



Nebraska



Welcome to the community

Heritage Health Member Handbook

Important telephone numbers

UnitedHealthcare Community Plan

Member Services Toll-Free **1-800-641-1902**, TTY **711**

Available 7:00 a.m.–7:00 p.m. CT or 6:00 a.m.–6:00 p.m. MT

Monday–Friday, excluding state holidays

Fax **1-402-445-5730**

Address **2717 North 118th Street, Suite 300, Omaha, NE 68164**

NurseLine **1-877-543-4293**, TTY **711**

Emergencies

In case of emergency, call **911**

State telephone numbers

AccessNebraska Toll-Free **1-855-632-7633**

Local in Lincoln **1-402-473-7000**

Local in Omaha **1-402-595-1178**

TTY **1-402-471-7256**

Fax **1-402-742-2351**

Heritage Health Enrollment Center Toll-Free **1-888-255-2605**

TTY **711**

Website neheritagehealth.com

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.

Your health care providers

Name: _____

Phone: _____

Name: _____

Phone: _____

Dentist: _____

Phone: _____

Emergency room: _____

Phone: _____

Pharmacy: _____

Phone: _____

Thank you for choosing UnitedHealthcare Community Plan for your health plan

We're happy to have you as a member. You've joined the millions of members who have health coverage with UnitedHealthcare Community Plan. You've made the right choice for you and your family. By now, your new UnitedHealthcare Community Plan Member Identification Card(s) (ID card) should have come in the mail. If you did not get it, or it is not correct, call us right away at **1-800-641-1902**, TTY **711**.

Your Member Handbook informs you about medical, dental, vision, behavioral health and pharmacy services of our medical plan that you can obtain and how to obtain them. In addition, it tells you what to do if you have an emergency or other type of medical problem. Please take time to review the benefit details and keep your Member Handbook in a convenient place for future reference.

After you become familiar with your benefits, you may still need assistance. Please call us at **1-800-641-1902**, TTY **711**, if you:

- Need help finding a doctor, dentist or hospital in our network
- Change your address, phone number, email address or if you become pregnant
- Need a new Member ID card OR if you found any mistakes on your Member ID card
- Have questions about benefits or services
- Need to speak with your Clinical Coordinator
- Or have other questions

The Heritage Health Adult Expansion is a health care program through the Nebraska Division of Medicaid and Long-Term Care (MLTC). The Heritage Health Adult Expansion covers people who are:

- Ages 19–64
- Not currently eligible for Medicaid
- Not enrolled in or qualified for Medicare
- Not pregnant when applying for the Heritage Health Adult Expansion
- Income is equal or less than 138% of the Federal Poverty Level

Remember, answers to any questions you have are just a click away at myuhc.com/CommunityPlan. Or, you can call Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday.



Table of contents

Interpreter services and language assistance	7
Health plan highlights	10
What is Heritage Health?	10
Information for Heritage Health	10
Early and Periodic Screening, Diagnostics and Treatment (EPSDT)	11
Other insurance	11
Getting started	12
Medicaid member ID card	14
Discover your plan online	15
Benefits at a glance	16
Member support	19
Pharmacy	23
Pharmacy benefit	23
Prescription drugs	25
Over-the-counter (OTC) medicines	26
Pharmacy restricted services	27
Health Risk Screening and Assessment	28
What is a Health Risk Screening and Health Risk Assessment?	28
Medically complex	28
Dental health	30
How to get health and dental care	32
Your Primary Care Provider (PCP) and your Primary Care Dentist (PCD)	32
Dental Home (PCD)	33
Annual checkups	34
Guidelines for maintaining your health	35
Recommended health screenings	36
Making an appointment with your PCP	39

4 **Questions?** Visit myuhc.com/CommunityPlan,
or call Member Services at **1-800-641-1902**, TTY **711**.

Preparing for your PCP appointment	39
Choosing your mental health and substance use treatment provider	40
Making an appointment with your mental health and substance use treatment provider	40
NurseLine services – Your 24-hour health information resource	40
Telemental Health coverage	42
If you need care and your provider’s office is closed	43
Referrals and specialists	43
What if I need to see a provider who is not my UnitedHealthcare Community Plan Primary Care Provider?	43
Member’s right to refuse treatment	44
Provider credentials	44
Provider incentive plan	44
Native American access to care	44
Getting a second opinion	45
Prior authorizations	45
Continued care if your PCP leaves the network	45
If you need care when out of town	46
No medical and dental coverage outside of United States	47
Non-emergency medical transportation	47
Hospitals, health centers and emergencies	51
Emergency care	51
Hospital services	52
Post-stabilization care services	52
Urgent care	53
Benefits and services – Physical health	54
Benefits covered by UnitedHealthcare Community Plan	54
Benefits and services not covered	66
Benefits and services – Mental health and substance use treatment	67
Mental health and substance use treatment benefits covered by UnitedHealthcare Community Plan	67

Other benefits and services	<u>75</u>
Care Management	<u>75</u>
Quality Improvement	<u>77</u>
Health education	<u>78</u>
For a healthy pregnancy	<u>78</u>
Wellness programs	<u>80</u>
Other plan details	<u>86</u>
When to call the Division of Medicaid and Long-Term Care	<u>86</u>
Finding a network provider	<u>86</u>
Provider Directory	<u>86</u>
If you get a bill for services	<u>87</u>
Advance Directives	<u>87</u>
Updating your information	<u>90</u>
Fraud and abuse	<u>91</u>
Enrollment and membership	<u>92</u>
Utilization management	<u>93</u>
Safety and protection from discrimination	<u>93</u>
Clinical practice guidelines and new technology	<u>94</u>
Transplants	<u>94</u>
Pregnancy terminations	<u>95</u>
Crimes and notification	<u>95</u>
Member survey	<u>96</u>
Your opinion matters	<u>96</u>
Member Advisory Committee	<u>97</u>
Reporting marketing violations	<u>97</u>
Member rights and responsibilities	<u>98</u>
Important terms	<u>100</u>
Grievances and appeals	<u>103</u>
Grievance form	<u>107</u>
Appeals form	<u>109</u>
Health Plan Notices of Privacy Practices	<u>111</u>

Interpreter services and language assistance

If you have trouble hearing, you can get help by phone. Call the TTY Service at TTY 711. Ask them to call Member Services at **1-800-641-1902**. They will connect you to us.

If you don't speak English, you can get help by phone. Call Member Services at **1-800-641-1902**. They can let you speak to someone in your language. Language assistance is a free service and a member can request a handbook in other languages, braille and audio at no cost.

We provide free services to help you communicate with us such as materials in alternate formats, other languages, large print, auxiliary aids and services (Braille or audio tape), at your request. Or, you can ask for an interpreter. Call Member Services at **1-800-641-1902**, TTY 711.

If you want more information. This member handbook is available in audio, Braille, larger print and in other languages at your request. Call Member Services at **1-800-641-1902**, TTY 711. Visit our website at myuhc.com/CommunityPlan.

Spanish (Español):

Si tiene problemas de audición, puede obtener ayuda por teléfono. Llame al Servicio de TTY al TTY 711. Pídale que llamen a Servicios para Miembros al **1-800-641-1902**. Lo conectarán a nosotros.

Si usted no habla inglés, puede obtener ayuda por teléfono. Llame a Servicios para Miembros al **1-800-641-1902**. Ellos pueden dejarle hablar con alguien en su idioma. La asistencia con el idioma es un servicio gratuito y un miembro puede solicitar un manual en otros idiomas, braille y audio sin costo alguno.

Brindamos servicios gratuitos para ayudarlo a comunicarse con nosotros, como materiales en formatos alternativos, otros idiomas, letra grande, ayudas y servicios auxiliares (Braille o cinta de audio), cuando usted lo solicita. O bien, usted puede solicitar un intérprete. Llame a Servicios para Miembros al **1-800-641-1902**, TTY 711.

Si quiere más información. Este manual para miembros está disponible en audio, Braille, letra más grande y en otros idiomas si lo solicita. Llame a Servicios para Miembros al **1-800-641-1902**, TTY 711. Visite nuestro sitio en internet en myuhc.com/CommunityPlan.

Arabic (العربية):

إذا كانت لديك مشكلات في السمع، فيمكنك الحصول على المساعدة عبر الهاتف. اتصل بخدمة الهاتف النصي على الرقم 711. اطلب منهم الاتصال بقسم خدمات الأعضاء على الرقم **1-800-641-1902**. وسيقومون بتوصيلك إلينا.

إذا كنت لا تتحدث اللغة الإنجليزية، فيمكنك الحصول على مساعدة عبر الهاتف. اتصل بقسم خدمات الأعضاء على الرقم **1-800-641-1902**. سيجعلونك تتحدث مع شخص بلغتك.

نحن نقدم خدمات مجانية لمساعدتك على التواصل معنا مثل مواد بتنسيقات بديلة، ولغات أخرى، والطباعة بالأحرف الكبيرة، والمساعدات والخدمات المساعدة (طريقة برايل أو شريط صوتي)، بناءً على طلبك. أو يمكن لك أن تطلب الاستعانة بمترجم فوري. اتصل بخدمات الأعضاء على الرقم **1-800-641-1902**، الهاتف النصي **711**.

إذا كنت تريد مزيداً من المعلومات. يتوفر دليل الأعضاء هذا بالصوت، وطريقة برايل، والطباعة بالأحرف الكبيرة، وبلغات أخرى بناءً على طلبك. اتصل بخدمات الأعضاء على الرقم **1-800-641-1902**، الهاتف النصي **711**. تفضل بزيارة موقعنا الإلكتروني myuhc.com/CommunityPlan

Vietnamese (Tiếng Việt):

Nếu gặp khó khăn về thính lực, quý vị có thể được giúp đỡ qua điện thoại. Gọi Dịch Vụ TTY theo số TTY 711. Yêu cầu họ gọi Dịch Vụ Hội Viên theo số **1-800-641-1902**. Họ sẽ kết nối quý vị đến chúng tôi.

Nếu không nói tiếng Anh, quý vị có thể được giúp đỡ qua điện thoại. Gọi cho Dịch Vụ Hội Viên theo số **1-800-641-1902**. Họ có thể cho quý vị nói chuyện với một người nói được ngôn ngữ của quý vị.

Chúng tôi cung cấp các dịch vụ miễn phí để giúp quý vị giao tiếp với chúng tôi, chẳng hạn như tài liệu ở các định dạng thay thế, ngôn ngữ khác, bản in khổ lớn, hỗ trợ và dịch vụ phụ trợ (chữ nổi Braille hoặc băng âm thanh), theo yêu cầu của quý vị. Hoặc quý vị có thể yêu cầu một thông dịch viên. Gọi cho Dịch Vụ Hội Viên theo số **1-800-641-1902**, TTY **711**.

Nếu quý vị muốn thêm thông tin. Sổ tay hội viên này có sẵn ở định dạng băng âm thanh, chữ nổi Braille, bản in khổ lớn hơn và các ngôn ngữ khác theo yêu cầu của quý vị. Gọi cho Dịch Vụ Hội Viên theo số **1-800-641-1902**, TTY **711**. Truy cập trang web của chúng tôi tại địa chỉ myuhc.com/CommunityPlan.

French (Français):

Si vous avez des difficultés d'audition, nous pouvons vous aider par téléphone.

Appelez le service TTY au TTY 711. Demandez à l'opérateur d'appeler le Service membres au **1-800-641-1902**. L'opérateur vous mettra en contact avec nous.

Si vous ne parlez pas anglais, nous pouvons vous aider par téléphone. Appelez le Service membres au **1-800-641-1902**. Le Centre peut vous mettre en contact avec une personne qui parle votre langue.

Nous proposons des services gratuits pour vous aider à communiquer avec nous, tels que des documents en formats alternatifs, dans d'autres langues, en gros caractères, des aides et services auxiliaires (braille ou bande audio), à votre demande. Vous pouvez également demander un interprète. Appelez le Service membres au **1-800-641-1902, TTY 711**.

Si vous voulez obtenir de plus amples renseignements. Ce manuel du membre est disponible en audio, en braille, en gros caractères et dans d'autres langues sur demande. Appelez le Service membres au 1-800-641-1902, TTY 711. Visitez notre site Web à l'adresse myuhc.com/CommunityPlan.

Burmese (မြန်မာ):

အကြားအာရုံတင် ချို့ယွင်းချက်ရှိပါက ဖုန်းဖြင့် အကူအညီ ရယူနိုင်ပါသည်။ TTY ဝန်ဆောင်မှုထံ TTY 711 မှတစ်ဆင့် ဆွက်သယ်ပါ။ အဖွဲ့ဝင် ဝန်ဆောင်မှု **1-800-641-1902** ထံ ခေါ်ဆိုပေးပါရန် အကူအညီတောင်းဆိုပါ။ ၎င်းတို့က သင်နှင့် ကျွန်ုပ်တို့ကိုချိတ်ဆက်ပေးပါမည်။

အင်္ဂလိပ်စကား မပြောပါက ဖုန်းဖြင့် အကူအညီ ရနိုင်ပါသည်။ အဖွဲ့ဝင် ဝန်ဆောင်မှု **1-800-641-1902** ထံ ဖုန်းခေါ်ဆိုပါ။ ထိုနေ့တွက်တင် သင့်ဘာသာစကားပြောသူနှင့် စကားပြောနိုင်ပါသည်။

သတင်းအချက်အလက်များကို အွေးပုံစံ၊ အွေးဘာသာစကားများ၊ ပုံနှိပ်စာလုံးအရွက်၊ အရန့်အထောက်အကူပုစပ်စည်းများ၊ ဝန်ဆောင်မှုမပြု (မကြာမီမတူ သို့မဟုတ် အသံသုဉ်းထားသော တီပူဇေ) ဖြင့် ပံ့ပိုးပေးခြင်းကိုသို့ ကြိုတင်ပြင်ဆင်မှု သင့်ဆက်သွယ်မှုဆိုင်ရာစာတမ်းများ ကူညီပေးမည့် ဝန်ဆောင်မှုများကို သင့် တောင်းဆိုပါက အခမဲ့ပံ့ပိုးပေးပါသည်။ သို့မဟုတ်ပါကလည်း သင့်သည့် စကားပုစပ်စည်းယူကုန်ကို တောင်းဆိုနိုင်ပါသည်။ အဖွဲ့ဝင် ဝန်ဆောင်မှုများကို **1-800-641-1902၊ TTY 711** တွင် ခေါ်ဆိုပေးပါ။

နောက်ထပ်သိလိုသည့်အရာများ ရပါက ဤအဖွဲ့ဝင်လက်စွဲစာအုပ်ကို အသံ၊ မကြာမီမတူ၊ ပုံနှိပ်စာလုံးအရွက်နှင့် အွေးဘာသာစကားဖြင့် ပံ့ပိုးပေးစေလိုပါက တောင်းဆိုရန်ပါသည်။ Member Services (အဖွဲ့ဝင် ဝန်ဆောင်မှုများ) ကို **1-800-641-1902၊ TTY 711** တွင် ခေါ်ဆိုပါ။ ကြိုတင်ပြင်ဆင်မှု myuhc.com/CommunityPlan တွင် ဝင်ရောက်ကြည့်ရှုပါ။

Health plan highlights

What is Heritage Health?

Heritage Health program is a Medicaid managed care program through the Nebraska Division of Medicaid and Long-Term Care. UnitedHealthcare Community Plan was approved by MLTC to provide care coordination and health care services. Our goal is to help you improve your quality of care and quality of life.

Information for Heritage Health

What makes you eligible

You are eligible for Heritage Health if you are 19 years of age to 64 years of age and you meet all the following categories:

- You are not already eligible for Medicare coverage,
- You are not already eligible for Medicaid coverage through a mandatory coverage group (you are pregnant or disabled, for example), and
- Your income does not exceed 138% of the Federal Poverty Limit (FPL).

Medicaid eligibility is determined by the Nebraska Medicaid and Long-Term Care. Contact AccessNebraska for eligibility questions at 1-855-632-7633 or visit accessnebraska.ne.gov.

Early and Periodic Screening, Diagnostics and Treatment (EPSDT)

EPSDT program is a federally mandated Medicaid benefit that provides comprehensive and preventive health care services for children under age 21. EPSDT stresses preventive and complete care. It is important that young adults receive all suggested preventive services and any medical and dental treatment needed to help with healthy growth.

Dental screenings for children beginning at three (3) years of age or eruption of the first tooth. Dental care is provided as early as age necessary, needed for relief of pain and infections, restoration of teeth and maintenance of dental health.

Members up to age 21 should receive regular well check-ups of their physical, dental and mental health, growth, development and dietary status. A well check-up includes:

- A complete health and growing history, including physical, dental and mental health development assessments;
- Physical exam;
- Age-appropriate shots;
- Vision and hearing tests;
- Dental exam;
- Laboratory tests, including blood lead level assessments at certain ages; and
- Health education.

Other insurance

If you have any other insurance, call Member Services and AccessNebraska 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).

Getting started

This handbook has information on covered benefits for physical health, dental health, mental health and substance use, pharmacy and more. Additionally, the member handbook is a good resource for health checkups that include reward gift cards and other benefits and services. We're ready to answer any questions you may have. You can find answers to most questions at myuhc.com/CommunityPlan. Or, you can call Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday. You have the right to request and receive written materials within five business days of a request.

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

1. Call your Primary Care Provider (PCP) and schedule an annual checkup

Regular checkups are important for good health. Your PCP's phone number should be listed on the member ID card that you recently received in the mail. If you don't know your PCP's number, or if you'd like help scheduling a checkup, call Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday. We're here to help.

2. Choosing a dental provider and preparing for your dental appointment

Regular dental visits allow your dentist to check your oral health over time. Dental exams can identify an unhealthy mouth, poor nutrition, tooth or gum infections. We offers comprehensive dental coverage with our in-network providers.

If you'd like help scheduling a dental appointment, call Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday. We're here to help

3. Take your Risk Screening

What is a Health Risk Screening?

After you enroll with UnitedHealthcare Community Plan we will contact you or your authorized representative via telephone, mail, email, text or in person to ask you some questions about your health and social needs. These questions will make up what is called the "Health Risk Screening." The screening form will ask about any medical conditions you currently have or have had in the past, your ability to do everyday things, and your living conditions.

Your answers will help UnitedHealthcare Community Plan understand your needs, identify whether or not you have medically complex needs, and determine when your Health Risk Screening is required. UnitedHealthcare Community Plan will use your answers to develop your Care Plan (for more information on your Care Plan, see below).

There are several methods you can utilize for completion of the Health Risk Screening, including a link on the member web portal, paper copy requested through Member Services in multiple languages, during your health plan Welcome Call or by calling Member Services.

Please contact UnitedHealthcare Community Plan if you need accommodations to participate in the health screening. If you have questions about the health screening, please contact Member Services at **1-800-641-1902**, TTY **711**.

Members assessed for health conditions that may identify them as medically complex based upon their physical health, mental health and/or social determinants of health will be offered care/ and/or case management. The clinical coordinators will assist the member with all their health care needs and life circumstances.

4. Get to know your health plan

Start with the **Health plan highlights** section on page 10 for a quick overview of your new plan. And be sure to keep this booklet handy for future reference.

5. Discover your plan online

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. Take your Health Assessment, find answers to your questions about plan benefits, network doctors, dentist and more. In addition to plan details, the site includes useful tools that can help you. You can even print a copy of your member ID card. Register today. See page 15.

Are you interested in receiving digital documents, emails and texts? Update your preferences here: www.myuhc.com/communityplan/preference. Register online to view benefits, find a Primary Care Provider and update your communication preferences to receive emails and text notifications.

6. Check your member ID card

You should have received a member ID card in the mail. The card has the UnitedHealthcare Community Plan logo on it. You should have a separate ID card for each member of your family who is enrolled with us. If you did not get an ID card, or if the information on it is not correct, call Member Services at **1-800-641-1902**, TTY **711**, or visit myuhc.com/CommunityPlan.

Medicaid member ID card

Heritage Health

The diagram shows a sample Medicaid member ID card from United Healthcare Community Plan. Callouts identify the following information:

- Your plan ID number:** 911-87726-04
- Your member ID number:** 000611157
- Member Services:** 800-641-1902, TTY 711
- Name of your Primary Care Provider:** REISSUE ENGLISH
- Information for your pharmacist:** OPTUMRx, Rx Bin: 610494, Rx Grp: ACUNE, Rx PCN: 4444

Other card details include: Health Plan/Plan de salud (80840), Payer ID/ID del Pagador: 87726, Medicaid Number: 99999111557, PCP Name/Nombre del PCP: DOUGLAS GETWELL, PCP Phone/Teléfono del PCP: (000) 000-0000, Dental Home/Consultorio Dental: (000) 000-0000, Dental Phone/Teléfono del Dentista: (000) 000-0000, Administered by UnitedHealthcare of the Midlands, Inc. 0501. Emergency instructions are provided in English and Spanish. The card is printed on 10/13/20.

Your member ID card holds a lot of important information. It gives you access to your covered 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 all the information is correct. If any information is wrong, call Member Services at **1-800-641-1902, TTY 711, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday.**

- Take your member ID card to your appointments
- Show it when you fill a prescription
- 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.
- You can access your card on the UnitedHealthcare® app, which is available for you to download on the App Store or Google Play

Show both cards

Always bring your UnitedHealthcare ID card **and** your blue State Medicaid card to your medical, dental appointments and pharmacy visits. Never give your ID card to anyone else to use. As a member you are responsible for protecting your ID card and misuse of the card, including loaning, selling or giving it to another person, could result in loss of Medicaid eligibility and/or legal action. When you receive care, always show both ID cards.

Lost your member ID card?

If you or a family member loses a card, you can print a new one at myuhc.com/CommunityPlan. Call Member Services at **1-800-641-1902, TTY 711, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday**, or visit myuhc.com/CommunityPlan.

14 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-800-641-1902, TTY 711**.

Discover your plan online

Manage your health care information 24/7 on myuhc.com

As a member of a UnitedHealthcare Community Plan, you're just a click away from everything you need to take charge of your health benefits. Register on myuhc.com/CommunityPlan. The tools and new features can save you time and help you stay healthy. Using the site is free.

Great reasons to use myuhc.com/CommunityPlan

- Look up your benefits
- Find a doctor
- Find a dentist
- Print an ID card
- Find a hospital
- Take your Health Assessment
- Keep track of your medical history
- View claims history
- Learn how to stay healthy

Register on myuhc.com/CommunityPlan today

Registration is easy and fast. Sign up today! Just visit myuhc.com/CommunityPlan. Select "Register" on the home page. Follow the simple prompts. You're just a few clicks away from access to all types of information. Get more from your health care.

UnitedHealthcare® mobile app

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

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

Download the free UnitedHealthcare app today. Use it to connect with your health plan wherever you are, whenever you want. To download the app, go to the app store or scan this square with your smartphone.



Health plan highlights

Benefits at a glance

As a UnitedHealthcare Community Plan member, you have a variety of health care benefits and services available to you. Here is a brief overview. You'll find a complete listing in the **Benefits** section. Please note: The health plan does not limit coverage of services based on moral or religious grounds.

Medicines/prescription drugs

Your plan covers a long list of medicines, or prescription drugs. Generics prescription drugs have no copay. Medicare and other insurance copays may still apply. Medicines that are covered are on Nebraska's Preferred Drug List. You and your doctor will use this list to make sure the medicines you need are covered by your plan. See page 25.

Prior approval (authorization) of prescription drugs

If your prescription drug is not listed on the Preferred Drug List (PDL), or is listed but requires prior approval, your care provider can request prior approval for you, so you can still get that drug. We will approve or deny the request within 24 hours. If a request is approved, you and your care provider/primary care provider (PCP)/PCP will be informed of the decision in writing including the drug approval length of time. If a request is denied, you and your care provider/primary care provider (PCP)/PCP will be informed of the decision in writing. The written decision notice will tell you how and when to appeal this decision and to file a complaint or grievance with UnitedHealthcare Community Plan.

Preventive screenings for children and adults

Checkups are a way to make sure you and your family stays healthy. Primary Care Providers (PCP) are the main health care professionals who take care of you and/or your child. Going to the doctor is important. Even if you do not feel sick. Adults should see their PCP once a year. All kids 3 years of age and older should see their PCP once a year. Kids under age 3 may need more checkups and immunizations. Talk to your doctor about how often your child should have checkups. It is important for children to receive early and periodic screenings, diagnostic and treatment services. Children from birth to age 21 need the best pediatric health care possible, including comprehensive preventive health benefits. Ask your doctor about other tests or screenings you or your family members may need based on your gender or age.

Mental health and substance use disorder

Get help with personal problems that may affect you or your family. These include stress, depression, anxiety, a gambling problem, or using drugs or alcohol.

Primary care services

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

16 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-800-641-1902**, TTY **711**.

Large provider network

You can choose a PCP from our large network of providers. Our network also includes specialists, hospitals and pharmacies — giving you many options for your health care. Find a complete list of network providers at myuhc.com/CommunityPlan or call **1-800-641-1902**, TTY **711**.

Checkups/annual health visits

Stay in good health with regular checkups. As a new member, services like annual checkups are available to you. Taking care of your health today can keep little problems from turning into big ones down the road. Schedule an appointment to see your PCP today. Be sure to complete an annual health visit each year.

Dental services

It's important to get the care you need, when you need it. We have a large choice of in-network dental providers, and we can help you find one that fits your needs. Visiting your dentist will help keep your mouth clean and you healthy. Regular dental visits allow your dentist to check your oral health over time. Dental exams can identify an unhealthy mouth, poor nutrition, tooth or gum infections, and developmental problems. Starting at age one, everyone should see the dentist annually for a checkup and cleaning. UnitedHealthcare offers comprehensive dental coverage with our in-network providers.

Immunizations

Flu shots are recommended for all members. Your doctor will help you stay up-to-date with other recommended immunizations, based on your age.

NurseLine

NurseLine gives you 24/7 telephone access to experienced registered nurses. They can give you information, support and education for any health-related question or concern. Interpreter services are available. Call NurseLine at 1-877-543-4293, TTY 711.

Pregnancy and maternity care

You have access to a prenatal program called Healthy First Steps. You are covered for doctor visits including routine urinalysis before and after your baby is born. Call Member Services to learn more about our maternity programs.

Family planning

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

Health plan highlights

Specialist services

Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. See page 43.

Urgent care

You are covered for urgent care. If you need medical care right away and your PCP is not available, visit a network urgent care center. Remember to always follow up with your PCP after you've been to an urgent care center.

Hospital services

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

Emergency services

Use the emergency room only if you have an emergency. The emergency room should generally **not** be used for problems like the flu, sore throats, or ear infections. If you have any questions, call your PCP. You can also call NurseLine to assist with any medical questions you may have.

Laboratory services

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

Well-child visits

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

Vision care

Your vision benefits include routine eye exams and glasses. Find a complete list of network providers at myuhc.com/CommunityPlan or call **1-800-641-1902**, TTY **711**. See page 65 for more information on your vision benefits.

Hearing services

Hearing services include tests, checkups and hearing aids (for eligible members).

Non-Emergency Medical Transportation (NEMT)

As a UnitedHealthcare Community Plan member, medical transportation is available for some medical care. For details, see page 47.

Member support

We want to make it as easy as possible for you to get the most from your health plan. And if you have questions, there are many places to get answers. If your address or phone number changes, call Member Services to update your information.

Website offers 24/7 access to plan details

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

- Find a provider, dentist, hospital or pharmacy
- Get benefit details
- Download a new Member Handbook
- Print a new Member ID card
- Sign up for incentive programs

Get connected

We make it easy to get the information you want and need.

- **Download the UnitedHealthcare mobile app.** It's designed for people on the go, and includes many of the same features as the member website. Find it at the App Store or Google Play.



- Follow us on Facebook at facebook.com/UnitedHealthcareCommunityPlan. Keep up on local events and health plan news.

Health plan highlights

Member Services

When you call Member Services, you will be connected with a specially trained **Member Advocate**. They will help you get the most from your health plan. For example:

- Your Advocate is equipped to answer your benefit questions and resolve issues
- Help getting a replacement member ID card
- Finding a doctor, dentist or urgent care clinic
- Set up a doctor or dentist appointment
- Directly connect you with services available to you, including interpreter services

Call **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday.

Our office is closed on these major holidays: New Year’s Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day After Thanksgiving and Christmas Day.

Free cell phone

Eligible members can get health support with mobile phone service at **no cost** to you from select Lifeline service providers.

We want to help you stay connected! As a member or a guardian of a UnitedHealthcare Community Plan member, you may get health support on your mobile phone at **no cost** when you qualify for mobile phone service from Assurance Wireless, a Lifeline service provider, at no cost to you.

We want you to stay connected!

Apply now!

Call Member Services at **1-800-641-1902**, TTY **711** for assistance.

Care Management/Disease Management program

If you have a chronic health condition, like asthma or diabetes or a high risk pregnancy, you may benefit from our Care Management/Disease Management program. We can help with a number of things, like scheduling doctor or dentist appointments and keeping all your providers informed about the care you get. To learn more, call **1-800-641-1902**, TTY **711**, for assistance.

Community resources and support services

We're here to help. A UnitedHealthcare representative can refer you to the services you need most. Our staff uses a web-based application including access to services in Nebraska to identify the best fit for your needs within the closest distance to your home. Services include housing support, food, health education and support groups, job training, home goods, legal support and more. Eligible for all members.

We speak your language

If you speak a language other than English, we can provide translated printed materials. Or we can provide a telephonic interpreter to help translate materials sent to you. The member handbook is available in audio, Braille, larger print and in other languages at your request. You'll find more information about Interpretive Services and Language Assistance in the section called **Other plan details**. Or call Member Services at **1-800-641-1902**, TTY **711**.

Renew your Medicaid benefits

If you are contacted by your State Medicaid office because it is time to renew eligibility for your State Medicaid Benefit, simply call 1-855-632-7633 or go online at accessnebraska.ne.gov.

Update your information

It's very important that we have your correct address, so you can receive mail from UnitedHealthcare Community Plan and the Nebraska Division of Medicaid and Long-Term Care.

Additionally, the health plan and Medicaid and Long-Term Care would like to know about a preferred email address and cell phone for any important messages we can deliver to you by email or text messaging.

It's very important to tell us if you have a change, in any of these:

- Name, address, phone number
- If you move out of state
- If you get married; if you change your last name
- If you become pregnant
- Family size (adding a new baby or adopting a child, death of a family member who is enrolled, etc.)
- Change in income that could affect eligibility for Medicaid
- If you have other health insurance

Health plan highlights

How to tell us about changes

Contact accessnebraska.ne.gov to report any of these changes. You can call toll-free, 1-855-632-7633 or visit accessnebraska.ne.gov.

Emergencies

In case of emergency, call **911**

Other important numbers

24/7 NurseLine **1-877-543-4293, TTY 711**

(Available 24 hours a day, 7 days a week)

Care Management **1-877-856-6351**

(help with physical and mental health and substance use issues)

Healthy First Steps® (for mothers-to-be) **1-800-599-5985**

Non-Emergency Medical Transportation **1-833-583-5683**

TTY **1-866-288-3133**

ACCESSNebraska – toll-free **1-855-632-7633**

TTY **1-402-471-7256**

Fax **1-402-742-2351**

Heritage Health Enrollment Center – toll-free **1-888-255-2605**

TTY **1-800-930-9516**

Fraud and abuse hotline **1-800-641-1902, TTY 711**

Pharmacy

Pharmacy benefit

UnitedHealthcare Community Plan is required to use the state-prescribed list of covered drugs, called the Preferred Drug List (PDL). The PDL is a list of drugs covered under your plan. They must be ordered by a network provider and supplied by a network pharmacy. Your doctor uses this list to make sure the medicines you need are covered by your plan. You can find the PDL online at myuhc.com/CommunityPlan. You can also search by a medicine name on the website. It's easy to start getting your prescriptions filled.

Do you have a prescription?

When you have a prescription from your doctor, or need to refill your prescription, go to a network pharmacy. Show the pharmacist your UnitedHealthcare member ID card. You can find a list of network pharmacies in the Provider Directory online at myuhc.com/CommunityPlan, or you can call Member Services at **1-800-641-1902**, TTY **711**.

Using mail service pharmacy to receive your prescriptions

The home delivery service allows you to avoid monthly trips to the pharmacy and you may save money too. You may order up to a 3-month supply of medication you regularly take and there's usually no charge for standard shipping within the U.S.

Set up home delivery by mail

To receive billing information and a mail-order prescription form, contact our mail service pharmacy, OptumRx®. OptumRx is UnitedHealthcare's pharmacy service provider. OptumRx offers members coverage through a large network of retail chain and independent pharmacies, as well as through its mail service pharmacy known as OptumRx Home Delivery and the Optum Specialty Pharmacy.

Prescription should arrive within ten business days after we receive the complete order. However, sometimes your mail order may be delayed. If your mail order is delayed, please follow these steps:

If your prescription is on file at your local pharmacy, go to the pharmacy to fill the prescription. If your delayed prescription is not on file at your local pharmacy, then request your provider to call in a new prescription. Your pharmacist can assist you by calling the provider's office for the prescription order. The pharmacist can call the Optum Rx Helpdesk if there are any questions, or need for a claim override.

Pharmacy

You can call us

To start your mail service over the phone, be ready to provide your medication names and dosages along with your provider's name and phone number. Call 1-866-325-8016, 24 hours a day, 7 days a week. OptumRx will contact your provider to request your prescriptions be converted to mail order and 90-day supply.

You can register on [optumrx.com](https://www.optumrx.com) or OptumRx app

Easily find your medications and setup home delivery in just a few steps through [optumrx.com](https://www.optumrx.com) or OptumRx app.

Refills are even easier

OptumRx makes ordering refills or checking how many refills you have available very easy. Refills can be ordered online at www.optumrx.com, via the automated phone system or by calling Member Services. In addition, you can receive a reorder form with each shipment that can be mailed in for processing at your convenience. Once you register online, you will receive an email reminder when it's time to refill your medication.

Prescription drug copays

You can receive many available preferred brand name and preferred generic drugs with no copay. Visit myuhc.com/CommunityPlan to see our entire preferred drug list.

If the Center of Medicare and Medicaid Services (CMS) shows you're copay exempt, you will not have to pay the \$3 copay. You may be copay exempt if you are:

- 18 years old or younger
- Pregnant or gave birth within the last 60 days
- Staying in an inpatient hospital, long term care facility, residential facility, adult family home, or center for the developmentally disabled
- Staying in a medical facility and spending most of your income on medical costs
- A Native American getting services from an Indian Health Center
- Receiving waiver services under a 1915(c) waiver
- Receiving assistance from the State Disability Program

Are your medicines included on the preferred drug list (PDL)?

Yes

If your medicines are included on the PDL, you're all set. Be sure to show your pharmacist your UnitedHealthcare Community Plan member ID card every time you get your prescriptions filled. Medicare and other insurance copays may still apply.

No

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

Not sure

View the PDL online at myuhc.com/CommunityPlan. Some prescriptions require prior authorization. Talk to your doctor about requesting a prior authorization. You can call Member Services at **1-800-641-1902**, TTY **711** if you have questions. We're here to help.

Prescription drugs

Generic and brand name drugs

Generic drugs have the same ingredients as brand name drugs — they often cost less, but they work the same.

In some cases, a limited number of brand name drugs are covered. These are limited to certain classes (or types) of drugs. Some of these may require prior authorization by UnitedHealthcare Community Plan. **The standard day supply per member, per prescription is 31 days.**

Changes to the Preferred Drug List

The list of covered drugs is reviewed on a regular basis by the state of Nebraska and may change when new generic drugs are available. It is important that your doctor checks the Medicaid PDL each time you need a prescription.

Over-the-counter (OTC) medicines

Heritage Health members will receive select over-the-counter (OTC) prescriptions. UnitedHealthcare Community Plan also covers many over-the-counter medications that are on the state's approved list. A provider must write you a prescription for the OTC medication you need. Then all you have to do is take your prescription and member ID card into any network pharmacy to fill the prescription. OTCs include:

- Pain relievers
- Cough or cold medicine
- First-aid cream
- Contraceptives
- Acne medicine

For a complete list of covered OTCs, go to myuhc.com/CommunityPlan, or call Member Services at **1-800-641-1902**, TTY **711**.

90-day supply benefit

Your plan now covers 90-day supply of select medications. With a 90-day supply, you won't need to get a refill every month. If you would like to participate:

- Talk with your doctor to see if your medications qualifies. If so, your doctor can write you a new prescription for a 90-day supply.
- Talk to your pharmacist. Your pharmacist can call your doctor to get a new prescription for a 90-day supply.

Pharmacy benefit coverage rules still apply. Only covered drugs will be available for a 90-day supply. Please check your pharmacy coverage rules for more details. We've got you covered. To find out what medications are included go to myuhc.com/CommunityPlan or call Member Services toll free at **1-800-641-1902**, TTY **711**.

Pharmacy restricted services

Some UnitedHealthcare Community Plan members are required to have pharmacy restricted services to better coordinate your care. This means members must fill prescriptions at a single pharmacy location for up to one year. This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information.

Members in this program will be sent a letter with the name of the pharmacy they are required to use. If you get this letter, you have 30 days from the date of the letter to request a change of pharmacy. To change pharmacies during this time, call Member Services at **1-800-641-1902**, TTY **711**. You can appeal our decision to place you in pharmacy restricted services by calling Member Services. For more information on the appeal process, refer to the appeal section of this member handbook.

Health Risk Screening and Assessment

What is a Health Risk Screening and Health Risk Assessment?

What is a Health Risk Screening?

A tool that has a few questions about your health that will help UnitedHealthcare Community Plan's clinical care team will work with you to identify areas where you may want to focus on to maintain or improve your health as well assist you with area of social service needs.

Health Risk Assessment

After you enroll with UnitedHealthcare Community Plan, your Clinical Coordinator will meet with you to ask you some questions about your health, needs and choices. Your Clinical Coordinator will talk with you about any medical, behavioral, dental, physical and social service needs that you may have. This meeting may be on the phone or in-person and is known as a Health Risk Assessment (HRA). This Health Risk Assessment will enable your Clinical Coordinator to understand your needs and help you get the care that you need.

Medically complex

UnitedHealthcare will identify and assess members that may be medically complex and engage members in care and/or cases management to assist members with overall health care needs and life circumstances.

The Health Risk Screening tool will assess member's health conditions that identify the member as medically complex based upon physical health, behavioral health, dental health, or social determinants of health needs.

Health Risk Screening and Assessment

Care management helps members improve their overall health and wellness. Case management is the personalized plan developed with a member to address their physical health, behavioral health, dental health, and/or social determinants of health. The member's clinical coordinator assists members in achieving their health care goals.

Members with the following medically complex issues will be appropriate for Case Management:

- A disabling mental disorder (including serious mental illness)
- A chronic substance abuse disorder
- A physical, intellectual or developmental disability with functional impairment that prevents the beneficiary from performing one or more activities of daily living for each occurrence of the activity
- Has a disability determination based on Social Security criteria and Department of Health and Human Services' Medically Complex Diagnosis Codes
- A serious and complex medical condition(s)
- Currently homeless or at risk for homelessness
- Foster care children and adolescents aging out of the foster care system
- Dual eligibles
- Transitioning from incarceration into the community
- Special Needs adolescents who will be aging out and nor longer eligible for Early Periodic Screening and Diagnosis Testing services

Beneficiaries may be identified to the Department of Health and Human Services for a medically complex determination through the following methods:

- Health Risk Screening, Homelessness Identification Form or Medically Complex Form
- Beneficiary self-identification to Department of Health and Human Services or their Medicaid Managed Care Organization
- Beneficiaries may also be referred by their Medicaid Managed Care Organization after engaging with the Managed Care Organizations' Clinical Coordinator or through analysis of the beneficiary's historical claims data
- Through identification by Department of Health and Human Services including but not limited to Nebraska Economic Assistance Division, a Department of Health and Human Services' social service workers or through Medicaid program staff

Dental health

Regular dental visits allow your dentist to check your oral health. Dental exams can identify an unhealthy mouth, poor nutrition, tooth or gum infections, and developmental problems. UnitedHealthcare offers comprehensive dental coverage with our in-network providers. This includes **routine checkups, fluoride treatments, X-rays, and cleanings** to help keep teeth and gums strong and healthy. Starting at age one, everyone should see the dentist annually for a checkup and cleaning. UnitedHealthcare offers comprehensive dental coverage with our in-network providers. In general, the following types of services are covered for children age 20 and younger, adults age 21 and older, an individual who is blind or disabled according to the Social Security Administration criteria.

- **Periodic oral evaluation:**

Periodic oral evaluation is covered once every 180 days per client.

- **Prophylaxis — preventative services:**

- For clients age 13 and younger — Prophylaxis is covered one time every 180 days

- For clients age 14 and older — Prophylaxis is covered one time every 180 days and billed as adult prophylaxis

- **Limited oral evaluation:**

Oral evaluation is limited to twice in a one-year period for each client, and for treatment of a specific oral health problem or complaint. Documentation which specifies the medical necessity is required.

- **Comprehensive oral evaluation:**

Benefit is limited to one per three-year period per client, per provider, and location.

- **Comprehensive periodontal evaluation:**

Benefit is limited to one per three-year period per client.

That's not all. Our plan offers coverage for **fillings**. With prior authorization, extractions, limited oral evaluations, crowns, partial dentures, full dentures, oral surgery, and orthodontics (under 20) may be covered if medical necessity is documented by your provider.

You should contact your dentists for all non-life-threatening dental emergencies, before considering a trip to the emergency room. Your dentist can usually quickly assist you in treating the problem or advise you of treatment options.

If you use a dentist that is not in the UnitedHealthcare network, or you have dental work that requires a prior authorization that has not been approved; you may be responsible to pay for the treatment.

30 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-800-641-1902**, TTY **711**.

Services not covered

Cosmetic dental procedures are not covered as a core benefit and/or service. For additional information or to locate a dentist please visit [myUHC.com](https://myuhc.com) and click “Find a Dentist.” You will select NE for your location and choose “NE Medicaid Heritage Health” for your network.

You may also call Member Services at **1-800-641-1902** for assistance locating a dental provider.

For certain procedures, you may need prior approval. Prior approval means we need to give permission before you receive a specific service. If prior approval is necessary, we will make our decision **within 2 business days of obtaining appropriate dental information.**

How to get health and dental care

Your Primary Care Provider (PCP) and your Primary Care Dentist (PCD)

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

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

You have options

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

- Family doctor (also called a general practitioner) — cares for children and adults
- Internal medicine doctor (also called an internist) — cares for adults
- Nurse Practitioner (NP) — cares for children and/or adults, depending on specialty
- Pediatrician — cares for children
- Physician Assistant (PA) — cares for children or adults, depending on specialty
- Gynecologist (GYN) — cares for women
- Obstetrician (OB) — cares for pregnant women

Dental Home (PCD)

A dental home is simply a Primary Care Dentist (PCD) that will be assigned to each member. The idea of a dental home is to foster a relationship between the PCD and patient to provide better dental care and outcomes by promoting inclusive dental care in a comprehensive, continuously accessible, coordinated, and family-centered manner.

Members are encouraged to select their own PCD to serve as their dental home, but one will be assigned if not chosen. The PCD can be a general dentist or pediatric dentist. Members will be encouraged to visit their PCD every six months to receive regular dental care that prevents problems with teeth and gums.

Members may change their PCD any time by contacting Member Services.

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, and there is no copay. There may be times when you need to get services outside of our network. Call Member Services to learn if the out-of-network providers are covered in full. You may have to pay for those services.

Federally Qualified Health Centers or Community Health Centers

Federally Qualified Health Centers or Community Health Centers have contracted with UnitedHealthcare Community Plan to care for our members. You don't need to call us before seeing one of these providers.

Choosing your PCP or PCD

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

There are two ways to find the right PCP or PCD for you.

1. Use the Doctor Lookup tool at myuhc.com/CommunityPlan.
2. Call Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday. We can answer your questions and help you find a PCP or PCD close to you.

Once you choose a PCP or PCD, call Member Services and let us know. We will make sure your records are updated.

Going to your health care and dental provider

Changing your PCP or PCD

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

Learn more about network doctors and dentists

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

We can tell you the following information:

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

Annual checkups

The importance of your annual checkup

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

Recommended health screenings

We use preventive care guidelines from the U.S. Preventive Services Task Force. Coverage and reimbursement may vary depending on state or federal law. Call Member Services at **1-800-641-1902**, TTY **711** if you have any questions.

Guidelines for maintaining your health

Well-child visits

Well-child visits are a time for your PCP to see how your child is growing and developing. All kids 3 years of age and older should see their PCP once a year, even if they do not feel sick. Kids under 3 may need more checkups and immunizations. At these visits, your PCP will complete a full exam and check height, weight, vision, and hearing. They will also give the needed screenings, like speech and hearing tests, and immunizations during these visits. These routine visits are also a great time for you to ask any questions you have about your child's health and behavior and overall well-being.

Talk to your doctor about completing all shots and lead screening before your child turns two and ask if your child needs any other tests or shots. Talking points may include:

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

Checkup schedule

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

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

Going to your health care and dental provider

Recommended health screenings

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

Health screenings – Children

Screening: Children ages 0 to 18 years

Annual wellness exams	Date
Age-appropriate well-child examination	
Age-appropriate immunizations (which may include the COVID-19 vaccine). Talk to your child's provider about what is right for them.	
Weight assessment and counseling for nutrition and physical activity for ages 3–17	
Smoking and substance use assessments for adolescents	
Age-appropriate behavioral health assessments	
Blood pressure screening	
Once a year	
Flu shot	
Annual routine physical exam	
Medical history for all kids throughout development	
Blood screenings for all kids	
Developmental screening for children under 5 years of age	

Going to your health care and dental provider

As recommended by your child's PCP	Date
Vision screening	
Hearing screening	
Lead screening to be completed by the age of 2	
Fluoride varnish for all kids once teeth are present	
Oral health risk assessment. See your child's dentist 2 times a year for a cleaning and checkup.	
STI (Sexually transmitted infection screening) for adolescents	
Anemia screening	
As needed	
Follow-up care for children prescribed ADHD medicine	
Obesity screening and counseling	
Testing for kids at higher risk of tuberculosis	

Not all services are listed. Not all kids need all of the services identified above. This is only a recommended list of screenings. Your PCP should give you information about your child's growth, development and general health and answer any questions you may have.

Going to your health care and dental provider

Health screenings – Adults

Preventive care guidelines: Adults over age 18

Range of recommended ages

Years of age	18	25	30	35	40	45	50	55	60	65	70	75
Screening												
Blood Pressure, Height and Weight	At each preventive visit											
Obesity	At each visit											
Cholesterol				Men: Every 5 years								
Cholesterol						Women: Every 5 years						
Cervical Cancer Screening	Annually beginning at age 18 or age of sexual activity, and every three years after three consecutive normal tests											
Chlamydia/ Gonorrhea												
Mammography					Women: Every one to two years							
Prostate Cancer							Men: As directed by your doctor					
Colorectal Cancer* (Colonoscopy)							As directed by your physician					
Osteoporosis										At age 65		
Alcohol Use, Depression	Periodically											

Making an appointment with your PCP

Call your doctor's office directly. The number should be on your Member ID card. When you call to make an appointment, be sure to tell the office why you want to see the primary care provider. This information will help make sure you get the right care you need, when you need it. If you need interpreter services, please provide the information to the provider's office.

Preparing for your PCP appointment

Before the visit

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

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. Call your doctor's or dentist's office if you need to cancel an appointment. Reschedule the check up for your child or a doctor's visit for yourself as soon as possible so you and your child can stay healthy.
- Please remember to bring your UnitedHealthcare member ID card

If you need additional help in scheduling an appointment, you may also call Member Services at **1-800-641-1902**, TTY **711**.

During the visit

When you are with the doctor, feel free to:

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

Choosing your mental health and substance use treatment provider

Call Member Services **1-800-641-1902**, 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 provider, consider choosing a provider who's close to your home or work. This may make it easier to get to appointments.

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. **You do not need a referral.** If you need interpreter services, please provide the information to the provider's office.

NurseLine services – Your 24-hour health information resource

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

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

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

40 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-800-641-1902**, TTY **711**.

Going to your health care and dental provider

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

Simply call the toll-free number **1-877-543-4293**, TTY **711**. You can call the toll-free NurseLine number anytime, 24 hours a day, 7 days a week.

Each year, 120 million people visit the emergency room. Many could have received help faster by calling NurseLine.

- See your Primary Care Provider for anything that isn't an emergency. This can include sickness and injuries or vaccinations.
- Your Primary Care Provider knows your medical history and can give you care that is best for you
- Check with your doctor to see if they have after-hours appointments
- Call Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday, if you need help finding a Primary Care Provider

Visit an urgent care center if you have any of these minor problems:

- Allergies
- Sprains or strain
- Headache
- Bladder infection
- Sinus infection
- Sore throat
- Minor cuts or burns
- Bruises
- Ear pain
- Rash
- Fever
- Cough or cold

For a list of urgent care centers, call Member Services at **1-800-641-1902**, TTY **711**, or visit myuhc.com/CommunityPlan and click on the “Find a Doctor” button on the main page.

- NurseLine is available anytime, even when your Primary Care Provider's office is closed
- You can call NurseLine to determine if you need to go to the Urgent Care Center, the Emergency Room, or to schedule an appointment with your Primary Care Provider
- Our nurses can also help with education and information on staying healthy

Going to your health care and dental provider

In a life-threatening emergency, dial 911 immediately.

An emergency is a sickness or injury that is sudden and puts your life in danger or can cause harm to you if not treated fast.

Examples of emergencies:

- Signs of a heart attack or stroke
- Bleeding that won't stop
- Bad burns
- Losing consciousness
- Having trouble breathing
- Feeling like you might hurt yourself or someone else
- Problems with your pregnancy, like pain or bleeding

If you visit the emergency room, call your Primary Care Provider as soon as you can after your visit so you can get follow-up care.

Telemental Health coverage

UnitedHealthcare Community Plan Medicaid Managed Care covers Telemental Health services. It means the use of electronic technology to communicate. It is used when you and a provider are not in the same place.

Telemental Health involves:

- A live videoconference with you and a provider
- A videoconference that meets state and federal privacy and security requirements

Telemental Health services may be covered in a clinic, PCP office, hospital, medical or mental health center. Telemental health services may also be covered at your home.

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

Call your PCP if you need care that is not an emergency. Your provider or someone from the office will help you make the right choice for your care. Your provider will have an answering service to respond to after-hours calls.

You may be told to:

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

Referrals and specialists

A referral is when your PCP says you need to go to another doctor who focuses on caring for a certain part of the body or treating a specific condition. This other doctor is called a specialist. The specialist needs to be an in-network specialist. You do not need a written referral to see a specialist. If your doctor wants you to see a specialist that you do not want to see, you can ask your PCP to give you another name. A couple of examples of specialists include:

- Cardiologist — for problems with the heart
- Pulmonologist — for problems with the lungs and breathing

What if I need to see a provider who is not my UnitedHealthcare Community Plan Primary Care Provider?

You should always see your PCP first. This is the provider who knows you best. He or she will help you manage your medical care. This provider also knows your health status and any past health concerns you have had. This provider will make sure all the care you get works together to keep you in the best health. You do not need a referral from your PCP to see a UnitedHealthcare Community Plan specialist.

Going to your health care and dental provider

Out-of-network — If there are no providers in the network to treat a medically necessary covered service, the Plan will arrange services from a non-network provider. These services always require prior authorization.

Out-of-network cost to member — If care from a non-network provider is approved, payment is set up by the Plan. The member's cost will be no more than with services from a network provider. Non-approved out-of-network services are not covered.

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. This includes objecting on the basis of religious grounds.

Provider credentials

You have the right to obtain information about our providers that includes the provider's education, residency completed, board certification and recertification. To get this information, call our Member Services Department at **1-800-641-1902** or TTY **711** for the hearing impaired.

Provider incentive plan

You are entitled to ask if we have special financial arrangements with our providers that can affect the use of referrals and other services you might need. To get this information, call Member Services at **1-800-641-1902** or TTY **711** for the hearing impaired and request information about our provider payment arrangements.

Native American access to care

Native American members can access care to tribal clinics and Indian Hospitals without prior authorization.

Getting a second opinion

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

Prior authorizations

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

You do not need a prior authorization for emergencies. You also do not need prior authorization to see a women's health care provider for women's health services or if you are pregnant.

A prior authorization may be needed

Some services that need prior authorization include:

- Hospital admissions
- Home health care services

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

Continued care if your PCP leaves the network

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

If you need care when out of town

If you are sick or injured, you may need to seek care while away from your home and cannot reach your doctor.

Most of the time, you may have smaller injuries or minor illnesses that do not require an ER visit. A call to your doctor should be your first choice, they know you and may be able to provide advice and a solution until you can be seen at their clinic. They can also help you decide if it is best for you to be seen at an Urgent Care Center or if you need to go to the ER. If you need emergency care when you are out of town, go immediately to the Emergency Room (ER) at the nearest hospital. If you need to get to the ER fast, call 911. There is no cost to you for ER services or emergency ambulance services. You do not need an authorization from your PCP to go to the ER, but you should call your PCP as soon as you can after receiving ER services.

Routine care includes services which promote improved health through prevention. This includes routine physicals, well child exams and immunizations, tests such as PAP smears, mammograms, or colonoscopies.

UnitedHealthcare Community Plan will pay for routine care out-of-area only if:

- You call your PCP first and he or she says that it is important that you get care before you return home
- Your PCP must then call UnitedHealthcare Community Plan to get approval. If you do not speak to your PCP before you get routine care when you are away from home, you may have to pay for care yourself. If you cannot reach your PCP, please call Member Services.
- Any provider you see must agree to accept UnitedHealthcare Community Plan payment and must be enrolled with the State of Nebraska as a Medicaid provider

This means, for example, if you or your family members are on vacation and need routine care, UnitedHealthcare Community Plan will pay only if you get approval from UnitedHealthcare Community Plan first.

No medical and dental coverage outside of United States

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

Non-emergency medical transportation

Medical transport is covered for some medical care. If you have no way to get to the doctor, live in an area with no public transport or cannot use public transportation due to a health condition or disability, call our Transportation Services at 1-833-583-5683 (TTY 1-866-288-3133). Your ride will be comfortable and safe.

Non-Emergency Medical Transportation Services are available for UnitedHealthcare Medicaid eligible members with no other transportation resources. Members can receive transportation to Medicaid coverable services, including but not limited to dental, pharmacy and vision. Transportation Services are available to the nearest Nebraska Medicaid coverable facility within a 10-mile radius of the member's home, able to meet the member's medical needs, and willing to accept the member as a patient, unless otherwise exempted or approved by UnitedHealthcare as long as the member has met one of the following criteria:

- Does not own or does not have access to a working licensed vehicle,
- Does not have a current driver's license,
- Is unable to drive due to a documented physical, cognitive, or developmental limitation,
- Is unable to travel or wait by him/herself due to a documented physical, cognitive, or developmental limitation, or
- Is unable to secure free transportation.

It's easy to schedule a ride

Call Transportation Services at 1-833-583-5683 (TTY 1-866-288-3133) 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday or visit [ModivCare.com](https://www.modivcare.com).

Rides can be scheduled at least 30 days in advance and no later than three business days before your appointment. Urgent care and other urgent types of trips, like dialysis or chemotherapy, can be scheduled on the same day.

Going to your health care and dental provider

Questions you'll be asked when you schedule a ride

To help make sure you have the best experience possible, you'll be asked a few questions.

Your privacy is important to us. You or the person calling on your behalf will be asked to verify some of the following details found in your record.

- First and last name
- Member ID number
- Date of birth
- Home address

To help ensure you get the best type of transportation, you will be asked:

- Are you able to walk on your own?
- Will you be using a cane or walker?
- Do you have a wheelchair?
- Do you have a cell phone?
- Will you have an escort traveling with you? (Escorts must be 18 years or older to travel with you.)

You'll also need to have these details about your appointment ready when you call:

- Appointment address
- Doctor's name and phone number
- Purpose of the appointment
- Appointment time

When it's time for your ride

- It is important to be ready and waiting for your ride at the scheduled pick up time
- You may get a call from your driver or a call center representative. It is important that you answer calls from any unfamiliar numbers at this time.
- If your ride does not arrive on time, call Transportation Services at 1-833-583-5683 (TTY 1-866-288-3133)
- If you're not sure how long your appointment will take, the return ride will be scheduled for "Call for Pickup." That means you need to give Transportation Services a call when you're ready to go home at 1-833-583-5683 (TTY 1-866-288-3133).
- If you have a set time frame and you're certain you will be done at a specific time, you can set a time for your ride to be waiting when you're done. If they are not there at that set time, call 1-833-583-5683 (TTY 1-866-288-3133).

Cancellations, changes and other support

Cancellations

Rides should be canceled at least 24 hours prior to the scheduled transport whenever possible. If you need to cancel your ride, contact Transportation Services so they can coordinate with the assigned transportation provider.

Changes

There are times when you may need to update your ride details such as where you are going or what time you need to be picked up. If you need to make changes, contact Transportation Services.

Remember, if you do not make updates to your ride with Transportation Services, your driver will not be notified and will not be able to accommodate your request.

Other support

Transportation Services is there to support you. It's important you contact them regarding your transportation. Here are some things they can help you with:

- Scheduling a new ride
- Reporting issues with your transportation
- Your ride is not on time
- You're ready to go home and you need your return ride
- General questions regarding the transportation benefit

Bus transportation

You will be asked to take the bus if you are physically able and:

- You live less than a half mile from a bus stop
- Your appointment is less than a half mile from the bus stop

Going to your health care and dental provider

Other information

Additional passenger — One additional passenger is allowed only with documentation of medical necessity of an escort to the patient from a doctor. The passenger must be 18 years old or older. Children 0–18 years of age must be accompanied by a legally responsible adult 19 years of age or older and cannot reserve transportation services on their own behalf. If a young adult is emancipated, they are their own legal guardian and there should be no issue.

Car seats and wheelchairs — You must bring your car seat or wheelchair. Transportation for children up to age 6 will be refused by the provider if the car seat is not available at pickup.

Trip limits — Trips are unlimited.

Curb-to-curb service — Drivers do not enter your home or health care facility.

Complaints — If you have a complaint about Transportation Services, call Transportation Services at 1-833-583-5683, TTY 1-866-288-3133.

Spanish:

Quejas – si tiene una queja sobre los Servicios de Transporte, llame a Servicios para Miembros al **1-800-641-1902, TTY 711**.

Arabic:

الشكاوي – إذا كانت لديك شكوى حول ما النقل، فاتصل بقسم ما الأعضاء على الرقم **1-800-641-1902**، رقم الهاتف النصي **711**.

Vietnamese:

Khiếu nại – Nếu quý vị có khiếu nại về Dịch vụ Chuyên chở, hãy gọi Dịch vụ Hội viên theo số **1-800-641-1902, TTY 711**.

French:

Réclamations – Si vous avez une réclamation au sujet des services de transport, appelez le Service membres au **1-800-641-1902, ATS 711**.

Burmese:

မကျေနပ်ချက်များ - သယ်ယူပို့ဆောင်ရေး ဝန်ဆောင်မှုများနှင့်ပတ်သက်၍ သင့်တွင် မကျေနပ်ချက်ရှိပါက **1-800-641-1902, TTY 711** တွင်ရှိသော အဖွဲ့ဝင် ဝန်ဆောင်မှုများထံ ဆက်သွယ်ပါ။

Hospitals, health centers and emergencies

Emergency care

Hospital emergency rooms are there to offer emergency treatment for trauma, serious injury and life-threatening symptoms. Reasons to go to the ER include:

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

UnitedHealthcare Community Plan covers emergency care you need throughout the United States. Within 24 hours after your visit, call Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday. You should also call your PCP 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.

Hospital services

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

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

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

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

Post-stabilization care services

Post-stabilization services are related to an emergency medical condition that are provided after you are stabilized in order to maintain, improve or resolve your condition. Depending on the need, you may be treated in the ER, in a hospital or other setting. You are not financially responsible for these services.

Post-stabilization care is covered when:

1. You have an approved prior authorization from a network provider, or
2. UnitedHealthcare does not respond within one (1) hour to a request for prior authorization from an out-of-network provider, or
3. UnitedHealthcare could not be reached during normal business hours for prior authorization, or
4. UnitedHealthcare and the treating physician cannot reach an agreement about your care and a network doctor is not available to review.

You will continue to receive post-stabilization care until one of the following conditions is met:

1. A plan doctor at the place of care assumes responsibility for your care.
2. A plan doctor assumes responsibility for your care by transferring you to another place of care.
3. Someone from the health plan and the treating doctor reach an agreement on your care.
4. You are discharged from the treating place of care.

Urgent care

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

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

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

Planning ahead

It's good to know what urgent care clinic is nearest to you. You can find a list of urgent care clinics online at myuhc.com/CommunityPlan or in your Provider Directory. You may also call Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday.

Benefits and services – Physical health

Benefits covered by UnitedHealthcare Community Plan

As a member of UnitedHealthcare Community Plan, you are covered for the following services. (Remember to always show your current member ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Member Services at **1-800-641-1902**, TTY **711**, to ask questions about benefits.

Please note: You pay nothing for covered services.

Benefit	Coverage
Children’s Care	
Baby Shots and Booster Shots	Covered
Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Covered for all children and young adults up to age 21. Includes periodic screenings, multidisciplinary evaluation and treatment in children with significant developmental disabilities or delays. Childbirth classes are covered for member up to age 21.
Immunizations and Vaccines	Covered
Lead Screening	Covered Lead screenings can be done at the doctor’s office or local health department.

Benefits and services – Physical health

Benefit	Coverage
Children’s Care (continued)	
Newborn Care	Covered
Office Visits	Well-child visits, routine visits and sick visits are covered.
Well Baby Care and Health Checks	Covered
Women’s Care	
Abortions	<p>Not covered</p> <p>Pregnancy termination services are not a covered benefit, except in cases to preserve the life of the woman. In this case, physicians or providers will be required to follow the Nebraska DHHS and Consent Procedures for abortion. Allowable pregnancy termination services do not require a referral from the patient’s primary care provider. Patients must utilize the physician and provider network.</p> <p>If a pregnancy termination is needed to preserve the life of the mother, the physician must request prior authorization from the Medicaid Division before performing the pregnancy termination. Should prior authorization be approved using the Nebraska DHHS guideline, reimbursement will be made upon submission of documentation reflecting Nebraska DHHS approval of procedure.</p>
Birth Control Procedures (done in office)	Covered
Breast Pumps	Covered
Breast Reconstruction Surgery – following a mastectomy	<p>Covered when ordered by a network provider.</p> <p>Prior authorization needed.</p>
Family Planning Methods (prescription and nonprescription)	Covered

Benefits and services – Physical health

Benefit	Coverage
Women’s Care (continued)	
Family Planning Services	Covered Enrolled female members have freedom of choice of providers of family planning services.
Female Exams – Yearly	Covered
Infertility Treatment	Not covered
Lactation Counseling	Lactation counseling will be a benefit available to infants birth through 90 days after birth, and for children up to age 21 when medically necessary. There is a limit of five counseling sessions per child, and each session can last up to ninety minutes. It is provided by Physicians, Nurse Practitioners, Physician Assistants, Midwives, and Registered Nurses who are Certified as an International Board Certified Lactation Consultant.
Mammograms	Covered
Nurse Midwife	Covered
Nutrition Services	Nutrition services will be available to adults and children by a licensed medical nutrition therapist (LMNT) when prescribed by a physician or nurse practitioner. For adults, the service must be prescribed to treat Type I or Type II Diabetes, kidney disease, or a transplanted kidney within the last 36 months. For youth, the treatment is provided when a youth is at risk due to a nutritional need that affects the health or medical condition.
Obstetric and Maternity Care	Covered
Pap Smears	Covered

Benefits and services – Physical health

Benefit	Coverage
Women’s Care (continued)	
Pregnancy Care	Covered. Includes a minimum hospital stay of 48 hours after a vaginal birth and 96 hours after a Caesarean birth, unless the mother requests an early discharge. Also includes postpartum care, and lactation services. Breast pumps are covered.
Sterilization	Covered
Well-Care for Women	Covered
Emergency and Urgent Hospital Care	
Ambulance	Covered, if needed for an emergency. Non-emergency medical ambulance transportation is covered when recommended by your provider.
Emergency Room Services	Covered
Emergency Transportation	Covered
Hospital Care	Covered Prior Authorization needed. Double room, outpatient surgery, inpatient stay, blood work and X-rays, acute, inpatient rehabilitation and emergency room.
Private Hospital Rooms	Not covered unless medically necessary.
Specialty Care (office visits)	Covered

Benefits and services – Physical health

Benefit	Coverage
Outpatient Care	
Outpatient Hospital Services (including physical, occupational, hearing, respiratory and language therapy)	Covered when ordered by a network provider. Includes covered services delivered in an outpatient hospital setting.
Outpatient Imaging	Covered
Outpatient Rehab Services (cardiac, physical, occupational and speech)	Covered when ordered by network provider. Prior Authorization needed. For adults, only a certain number of visits are covered per year.
Surgery	
Outpatient Surgery	Covered when ordered by a network provider.
Surgery (ambulatory, emergency, inpatient and reconstructive)	Covered when ordered by a network provider. Prior authorization may be needed. Emergency surgery is covered. Second surgical opinions are covered.
Hospice	
Hospice Care	Hospice services are covered when they are ordered by a doctor. Prior authorization needed.

Benefits and services – Physical health

Benefit	Coverage
Other Covered Care and Programs	
Allergy Care	Covered
Artificial Limbs	Covered when ordered by a network physician. Prior authorization may be needed.
Asthma Care	Covered
Audiology Supplies	Covered when ordered by a network physician.
Chiropractic Care	<p>Covered Services. Medicaid limits coverage of chiropractic services to:</p> <ul style="list-style-type: none"> (i) Certain spinal X-rays; (ii) Manual manipulation of the spine; (iii) Certain evaluation and management services; (iv) Traction; (v) Electrical stimulation; (vi) Ultrasound; and (vii) Certain therapeutic procedures, activities, and techniques designed and implemented to improve, develop, or maintain the function of the area treated. <p>Prior Authorization may be required.</p>
Continuous Glucose Monitors (CGM)	CGM is covered when medically necessary for managing diabetes and ordered by a network provider. Prior authorization is required.

Benefits and services – Physical health

Benefit	Coverage
Other Covered Care and Programs (continued)	
Dental Care	<p>Covered services: Routine checkups, fluoride treatments, X-rays, and cleanings.</p> <p>For children age 20 and younger, adults age 21 and older, an individual who is blind or disabled.</p> <p>Periodic oral evaluation:</p> <ul style="list-style-type: none"> • Periodic oral evaluation is covered once every 180 days per client <p>Prophylaxis – preventative services:</p> <ul style="list-style-type: none"> • For clients age 13 and younger – Prophylaxis is covered one time every 180 days • For clients age 14 and older – Prophylaxis is covered one time every 180 days and billed as adult prophylaxis <p>Limited oral evaluation: Oral evaluation is limited to twice in a one-year period for each client, and for treatment of a specific oral health problem or complaint. Documentation which specifies the medical necessity is required.</p> <p>Comprehensive oral evaluation: Benefit is limited to one per three-year period per client, per provider, and location.</p> <p>Comprehensive periodontal evaluation: Benefit is limited to one per three-year period per client.</p> <p>Fillings, extractions, limited oral evaluations, crowns, partial dentures, full dentures, oral surgery, and orthodontics (under 20) may be covered if medical necessity is documented by your provider.</p> <p>Prior authorization is required.</p>

Benefits and services – Physical health

Benefit	Coverage
Other Covered Care and Programs (continued)	
Diabetes	Covered Contact your Care Coordinator by calling Member Services at 1-800-641-1902 , TTY 711 .
Durable Medical Equipment (DME)	Covered when ordered by a network provider who is an M.D., D.O., or D.P.M. Includes surgical appliances, prosthetic devices, orthotic devices, assistive technology and medical supplies as covered by the Medical Assistance program. Some equipment may need prior authorization.
Experimental Procedures	Not covered, except when a state mandate for coverage exists.
Hearing Aids	Covered when ordered by a network provider who is an M.D. or D.O. Limited to one every four years for ages 21 and older. Batteries and medically necessary accessories covered. May need prior authorization.
Hearing Tests	Covered
Home Health Care Therapy and Services	Covered when prescribed by an in-network physician. Prior authorization needed.
Infusion	Nursing service and setup is covered, but may need prior authorization.
Interpreters	Call Member Services at 1-800-641-1902 , TTY 711 .
Laboratory Tests	Covered when ordered by network provider.
Medical Equipment/Supplies	Covered when ordered by a network provider who is an M.D., D.O., or D.P.M. May need prior authorization.

Benefits and services – Physical health

Benefit	Coverage
Other Covered Care and Programs (continued)	
Mental Health and Substance Use Services (inpatient and outpatient)	Covered May need prior authorization.
Non-Emergency Medical Transportation	Contact Transportation Services at 1-833-583-5683 (TTY 1-866-288-3133). See page 47 for more information.
Nursing Homes (skilled nursing facility)	Short-term rehabilitation is covered when ordered by a network provider. Prior authorization needed.
Nutritional Supplements	Covered when ordered by a network provider. May need prior authorization.
Occupational Therapy	Covered when ordered by a network provider. 60 combined visits (physical, occupational and speech therapy) per calendar year for members age 21 and older. Prior authorization needed.
Office Visits	Covered
Over-the-Counter Medications	Covered with a prescription from your health care provider.
Pharmacy	Covered Medicare and other insurance copays may still apply. The health plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan's Preferred Drug List. Brand non-preferred prescription drugs have a \$3 copay.

Benefits and services – Physical health

Benefit	Coverage
Other Covered Care and Programs (continued)	
Physical Therapy	<p>Covered when services are ordered by an in-network licensed physician.</p> <p>60 combined visits (physical, occupational and speech therapy) per calendar year for members age 21 and older.</p> <p>Prior authorization needed.</p>
Physician Services	<p>Covered. Including anesthesia for dental and oral surgery including temporomandibular joint (TMJ). Up to one annual visit and five GYN visits annually to a network provider for family planning (covered without a referral from a PCP). Immunizations and vaccines covered.</p>
Podiatry (Foot) Care	<p>Routine foot care, medical and surgical services from a Podiatrist covered, when ordered by a network provider.</p>
Post-Stabilization Care Services	<p>Covered per services related to an emergency medical condition that are provided after the condition is stabilized.</p>
Private Duty Nursing Services	<p>Covered if medically necessary and ordered by a network provider.</p> <p>Prior authorization needed.</p>
Provider Visits in the Hospital	<p>Covered</p>
School-Based Health Center Services	<p>Covered at all designated sites.</p> <p>Services limited to covered benefits.</p>
Services of Other Practitioners	<p>Covered</p> <p>Practitioners including nurse practitioners, physician assistants, social workers, licensed dietitians, psychologists and licensed nurse midwives. Providers must be certified by Nebraska Medicaid. In some cases, your primary care provider must refer you to these providers.</p>

Benefits and services – Physical health

Benefit	Coverage
Other Covered Care and Programs (continued)	
Services Outside of Nebraska	<p>Not covered unless from a network provider or if a covered benefit is not available in-network. Emergency services are covered throughout the United States.</p> <p>Prior authorization may be needed.</p>
Services Outside of the United States	Not covered
Skilled Nursing Facility	<p>Covered when ordered by a network provider.</p> <p>Prior authorization needed.</p>
Smoking Cessation Counseling	<p>Covered when you enroll with the Nebraska Tobacco Quit Line. Call the Nebraska Tobacco Quit Line at 1-800-784-8669. You need a referral from your PCP.</p>
Speech Therapy	<p>Covered when services are ordered by an in-network licensed physician.</p> <p>60 combined visits (physical, occupational and speech therapy) per calendar year for members age 21 and older.</p> <p>Prior authorization needed.</p>
Testing (diagnostic)	Lab (blood and urine test, etc.), X-ray and other diagnostic tests covered when ordered by a network provider.
Transplant Services	<p>Covered when ordered by a network physician.</p> <p>Prior authorization needed.</p>

Benefit	Coverage
Other Covered Care and Programs (continued)	
Vision Care	<p>Eye examinations:</p> <p>Recipients ages 20 and younger. Eye examinations are limited to once every 12 months. More frequent eye examinations will be covered when medically necessary and appropriate to diagnose or treat a specific eye illness, symptom, complaint, or injury.</p> <p>Recipients ages 21 and older. Eye examinations are limited to once every 24 months. More frequent eye examinations will be covered when medically necessary and appropriate to diagnose or treat a specific eye illness, symptom, complaint, or injury.</p> <p>Frames:</p> <p>Recipients ages 20 and younger. Eyeglass frames are limited to once every 12 months. Eyeglass frames are covered more frequently if medically necessary.</p> <p>Recipients ages 21 and older. Eyeglass frames are limited to once every 24 months. Replacement of frames which are irreparable due to breakage or loss, is allowed one additional time per coverage period.</p>

Benefits and services not covered

These services are not covered by UnitedHealthcare Community Plan:

- Any health care not given by a provider from our list in our network (except Native American Access to Care, emergency treatment and family planning services)
- Any care not covered by Nebraska Medicaid
- Any care covered by Medicaid but not through Managed Care; contact the Medicaid Inquiry Line at 1-877-255-3092 for services such as:
 - Long-term care/nursing facility services
 - Intermediate care facilities for persons with intellectual/developmental disabilities
 - Home and community-based waiver services
 - Institutional LTC/NF services at custodial level of care
 - School-based services
 - Nebraska Medicaid Personal Assistance Services
- Phones and TVs used when in the hospital
- Personal comfort items used in the hospital, such as a barber
- Contact lenses, unless used to treat eye disease
- Sunglasses and photo-gray lenses
- Ambulance, unless medically necessary
- Infertility services
- Cosmetic dental procedures

Benefits and services – Mental health and substance use treatment

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

As a member of UnitedHealthcare Community Plan, you are covered for mental health and substance use treatment. Remember to always show your current UnitedHealthcare member ID card when getting services. It confirms your coverage. If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Member Services at **1-800-641-1902**, 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 and substance use hospitalizations. That way we can help with discharge planning and coordination. Your provider can request an authorization by calling the Behavioral Health Line.

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

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

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 help refer you to a peer support specialist.

What is a peer support specialist?

A peer support specialist is someone who has lived experience with mental health or substance use issues. Plus, he or she has received training to provide the support you may need. Your peer support specialist will get to know you and help you with your personal goals.

Peer support specialists are people successfully managing their recovery. So they understand what it's like and can help you in ways that others may not be able to. Peer support specialists provide support and encouragement. Their goal is to help you as you return to your community.

What are peer support services?

Peer Support Services are a form of community support services aimed at helping adults and youth 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.

- Performed by a Certified Peer Specialist, Peer Support Specialist 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 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

Benefits and services – Mental health and substance use treatment

Peer Support 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 **1-800-641-1902**, 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 **1-800-641-1902**, TTY **711**

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

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

This online resource for UnitedHealthcare Community Plan members has many recovery tools and resources. It is a great one-stop shop to start your journey to health and well-being.

<https://www.liveandworkwell.com/public/>

Benefits and services – Mental health and substance use treatment

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/APRNS	Psychiatric/mental health nurse practitioners (APRNs) 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.
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 talk therapy.
Licensed Independent Mental Health Professional (LIMHP) <ul style="list-style-type: none"> • Licensed Clinical Social Worker • Licensed Professional Counselor • Licensed Marriage and Family Therapist 	Licensed Independent Mental Health Professionals (LIMHPs) can provide case management, inpatient discharge planning services, placement services and a variety of other daily living needs services for individuals. LIMHPs can also provide assessment and treatment of psychiatric illnesses including talk therapy. 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. 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.

Benefits and services – Mental health and substance use treatment

Provider	Definition
Clinical Coordinators	Clinical coordinators serve to assist members with achieving wellness and autonomy through advocacy, communication, education, identification of service resources and service facilitation.
Addictions Counselor	Addictions counselors counsel individuals with alcohol, tobacco, drug or other problems, such as gambling disorders. May counsel individuals, families or groups, or engage in prevention programs.
Peer Support Specialist	A service provided by a certified specialist (who has lived experience and received mental health and substance use treatment services themselves) to help you learn to manage difficulties in your life.

Benefits and services – Mental health and substance use treatment

Mental health and substance use treatment covered services

Service	Service Definition	Authorization Requirement
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
Outpatient Services	Individual, family, group outpatient talk therapy and mental health assessment, and evaluation.	No
Peer Support Services	A service provided by a certified specialist (who has lived experience and received mental health and substance use treatment services themselves) to help you learn to manage difficulties in your life.	No
Multi-Systemic Therapy (MST)	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.	No
Functional Family Therapy (FFT)	Functional Family Therapy (FFT) services are targeted for youth between ages 10 and 18 primarily demonstrating externalizing behaviors or at risk for developing more severe behaviors, which affect family functioning.	No
Assertive Community Treatment (ACT)	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

Benefits and services – Mental health and substance use treatment

Service	Service Definition	Authorization Requirement
Psychosocial Rehabilitation	Psychosocial rehabilitation services assist the individual to compensate for, or eliminate, functional deficits, interpersonal challenges and environmental barriers associated with their mental illness. These include day rehabilitation, psychiatric residential rehabilitation and community support.	Yes
Therapeutic Group Homes (TGH)	Therapeutic Group Homes (TGHs) provide a community-based youth 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
Psychiatric Residential Treatment Facilities (PRTF)	A Psychiatric Residential Treatment Facility (PRTF) is a facility which provides residential services to youth to ensure that all medical, psychological, social, behavioral and developmental aspects of the recipient's situation are assessed and treated.	Yes
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
Residential Substance Use Services in accordance with the American Society of Addiction Medicine (ASAM) levels of care	Beyond outpatient treatment, addiction services include an array of individual-centered residential services to promote skills for coping with and managing substance use symptoms and behaviors.	Yes
Psychological Testing	Written, visual or verbal tests that are given by a psychologist to help understand thoughts, feelings, behaviors and coping skills related to your to your wellbeing.	Yes

Benefits and services – Mental health and substance use treatment

Service	Service Definition	Authorization Requirement
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
23-Hour Observation Bed	A period of up to 23 hours during which services are provided at less than an acute level of care. It is indicated for those situations where full criteria are not met because of external factors relative to information gathering or risk assessment yet the patient is clearly at risk for harm to self or others.	No
Intensive Outpatient Programs (IOP)	Intensive Outpatient Programs (IOP) 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
Partial Hospitalization	A structured program that maintains hours of service for at least 20 hours per week during which assessment and diagnostic services, and active behavioral health treatment are provided to members who are experiencing serious signs and symptoms that result in significant personal distress and/or psychological and environmental issues.	Yes

Other benefits and services

Care Management

What is Care Management?

Care Management helps you manage your complex health care needs. It also may include helping you get other social services, too. We will work with you, your family/friends if you wish, and your PCP to get the services you need. During your welcome call, we complete a short health assessment questionnaire with you. Based on your answers, we identify if you need support and additional services to meet your needs.

When should I ask for Care Management?

- If you are seeing many different providers for your medical problems
- If your provider has said you have a high-risk pregnancy
- If you have complex health needs such as sickle cell disease or end stage renal disease
- If you are taking many different medicines to treat and control your health problems
- If you are homeless and would like assistance to find housing. We can connect you with a community agency.
- If you have a mental health condition or substance use disorders needs. Call Member Services at **1-800-641-1902**, TTY **711** if you have questions.
- If you are unsure about needing care management, please call Member Services at **1-800-641-1902**, TTY **711**

How can I get Care Management services?

You should have received a welcome call from our Member Services team. During that call, you answered some Health Risk Screening questions that we used to see if you needed any additional help. You can also call our Member Services team and ask for help if you need Care Management or Disease Management services. Any one of our local representatives will be able to assist you. Please call Member Services toll-free at **1-800-641-1902**, TTY **711**.

Other benefits and services

Care Management program/Disease Management

Our Clinical Coordinators can help you manage your medical condition. They are experienced nurses, social workers, mental health and substance use professionals, care navigators and others who can assist in coordinating your care. They understand your issues. They will work with you and your providers to help you get the care you need.

Our Clinical Coordinators can help you:

- Learn how to take care of your health
- Find a PCP, specialist or urgent care facility
- Make appointments
- Get to and from provider visits, dental visits, pharmacy visits and behavioral health visits
- Assist with getting supplies and home health care services
- Find community resources and support
- Assist with transportation

Clinical Coordinators can help you with:

- Asthma
- Diabetes
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Sickle cell disease
- Lung disease
- Pregnancy
- High blood pressure
- Obesity
- Complex durable medical equipment needs
- Special needs
- Any other conditions that need case management

Specialty disease management programs

If your health conditions need more support, we have these special programs:

- Transplant programs
- Quit smoking

76 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-800-641-1902**, TTY **711**.

Quality Improvement

UnitedHealthcare Community Plan wants you to get the best care and service available to keep you and your family healthy. That's why we have a Quality Assurance and Performance Improvement (QAPI) program.

Our Quality Improvement program helps us learn what we can do better. We use our findings and input to improve the program. Our program has several member-focused programs.

These programs:

- Help members with chronic illnesses like asthma and diabetes get the care they need
- Help pregnant women have healthy babies
- Remind members to get important screenings, follow up care for children that have been given medication to treat Attention-Deficit/Hyperactivity Disorder (ADHD), tests and immunizations

We use national standards to see how well our QM program works. The National Committee for Quality Assurance (NCQA), is an independent agency that writes the health plan standards. NCQA compares the quality programs of health plans. At UnitedHealthcare, we measure our progress meeting our goals using NCQA's:

- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Consumer Assessment of Healthcare Providers & Systems (CAHPS®)

We share our results annually in the member newsletter and online. We set goals to achieve continuous improvements in all measures.

Through our program, we want to:

- Make sure you are happy with our services
- Make sure your doctor meets your needs
- Help you take better care of yourself
- Send you helpful hints and health care reminders on staying healthy
- Look for barriers to quality care and new ways to remove them
- Look for better ways to provide care or services
- Look at areas where changes were made and make sure they work well for you

Want to know more about our Quality Improvement Program? Call Member Services or visit myuhc.com/CommunityPlan.

Other benefits and services

Health education

We have Clinical Coordinators to help you with your health care needs. Health education materials can be mailed to you. Call Member Services at **1-800-641-1902**, TTY **711**.

For a healthy pregnancy

Pregnant women

Women may see any UnitedHealthcare Community Plan OB/GYN for obstetrical care without being sent by their PCP. (Maternity-prenatal, delivery and postpartum.)

- If you think you may be pregnant, see your PCP or a UnitedHealthcare Community Plan OB/GYN right away. It is important to start prenatal care as soon as you become pregnant.
- See your PCP or UnitedHealthcare Community Plan OB/GYN throughout your pregnancy
- Make sure you go to all your visits when your PCP or UnitedHealthcare Community Plan OB/GYN tells you to
- Make sure you go to your provider right after you have your baby for follow-up care (between 21 and 56 days after your baby is born)
- Nurse midwife services are covered when they are medically necessary

You may be able to get free formula, milk and food from the Women, Infants and Children (WIC) program. Talk to your provider or call your local Health Department about these services.

If you become pregnant, report your pregnancy to AccessNebraska. You could be eligible for services for you and your baby. Call 1-855-632-7633. If in the Lincoln area, call 402-473-7000. If in the Omaha area, call 402-595-1178. Please also call Member Services at **1-800-641-1902**, TTY **711**.

Newborns' and Mothers' Health Protection Act

UnitedHealthcare follows federal guidelines that require certain benefits for mothers and infants after childbirth. Our benefit plans cover 48 hours in the hospital after a vaginal delivery. We also cover 96 hours in the hospital after a delivery by Cesarean section. (You can choose to stay less time in the hospital if your provider says it's OK.)

Having a baby?

When you think you are pregnant, call your local Department of Health and Human Services (DHHS) office and Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday. This will help ensure you get all the services available to you.

Lactation counseling

Lactation counseling will be a benefit available to infants birth through 90 days after the birth, and for children up to age 21 when medically necessary. There is a limit of five counseling sessions per child, and each session can last up to ninety minutes. It is provided by Physicians, Nurse Practitioners, Physician Assistants, Midwives, and Registered Nurses who are Certified as an International Board Certified Lactation Consultant.

Nutrition services

Nutrition services will be available to adults and children by a licensed medical nutrition therapist (LMNT) when prescribed by a physician or nurse practitioner. For adults, the service must be prescribed to treat Type I or Type II Diabetes, kidney disease, or a transplanted kidney within the last 36 months. For youth, the treatment is provided when a youth is at risk due to a nutritional need that affects the health or medical condition.

Other benefits and services

Wellness programs

Wellness programs for everyone

UnitedHealthcare Community Plan has many wellness programs to help you and your family to stay healthy and safe, including:

- Programs to help you quit smoking
- Nutrition information resources
- Pregnancy care and parenting information
- Well-care reminders

Your provider may suggest one of these programs for you. If you want to know more, call Member Services at **1-800-641-1902**, TTY **711**.

To quit smoking, call **The Nebraska Tobacco Quitline**. Nebraska residents get free and confidential access to counseling and support services 24 hours a day, 7 days a week.

1-800-QUIT-NOW (1-800-784-8669)

Healthy First Steps™

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

We will help:

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

Babyscripts

Babyscripts is a digital maternity engagement, education and incentive program for members who are pregnant and new parents. The app includes daily educational content on healthy behaviors, the baby's development, vaccinations, potential health risks and many other topics. There are in-depth resources on nutrition, exercise, labor and delivery, breastfeeding and more. Members receive gift cards for enrollment (including completion of the maternity assessment) and completion of a prenatal and postpartum visit.

Babyscripts is a fun and engaging way for our members to learn about healthy behaviors during pregnancy and after delivery.

Members can download the free app from the Apple App store or Google Play store.

WellHop

WellHop is a virtual support group for members who are pregnant. It is critical to have a good social support network when one is pregnant. Through WellHop, members who are pregnant can share their ups and downs, get guidance from a trained group leader and learn from each other. WellHop brings expecting parents together with similar due dates in group video conversations throughout their pregnancies and after birth. Members participate during the second and third trimesters and up to four months postpartum.

Members can download the free app from the Apple App store. Call Member Services at **1-800-641-1902**, TTY **711**.

Call us toll-free at **1-800-599-5985**, TTY **711**, 7:00 a.m.–6:00 p.m. CT, 6:00 a.m.–5:00 p.m. MT., Monday–Friday.

Follow us on Twitter <https://twitter.com/UHCPregnantCare>.

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

Other benefits and services

Text4baby

Text4baby is a free mobile information service that will help you through your pregnancy and baby's first year of life. Get free text messages on your cellphone each week. The text4baby messages will give you tips about:

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

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

Give your baby the best possible start in life. Sign up for text4baby.

Care Angel

Care Angel is for members who are pregnant with complex, chronic conditions and in need of population health management. Care Angel will telephonically deliver one on-boarding call and up to two maternity risk trimester assessments and two postpartum outreach calls. Our maternity care coordinator will refer the member to engage with Care Angel.

If you want to know more, call Member Services at **1-800-641-1902**, TTY **711**.

Substance Use Disorder (SUD) Screening during Pregnancy

Substance Use Disorder (SUD) Screening during Pregnancy for substance use in pregnant members. SUD screening of our members who are pregnant, identify risks as early in the pregnancy as possible, getting the member into the right care with the right providers to have a healthy pregnancy and healthy baby. The SUD evidence-based screening tools are used to evaluate the potential of SUD risks of a member who is pregnant with the ability for the provider to treat the member in their practice or refer to specialty behavioral health care.

Self Care

Self Care provides immediate access to cognitive behavioral therapy (CBT) based tools and techniques for members looking to manage stress and emotional well-being. Self Care is a self-paced digital program that uses clinically validated techniques to help members relieve symptoms and build life skills. Self Care empowers members to engage with activities to improve their mental health from the convenience of their digital device anytime, anywhere. It offers self-paced access to evidence-based mental health support such as meditations and mindfulness techniques, habit tracking, daily check-ins, weekly assessments, helping members develop resilience. It recommends exercises and tips based on goals and mood and offers an opportunity to connect with others who have had similar experiences. Available to members age 13 and older. Members can download the Self Care app at no cost.

Breast pumps

We want to assist you in breastfeeding. We will pay the cost of a portable electric breast pump. If you have questions about breast pumps or need help finding an in-network medical equipment company, call Member Services at **1-800-641-1902**, TTY **711**. The medical equipment company will require a prescription from your physician to provide you with an electric breast pump. Non-portable, hospital-grade breast pumps are available for rent if medically necessary. Please ask your provider if you think you need a hospital-grade pump.

Women, Infants and Children (WIC)

WIC is the special nutrition program for women, infants and children enrolled in Medicaid. The WIC program provides healthy food at no cost, breastfeeding support, nutrition education and health care referrals. If you are pregnant, ask your doctor to fill out a WIC application during your next visit. If you have an infant or child, ask their doctor to fill out a WIC application or contact your local WIC office.

Member rewards

Earn rewards for well care visits and immunization. Use rewards for healthy items.

Other benefits and services

Back to school programming

Promotes healthy habits and nutrition. For example, we give away gift bags containing school supplies.

Annual physical exams

We offer adults an option for a physical. Physical exams for members 21 and older are covered with an in network PCP (e.g., EPSDT, adult routine physicals). Physicals are available for children younger than 21 (e.g., children in school/sports physicals).

KidsHealth

Online answers, advice and fun with KidsHealth. You and your family can get answers to your health questions online.

Substance Use Disorder Helpline (SUD)

SUD Helpline is an anonymous confidential helpline where members and their families or friends can call and speak with a licensed substance use expert for information on SUD treatment. When members or their friends, providers or caregivers call our SUD Helpline, our staff of licensed behavioral health experts will answer their questions and refer them for assessments and services according to their individual comfort level, needs and scenario – allowing the caller to remain anonymous.

The SUD Helpline is available 24 hours a day, seven days a week to member sand their family/ caregiver by calling 1-855-780-5955.

UnitedHealthcare® app

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

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

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



Twitter

Follow us on Twitter [@UHCPregnantCare](#) to get useful tips, information on what to expect and important pregnancy reminders. We're here to make taking care of yourself and your baby a little easier. Visit bit.ly/uhc-pregnancy.

Dr. Health E. Hound® program

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

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

Other plan details

When to call the Division of Medicaid and Long-Term Care

Call AccessNebraska toll-free at 1-855-632-7633 if you have questions about your eligibility. You should also call if you:

- Get other health insurance
- Have a change in eligibility
- Are pregnant
- Have a new address

Finding a network provider

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

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

Call Member Services at **1-800-641-1902**, TTY **711**. We can look up network providers for you. Or, if you’d like, we can send you a Provider Directory in the mail.

Provider Directory

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

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

If you would like a printed copy of our directory, please call Member Services at **1-800-641-1902**, TTY **711**, and we will mail one to you.

If you get a bill for services

Hospitals and doctors cannot bill members for covered services. Sometimes you will get a bill that should have been sent to us. If you get a bill you believe we should pay, call Member Services at **1-800-641-1902**, TTY **711**. You may have to pay medical bills if you receive treatment from providers who are not part of UnitedHealthcare Community Plan's network or if you received services outside the country.

Advance Directives

In Nebraska, adults who are capable of making health care decisions generally have the right to say yes or no to medical treatment. As a result, you have the right to prepare a document known as an "Advance Directive." The document says in advance what kind of treatment you do or do not want under special, serious medical conditions – conditions that would prevent you from telling your doctor how you want to be treated. For example, if you were taken to a hospital in a coma, would you want the hospital's medical staff to know your specific wishes about the kind of medical treatment that you do and do not want to receive?

The information in this description can help you understand your right to make decisions in advance of treatment. Because this is an important matter, you may wish to talk to family, close friends or personal advisors, your doctor, and your attorney before deciding whether you want an Advance Directive.

1. What is an Advance Directive?

An Advance Directive is a written statement which reliably shows that you have made a particular health care decision or have appointed another person to make that decision on your behalf. The two most common forms of Advance Directive are:

- A "Living Will"; and
- A "Power of Attorney for Health Care."

However, an Advance Directive can take other forms or be called other things.

An Advance Directive allows you to state your choices for health care or to name someone to make those choices for you, if you become unable to make decisions about your medical treatment. In short, an Advance Directive can enable you to make decisions about your future medical treatment. You can say "yes" to treatment you want or say "no" to treatment you do not want.

Other plan details

2. What is a Living Will?

A Living Will generally states the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a “Living Will” because it takes effect while you are still living. The Nebraska Legislature has adopted laws governing living wills. This law is known as the Rights of the Terminally Ill Act. An adult of sound mind may execute at any time a declaration governing the withholding or withdrawal of life-sustaining treatment. The declaration must be signed by the individual or another person at the individual’s direction and witnessed by two adults or a notary. No more than one witness to a declaration can be an administrator or employee of a health care provider who is caring for or treating the individual. An employee of a life or health insurance provider cannot be a witness for the individual. Under the law, life-sustaining treatment cannot be withheld or withdrawn under a declaration from an individual who is pregnant if it is probable that the fetus will develop to the point of live birth with continued application of life-sustaining treatment. A Living Will should clearly state your choice with regard to health care.

3. What is a Power of Attorney for Health Care?

A “Power of Attorney for Health Care” is a legal paper naming another person — such as a husband, wife, daughter, son, or close friend — as your “agent” or “representative” to make medical decisions for you if you should become unable to make them for yourself. Your agent, or representative, is guided by your instructions, and you can provide instructions about any treatment you do or don’t want. In general, the power of attorney can give to the agent or representative the same powers an individual may have or could enforce on his/her own behalf. Nebraska has laws on Powers of Attorney for Health Care which allow an agent to make medical decisions for the person giving the power of attorney.

A power of attorney for health care must: be in writing; identify yourself, your agent, and your successor agent, if any; specifically authorize the agent to make health care decisions on behalf of yourself in the event you are incapable; show the date of its execution; and be witnessed and signed by two adults, each of whom witnesses the signing and dating of the power of attorney for health care by you or your acknowledgment of the signature and date, or be signed and acknowledged by you before a notary public who is not the attorney in fact or successor attorney in fact.

Your power of attorney for health care can grant authority for health care decisions as described in the law. However, the authority to consent to withholding or withdrawing a life-sustaining procedure for artificially administered nutrition for hydration is effective only when:

1. You are suffering from a terminal condition or are in a persistent vegetative state; **and**
2. Your power of attorney for health care explicitly grants the authority to your agent or your intention to withhold or withdraw life-sustaining procedures or artificially administered nutrition or hydration is established by clear and convincing evidence. Clear and convincing evidence may be a living will, clearly documented medical record, refusal to consent to treatment, or other evidence.

Your provider knows about advance directives and will be happy to answer questions. Other groups that can answer your questions are listed below.

Department of Health and Human Services – State Unit on Aging

P.O. Box 95026

Lincoln, NE 68509

1-402-471-2307, 1-800-942-7830

Services available for persons age 65 and over.

National Hospice and Palliative Care Organization

1731 King Street, Suite 100

Alexandria, VA 22314

1-800-658-8898

www.nhpco.org

UnitedHealthcare Community Plan supports your right to have advance directives and to have your instructions followed by your health care providers. If you think a health care provider is not following your wishes, you may call Member Services at **1-800-641-1902** or you can write to:

Survey and Certification Department of Regulation and Licensure

Nebraska Department of Health and Human Services

301 Centennial Mall South

P.O. Box 94986

Lincoln, NE 68508

Updating your information

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

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

Please call Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday, if any of this information changes. UnitedHealthcare Community Plan needs up-to-date records to tell you about new programs, to send you reminders about healthy checkups, and to mail you member newsletters, ID cards and other important information. You also need to report these changes to the State. If the State cannot contact you, you could lose your coverage. They need updated address information every time you move. To update your information, call AccessNebraska at 1-855-632-7633. If in the Lincoln area, call 402-473-7000. If in the Omaha area, call 402-595-1178 or visit [accessnebraska.ne.gov](https://www.accessnebraska.ne.gov). Also call Member Services at **1-800-641-1902**, or 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)

Fraud and abuse

Anyone can report potential fraud and abuse. If you become aware of fraud or abuse, call Member Services at **1-800-641-1902**, TTY **711**, to report it. Some examples of fraud and abuse are:

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

How to report fraud and abuse

Tell us in one of the following ways:

- UnitedHealth Group maintains a 24-hour toll-free telephone line, known as the Compliance Helpline, at 1-800-455-4521. Callers may choose to remain anonymous.
- Contact Member Services toll-free at **1-800-641-1902**, TTY **711**
- Go online to <http://dhhs.ne.gov/Pages/Program-Integrity-Reporting-Fraud.aspx> for instructions on how to report Medicaid Provider Fraud and Medicaid Client Fraud to the State of Nebraska
- Call the Medicaid Fraud and Patient Abuse Unit of the Attorney General's office at 402-595-3789

Enrollment and membership

Changing health plans

Every year you have the option to change plans during Annual Enrollment Period. The Heritage Health Enrollment Center will send you a notice two months before the date you can change.

Individuals newly eligible for Medicaid have 90 days to change plans for any reason.

Requesting disenrollment from your health plan

You may ask to leave the Plan with cause. Causes are things like moving out of the service area, poor quality of care or inability to get care. Or you may not be able to get the providers you need. The State must approve your request.

Call the Heritage Health Enrollment Center at **1-888-255-2605**.

Member's right to refuse treatment

You may refuse any health service provided by UnitedHealthcare Community Plan. You may object on the basis of religion.

How we pay our providers

UnitedHealthcare Community Plan pays our network providers every time they see you. This is known as fee-for-service. If you have any questions about provider pay, call Member Services at **1-800-641-1902, TTY 711**.

Provider credentials

You may get information about our providers. This includes their education, residency and certifications. Call Member Services at **1-800-641-1902, TTY 711**.

Provider incentive plan

You may ask if we have financial agreements with our providers that could affect referrals or services. Call Member Services at **1-800-641-1902, TTY 711**.

Notification

Notify UnitedHealthcare Community Plan immediately if you have a Workers' Compensation claim, a pending personal injury or medical malpractice law suit, or have been involved in an auto accident.

Utilization management

UnitedHealthcare Community Plan does not want you to get too little care or care you don't need. We also have to make sure that the care you get is a covered benefit. The process to do this is called utilization management (UM). We do not reward providers or staff for denying coverage. We do not give incentives for UM decisions.

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

Only doctors and pharmacists do UM. We do not reward anyone for saying no to needed care. If you have questions about UM, talk to our Medicaid Care Management staff. Call **1-800-641-1902**, TTY **711**. Language help is available.

Safety and protection from discrimination

Patient safety is very important to us. We do not direct care, but we want to make sure that you get safe care. We track quality-of-care issues. We develop guidelines to promote safe care. We give information on patient safety. We work with hospitals, doctors and others to improve continuity and coordination between sites of care. If you want more information on patient safety, call Member Services at **1-800-641-1902**, TTY **711**.

UnitedHealthcare Community Plan and its providers cannot discriminate because of age, race, ethnicity, sex or religion. UnitedHealthcare Community Plan providers must follow the Americans with Disabilities Act. They cannot discriminate on the basis of health or mental health, need for care or preexisting conditions, sexual orientation or language needs. If you think you have been subject to any form of discrimination, call Member Services at **1-800-641-1902**, TTY **711**.

Clinical practice guidelines and new technology

UnitedHealthcare Community Plan gives our providers clinical guidelines on the best way to provide care. The guidelines are accepted standards of care. This means other doctors agree with that approach.

If you have questions or would like a paper copy of a guideline, call Member Services at **1-800-641-1902**, TTY **711**. You can also find the guidelines on our website at myuhc.com/CommunityPlan.

New technology assessment

Some medical services are not yet proven to be effective. New practices, treatments, tests and technologies are reviewed nationally by UnitedHealthcare Community Plan. The information is reviewed by a committee of UnitedHealthcare Community Plan doctors, nurses, pharmacists and guest experts. They make the decision about coverage. If you want more information, call Member Services at **1-800-641-1902**, TTY **711**.

Transplants

The health plan is responsible for transplant services associated with transplant care for a member. The Nebraska Medicaid Medical Director will determine whether the transplant is medically necessary and non-experimental if a Medicare policy regarding it doesn't exist. This includes:

- Heart and lung
- Lung only
- Heart only
- Intestinal and/or multi-visceral
- Kidney only
- Pancreas only
- Kidney and pancreas
- Liver only
- Bone marrow/stem cell

Pregnancy terminations

Pregnancy terminations to preserve the life of the mother must be prior approved. They must be authorized by Nebraska Medicaid.

Services regulations

Pregnancy termination services

Pregnancy termination services are not a covered benefit, except in cases to preserve the life of the woman. In this case, physicians or providers will be required to follow the Nebraska DHHS and Consent Procedures for abortion. Allowable pregnancy termination services do not require a referral from the patient's primary care provider. Patients must utilize the physician and provider network.

Pregnancy termination service

Documentation process

Pregnancy termination services are covered when it is necessary to preserve the life of the woman. If a pregnancy termination is needed to preserve the life of the mother, the physician must request prior authorization from the Medicaid Division before performing the pregnancy termination. Should prior authorization be approved using the Nebraska DHHS guideline, reimbursement will be made upon submission of documentation reflecting Nebraska DHHS approval of procedure. Requests must be sent in writing to:

Department Health & Human Services
Medicaid Division
P.O. Box 95026
Lincoln, NE 68509-5026

Crimes and notification

UnitedHealthcare Community Plan must notify the Medicaid Agency of any disclosures made by providers on information on persons convicted of crimes within 10 working days from the date it receives the information. UnitedHealthcare Community Plan must also promptly notify the Medicaid Agency of any action we take on the provider's application for participation in the program. The Medicaid Agency is responsible for notifying the Inspector General within 20 working days of notification by UnitedHealthcare Community Plan.

Member survey

Every year, UnitedHealthcare Community Plan asks some of our members how they feel about our health plan. This survey helps us to decide which areas we should work on to make improvements and what we are doing well.

If you get a survey, please answer it. An outside firm takes the survey and we do not ever see your answers. Your privacy is guarded. Your responses will never be used to make decisions about you or your family's health care. Your answers, along with the answers of many other enrollees, are combined to let us know how we are doing. It's your chance to "give us a grade." You can obtain a copy of the survey results by calling Member Services at **1-800-641-1902**, TTY **711**. We want to hear your quality of care or quality of service concerns.

Your opinion matters

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

- Call Member Services at **1-800-641-1902**, TTY **711**
- Write to us at:

UnitedHealthcare Community Plan
Member Advocate
2717 North 118th Street, Suite 300
Omaha, NE 68164

Member Advisory Committee

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

Who can join?

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

Participants can:

- Share feedback and ideas with the UnitedHealthcare team
- For more information about the advisory committee, contact the chair by calling Member Services at **1-800-641-1902**, TTY **711**

Reporting marketing violations

UnitedHealthcare Community Plan, follows strict marketing guidelines set by Nebraska Department of Health and Human Services. 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, you can call Nebraska Medicaid Investigations at 402-595-3789 or contact DHHS.MedicaidProgramIntegrity@nebraska.gov.

Member rights and responsibilities

UnitedHealthcare Community Plan rights and responsibilities statement

As a UnitedHealthcare Community Plan member, you have certain rights and responsibilities. It is important that you understand them. These rights and responsibilities do not change your health care coverage in any way. If you have any questions about your rights or your health care coverage, please call Member Services at **1-800-641-1902**, TTY **711**.

Member rights

As a UnitedHealthcare Community Plan member, you have a right to:

- Request information on Advance Directives
- Be treated with respect, dignity and privacy
- Courtesy and prompt treatment
- Receive culturally competent assistance including having interpreter services during appointments and procedures
- Receive information about UnitedHealthcare Community Plan, your rights and responsibilities, your benefit plan and which services are not covered
- Know the qualifications of your health care providers
- Give your consent for treatment unless you are unable to do so because your life or health is in immediate danger
- Discuss any and all treatment options with your provider without interference from us
- Refuse treatment through an Advance Directive or withhold your consent for treatment
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, retaliation, convenience or to force you to do something you don't want to do
- Obtain available and accessible health care services covered by the health plan
- Receive information about our network providers and practitioners, and choose a provider from our network
- Change your provider at any time for any reason
- Tell us if you are not satisfied with your treatment or with UnitedHealthcare Community Plan; when you tell us, you can expect a timely response from us
- Appeal any payment or benefit decision we make
- Request and review your medical records maintained by your provider and request changes and/or additions to any area you feel is needed
- Request disenrollment and be notified at the time of enrollment and annually of your disenrollment rights

- Be free to exercise these rights without adversely affecting your treatment by the MCO, its providers, or MLTC
- Be given information about your illness or condition, understand your treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand the information, regardless of cost or whether such services are covered by UnitedHealthcare Community Plan, and participate with your providers in making decisions about your health care including the right to refuse treatment
- Get a second opinion with a network provider
- Expect that health care professionals are not prohibited or otherwise restricted from advising you about your health status, medical care or treatment regardless of benefit coverage
- Make suggestions about UnitedHealthcare Community Plan's member rights and responsibilities policies
- You have the right to additional information upon request, such as information on how your Health Plan works and a provider's incentive plan, if they apply
- You also have the right to ask for more information about:
 - Our structure and operation
 - Our physician incentive plan
 - Our service utilization policies
 - How to report alleged marketing violations to MLTC
 - Reports to the State about transactions between UHC and other parties

Member responsibilities

As a UnitedHealthcare Community Plan member, you have a responsibility to:

- Understand your benefit plan and follow it to obtain the most benefits
- Show your ID card to providers; prevent others from using your ID card
- Give health care providers true and complete information; ask questions about your treatment so that you understand
- Work with your provider to set treatment goals and follow the treatment plan you and your provider agree upon
- Get to know your provider before you are sick
- Keep appointments or tell the health care provider when you cannot keep the appointment
- Treat UnitedHealthcare Community Plan staff, providers and their staff with respect and courtesy
- Tell us your opinions, concerns and complaints
- Get any approvals needed before you receive treatment
- Use the emergency room only when there is a serious threat to life or health

Questions? Visit myuhc.com/CommunityPlan, 99
or call Member Services at **1-800-641-1902**, TTY **711**.

Other plan details

- Notify us of any change in address or family status
- Make sure that each provider you see is in the network
- Follow the advice of your providers and understand possible results if you do not follow their advice
- Give your providers and us information that could help improve your health

Important terms

Abuse: Harming someone on purpose. (Includes yelling, ignoring a person's need and inappropriate touching.)

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

Adverse benefit determination:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
2. The reduction, suspension, or termination of a previously authorized service.
3. The denial, in whole or in part, of payment for a service.
4. The failure to provide services in a timely manner, as defined by the State.
5. The failure of the MCO to act within the timeframes provided in § 438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.
6. The denial of an enrollee's request to dispute a financial liability, including cost sharing, copayments and other enrollee financial liabilities.

Appeal: An appeal is a request you or your authorized representative make to UnitedHealthcare Community Plan to review a decision the plan made to deny, cut back or stop your health care services.

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

Benefits: Services, procedures and medications that UnitedHealthcare Community Plan will cover for you.

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

100 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-800-641-1902**, TTY **711**.

Dental Home: Is a primary care dentist (PCD) that will be assigned to each member.

Disenrollment: To stop your membership in UnitedHealthcare Community Plan.

Durable Medical Equipment (DME): Durable Medical Equipment includes things such as wheelchairs, walkers, diabetic glucose meter and IV poles that have to be used for a length of time. It can also be equipment that must be thrown away such as bandages, catheters and needles. DME must be requested by your doctor.

Emergency: A sudden and, at the time, unexpected change in a person's physical or mental condition which, if a procedure or treatment is not performed right away, could be expected to result in (1) the loss of life or limb, (2) significant impairment to a bodily function, or (3) permanent damage to a body part or health of unborn child. (Mental health: Threat of suicide, homicide or self-injury, mania or psychosis that needs immediate medical attention.)

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

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

Grievance: A grievance is an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member's rights regardless of whether remedial action is requested. Grievance includes a member's right to dispute an extension of time proposed by the Managed Care Organization to make an authorization decision.

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

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

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

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

Other plan details

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

In-network: Doctors, specialists, hospitals, pharmacies and other providers who have an arrangement with UnitedHealthcare Community Plan.

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

Member: A person who is eligible for UnitedHealthcare Community Plan – Heritage Health coverage.

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

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

Preferred Drug List (PDL): The PDL is a list of drugs covered under your plan. They must be ordered by a network provider and supplied by a network pharmacy. Your doctor uses this list to make sure the medicines you need are covered by your plan.

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

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

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

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

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

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

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

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

State Fair Hearing: You or any provider can appeal a decision made by Unitedhealthcare Community Plan, addressed to the state. This is called a State Fair Hearing.

102 **Questions?** Visit myuhc.com/CommunityPlan,
or call Member Services at **1-800-641-1902**, TTY **711**.

[Table of contents](#)

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

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

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

Grievances and appeals

Grievances

You are our customer and are very important to us. We want to make your health care program a good one. We want to make sure you are happy with our program, so you can file a complaint at any time. If you are not happy, please call Member Services at **1-800-641-1902**, TTY **711**. We want to help you solve any health care problems.

We will try to help you on the phone. We hope we can solve your problem with your first phone call. There may be times when you don't agree. Maybe you still feel unhappy. So we made "Quality Steps" just for you. These steps give you every chance to let us learn more about your problem.

Quality steps for grievances:

1. Call us and tell us your problem. We will try to solve your problem on the first call.

Member Services:

Toll-free **1-800-641-1902**, TTY **711**

2. If you are not happy with the answer, call or write to us and let us know at:

Write to:

UnitedHealthcare Community Plan

Attn: Appeals and Grievances

P.O. Box 31364

Salt Lake City, UT 84131

Call: Toll-free **1-800-641-1902**, TTY **711**

3. When your call or letter is received, our Appeals and Grievance Department will promptly do a thorough review of the case and make a decision.

Questions? Visit myuhc.com/CommunityPlan, 103
or call Member Services at **1-800-641-1902**, TTY **711**.

Other plan details

4. Contract allows 90 calendar days to resolve a grievance, estimated timeframe is set to 60 calendar days.
5. We welcome your input regarding your complaint.
6. You may get help in telling us about your problem or in appealing the decision by calling our Member Services. You may ask them for help with filing a grievance or appeal or filling out forms. You may ask for an interpreter.
7. If you have a complaint about Non-Emergent Medical Transportation, please call Member Services at **1-800-641-1902**, TTY **711**.

Privacy of records

UnitedHealthcare Community Plan takes privacy issues and laws seriously. Safeguards are in place to protect information about you. We don't share private information without your written okay unless there is a legal reason, such as a court order.

Appeals

Sometimes we will make decisions about the health care you need. If you or your provider asks us to pay for care that we do not think is covered by UnitedHealthcare Community Plan or if we don't make our decision promptly, this is called an adverse benefit determination. An adverse benefit determination is defined as:

1. The denial or limited authorization of a requested service including the type or level of service requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
2. The reduction, suspension or termination of a previously authorized service;
3. The denial, in whole or in part, of payment for a service;
4. The failure to provide services in a timely manner as defined by the State; or
5. The failure of UnitedHealthcare Community Plan to act within the following time limits:
 - Resolution of a grievance — 90 calendar days
 - Resolution of a standard appeal — 30 calendar days
 - Resolution of an expedited appeal — 72 hours
 - You or UnitedHealthcare Community Plan may extend the resolution of a standard appeal up to 14 calendar days and an expedited appeal up to 5 calendar days, if justified
6. Definition of an adverse benefit determination doesn't include the denial to use an out-of-network doctor when only one Managed Care Organization is present.
7. The denial of a member's request to dispute a financial liability, including cost sharing, copayments and other member financial liabilities.

104 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-800-641-1902**, TTY **711**.

We will send you a letter to tell you about our adverse benefit determination. If you don't agree with this, you may appeal. You have certain rights during an appeal. These are the things you should know:

- You have 60 calendar days from the date on the letter from us saying that we have taken an adverse benefit determination to ask for an appeal. We will make a decision on the appeal and notify you in writing of our decision within 30 calendar days of when we receive your appeal request. We may extend the time to make a decision by up to 14 calendar days for a standard appeal and 5 calendar days for an expedited appeal if you ask for an extension or we can show we need additional information to make a decision and give reasons why the delay benefits you.
- You may file an appeal either verbally or in writing

Write to:

UnitedHealthcare Community Plan

Attn: Appeals and Grievances

P.O. Box 31364

Salt Lake City, UT 84131

Call: Toll-Free **1-800-641-1902**, TTY **711**

- You can ask your provider to file an appeal on your behalf. In order to do so, you must appoint them in writing as your representative.
- You have the right to present evidence for your appeal in person or in writing. You can do this at anytime during the appeal.
8:00 a.m.–5:00 p.m. CT (7:00 a.m.–4:00 p.m. MT), Monday–Friday, at:
UnitedHealthcare
2717 N. 118th Street, Suite 300
Omaha, NE 68164
- You can ask for a copy of the rules we used to make our decision. You can have someone else, such as a family member, friend, health care provider, lawyer or the Medicaid Enrollment Center, help you with the appeal.
- You can ask to see and receive a copy of the information in our files that we used to make our decision
- You can send written comments or documents for us to look at when we review your appeal
- You or your provider can call us and ask for an expedited 72-hour appeal if your provider has said that waiting for this health service would increase the risk to your health. If you choose to do an expedited appeal, you have limited time (72 hours or less) to present documentation in person or in writing regarding your request.
- The Managed Care Organization may extend the time to make a decision by up to 14 calendar days for a standard appeal and 5 calendar days for an expedited appeal if you ask for an extension or if the health plan can show a need for additional information to make a decision and give reasons why the delay benefits you

Questions? Visit myuhc.com/CommunityPlan, 105
or call Member Services at **1-800-641-1902**, TTY **711**.

[Table of contents](#)

Other plan details

Continuation of care

You can ask for services to continue during the appeal. However, you may need to pay for the health service if you continue the service while we are reviewing the appeal and we decide that you should not have received the service.

State Fair Hearing

A member or his/her representative may request a State Fair Hearing only after receiving notice that the MCO is upholding the adverse benefit determination. You can do this at any time within 120 calendar days from the date of the MCO's notice of resolution. You can ask for services to continue during the State Fair Hearing, within 10 calendar days from notice of appeal determination. However, you may need to pay for the health service if you continue the service during the State Fair Hearing and the decision is that you should not have received the service.

You can write to the State at:

Department of Health and Human Services
MLTC Appeal Coordinator
P.O. Box 94967
Lincoln, NE 68509-4967

You can also call our customer service center for assistance: Member Services at **1-800-641-1902**, TTY **711**. You may ask them for help with:

- Filing a grievance or appeal
- Filling out forms
- Help if you need an interpreter

You can request additional help by calling Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday.

You may call the Department of Health and Human Services (DHHS) Legal Services at **1-402-471-7237**.

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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.

Questions? Visit myuhc.com/CommunityPlan, 111
or call Member Services at **1-800-641-1902**, TTY **711**.

[Table of contents](#)

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>.

114 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-800-641-1902**, 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 can send a complaint at any time. We will acknowledge your complaint in writing within ten (10) calendar days of receipt. A decision will be sent to you no later than 90 calendar days from receipt of your complaint.

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

If you need help with your complaint, please call Member Services at **1-800-641-1902**, TTY **711**, 7 a.m.–7 p.m. CT (6 a.m.–6 p.m. MT), Monday–Friday.

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 **1-800-641-1902**, TTY **711**, 7 a.m.–7 p.m. CT (6 a.m.–6 p.m. MT), Monday–Friday.



We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-641-1902**, TTY **711**, 7:00 a.m.–7:00 p.m. CT (6:00 a.m.–6:00 p.m. MT), Monday–Friday. You can also visit our website at myuhc.com/CommunityPlan.

UnitedHealthcare of the Midlands, Inc.
2717 N. 118th Street, Suite 300
Omaha, NE 68164

1-800-641-1902, TTY **711**

UnitedHealthcare of the Midlands, Inc.
U.S. Bank Building
233 South 13th Street, 11th Floor
Lincoln, NE 68508

myuhc.com/CommunityPlan
1-800-641-1902, TTY **711**

**United
Healthcare
Community Plan**

118 **Questions?** Visit myuhc.com/CommunityPlan,
or call Member Services at **1-800-641-1902**, TTY **711**.

[Table of contents](#)

You may be missing an important medical screening or exam

Make sure to see your primary care provider (or PCP) for your annual checkup. PCPs are the main health care professionals who take care of you.

Schedule your annual checkup today



Call Member Services

at **1-800-641-1902**, TTY **711** if you need help finding your PCP or if you need help making an appointment.



Bring your Member ID

and any state Medicaid ID cards to the appointment. If you do not have your member ID card, you can download it on myuhc.com/CommunityPlan.



Need Transportation?

Call toll-free at **1-833-583-5683** (TTY **1-866-288-3133**). We can help arrange a ride to and from your PCP appointments.

What to expect during the visit

- General physical exam
- Height and weight check
- Blood pressure, cholesterol and triglyceride tests
- Cardiovascular and diabetes screening
- Urine test

Stay connected

Get your health information online. Go to myuhc.com/CommunityPlan and register.



Your child or teen may be missing an important medical screening or exam

Make sure to see his or her primary care provider (or PCP) for a well-child visit. PCPs are the main health care professionals who take care of you.

Schedule a well-child visit today



Call Member Services

at **1-800-641-1902**, TTY **711** if you need help finding your PCP or if you need help making an appointment.



Bring your child's Member ID

and any state Medicaid ID cards to the appointment. If you do not have your member ID card, you can download it on myuhc.com/CommunityPlan.



Need Transportation?

Call toll-free at **1-833-583-5683** (TTY **1-866-288-3133**). We can help arrange a ride to and from your child's PCP appointments.

What to expect during the visit

- A complete physical exam
- Height and weight check
- Vision and hearing check
- Immunizations
- Additional tests, if necessary

Stay connected

Get your child's health information online. Go to myuhc.com/CommunityPlan and register.

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