- The treatment is thought to be unworkable
- The PAD requests treatment that the provider is not authorized to give
- The treatment is thought to be unlawful
- The treatment or refusal of treatment is thought to be not effective or not standard

Other plan details

How long does my Advance Directive stay active?

Your PAD stays active until you cancel it. You may cancel or change it at any time.

For information on Advance Directives, ask your provider 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

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.

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.

Other plan details

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 30 calendar days or as expeditiously as your health condition requires.

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

How to file a grievance or appeal

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

You can request to file an appeal verbally or in writing. 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 53 of this handbook. UnitedHealthcare Community Plan can also assist you in completing the form if you need help. You can send us the form or a written letter to the address below:

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

State Fair Hearings

Asking the State to review UnitedHealthcare Community Plan's decision

If you appealed UnitedHealthcare Community Plan's initial decision and you received a written denial, 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 55 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.

Other plan details

Reversed appeal resolutions

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

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

Grievance and Appeals Form

Member's name _____ ID # _____

Address _____

Telephone number (Home) _____ (Work) _____

Please choose one of the following:

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

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

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

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

(Signature)

(Date)

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

Request for State Fair Hearing Form

Member name: _____

Address: _____

City, State, ZIP 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.

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>.

60 **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
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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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