



THE KEY TO A GOOD LIFE IS A GREAT PLAN

HealthTALK



CurrentCare

CurrentCare is a service developed by the Rhode Island health care community that gives each of your trusted providers quick access to important medical information from the doctors, hospitals, pharmacies and labs you've visited. It's an easy way to make sure your doctors and other providers have all the information they need to provide faster, better, safer care to you. To enroll in CurrentCare or for more information, visit CurrentCareRI.org or call **1-888-858-4815**.

For our members



Annual notification

Thank you for choosing UnitedHealthcare Community Plan as your health plan. We're happy to have you as a member. This newsletter contains important information about your coverage with us. We want to make sure you understand the benefits, programs and services available to you and your covered family members. We hope that this newsletter clearly explains your health coverage. We value you and your family as members and hope you find this information helpful. Please save this newsletter so you can refer to it throughout the year.



Get it all. This information is also in the UnitedHealthcare Community Plan Member Handbook and on our website at UHCCCommunityPlan.com. If you have any questions, please call us at **1-800-587-5187 (TTY 711)**.

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United Health Group

UnitedHealthcare Community Plan
475 Kilvert Street
Warwick, RI 02886



WE WANT TO MEET YOU

We call all our new members to welcome you to the health plan and to see if you have any questions for us. We will tell you about our programs that can help you and your family live healthier lives.

If you are a new member and have not heard from us or have not completed a health risk assessment, please call us at **1-877-460-7681 (TTY 711)**. We are available Monday–Friday, 8:30 a.m.–7:00 p.m. EST.

A health risk assessment was included in your welcome packet. It is a short list of questions we ask to see what programs might benefit you and help you stay healthy. Please fill it out and return it to us in the envelope provided.

We also host member meetings in the community where you can learn more about your new UnitedHealthcare Community Plan benefits. Staff will be available to answer your questions.



Join us! Call us at **1-800-587-5187 (TTY 711)** to find out when the next member meeting is. We would like to see you there!



You and your doctor

Choosing a provider

UnitedHealthcare Community Plan contracts with health care providers — doctors, nurses, hospitals and drugstores — so you have access to all the health services you need. We cover preventive care, checkups and treatment services. We're dedicated to improving our members' health and well being.

The RIte Care, Rhody Health Partners, and Rhody Health Partners ACA Adult Expansion Directory of Physicians and Other Health Care Providers lists the doctors, hospitals and other providers in our network. The Provider Directory will tell you each doctor's name, specialty, location, phone number, the languages he or she speaks, and if he or she is accepting new patients.

Each member must have a primary care provider (PCP). Some members can have a specialist as their PCP. Your primary care provider's name and phone number are on your member ID card. A PCP can be a:

- family doctor (cares for adults and children)
- internal medicine doctor (cares for adults)
- gynecologist (GYN, cares for women)
- obstetrician (OB, cares for pregnant women through delivery)
- pediatrician (cares for children)
- physician assistant (PA, cares for children and adults)
- nurse practitioner (NP, cares for children and adults)

Your PCP will take care of all your routine care, such as:

- annual checkups and other visits
- treatment for colds and flu
- coordinating your care with a specialist
- other health problems



Get the specs. Please visit **UHCCCommunityPlan.com** to view our online provider directory, Find a Doctor. If you would like to know which medical school the doctor attended or other professional qualifications (where the doctor completed his or her training or what type of certifications the doctor has), go to **abms.org** and click on the section for consumers. You can also call Member Services at **1-800-587-5187 (TTY 711)** to learn more about the doctors in our network, obtain a paper copy of the Provider Directory or change your PCP.

Special care

What to do if you need specialty, out-of-network or continued care

DO YOU NEED A REFERRAL?

A referral is when your PCP says you need to go to another doctor who specializes in caring for a certain part of the body. This doctor is called a specialist. If you want to see a specialist, call your PCP, who will help you find the right one. Some services do not need a referral from your PCP. They include:

- **EMERGENCY SERVICES**, both in Rhode Island and outside of Rhode Island.
- **URGENT CARE** services at a facility or walk-in clinic.
- **ROUTINE EYE EXAMS** every 24 months for members ages 21 and older or every 12 months if you have diabetes.
- **ONE ANNUAL GYNECOLOGY EXAM** and up to five visits with an in-network or out-of-network gynecologist per year for family planning, counseling or birth control visits, and STD testing and treatment.
- **IN-NETWORK OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE CARE.** You need to call Optum Behavioral Health (OBH) at **1-800-435-7486 (TTY 711)** so they can help coordinate your care.

- **EDUCATION CLASSES** including childbirth, parenting, smoking cessation and nutritional counseling.
- **SECOND OPINIONS** by a UnitedHealthcare Community Plan participating provider.

OUT-OF-NETWORK CARE

Sometimes you may need care from a local doctor or hospital clinic that is not in UnitedHealthcare Community Plan's network. This provider is considered "out-of-network." To see an out-of-network provider, your doctor will need to get an approval from UnitedHealthcare Community Plan. The health services department at UnitedHealthcare will review your request for services. Limited requests are considered if one of the following is true for you:

- The services you requested are not available in the UnitedHealthcare Community Plan network (including second opinions).
- Doctors with the same specialty are not available in-network.

- You are getting treatment for an acute medical condition or chronic condition, or you are pregnant, and your doctor leaves the network.
- You are getting follow-up care from emergency services.
- You have an emergency admission to an out-of-area hospital.

CONTINUED CARE AND TREATMENT

Sometimes providers leave our network. They retire, move or just decide they do not want to be part of our network. If this happens, we will send you a letter to let you know.

If the provider leaves the network, UnitedHealthcare Community Plan may allow you to see the provider for a while. This is called "continued care." If you are being treated for an ongoing condition or you are pregnant, we can work with your provider so he or she can continue to treat you for a period of time. We will work with you and your doctor to ensure a safe and comfortable transition of your health care to another doctor.



Need help choosing a new provider? Call Member Services at **1-800-587-5187 (TTY 711)** and they can help you. Also call if your doctor leaves the network and you want to continue seeing him or her for a while.

PRIOR AUTHORIZATIONS

A prior authorization is when your doctor gets our permission before giving you a service. Some services require prior authorization before you can get them. It is the responsibility of your doctor to call us to get prior authorization when necessary. If your doctor does not get a prior authorization from us, you will not be able to get those services. Some of these services include hospital admissions, cosmetic surgeries and home health care services.

UnitedHealthcare Community Plan requires that certain outpatient imaging procedures get prior authorization before you get them. Your provider needs to ask CareCore for approval for MRIs, MRAs, CT and PET scans, sleep studies and some nuclear medicine studies, including nuclear cardiology.

Advanced imaging services that take place in an emergency room, observation unit or urgent care facility, or during an inpatient stay, do not require prior authorization.



Special care

What to do if you need emergency, urgent, out-of-area or behavioral health care



EMERGENCY CARE

An emergency is a life-threatening illness or injury. UnitedHealthcare Community Plan will always cover emergency care you receive in the United States and its territories. If you have an emergency, call **911** or go directly to the nearest hospital emergency room, wherever you are, across the country.

If you are not sure it is an emergency, call your primary care doctor immediately. You can call your doctor's office 24 hours a day, seven days a week. You will receive instructions on whether to go to the emergency room, make an appointment with your doctor or take another action for treatment. Here are examples of emergencies:

- broken bones
- swallowing something poisonous or dangerous
- a drug overdose
- very bad pain or pressure
- bleeding that will not stop

- severe trouble breathing
- a bad head injury
- a change in level of consciousness
- seizures
- pregnancy complications, such as bleeding that will not stop or extreme pain

Be sure to call your PCP about your emergency room visit so he or she can make sure you get the follow-up care you need.

URGENT CARE

Urgent care is when you have a serious health problem that is not life-threatening, such as a sore throat or the flu. If you have an urgent health matter, call your PCP first. He or she can tell you where to get the right kind of care. You can call your PCP 24 hours a day, seven days a week.

Your doctor may tell you to go to a walk-in (urgent care) center or take another action for treatment. A list of urgent care centers can be found online in our searchable provider directory called Find a Doc. Printed copies of the directory are available by calling Member Services at **1-800-587-5187 (TTY 711)**.

Here are examples of when you need urgent care:

- sore throat
- skin rash
- pinkeye
- low fever
- ear infection

Be sure to call your PCP about any urgent care visit so he or she can make sure you get the follow-up care you need.

OUT-OF-AREA CARE

You are covered for emergency treatment received outside of Rhode Island. If you are out of the area and you have an emergency, go to the closest emergency room or urgent care center. When you return to Rhode Island, mail your bill to: UnitedHealthcare Community Plan

ATTN: Medicaid Program, Suite 310
475 Kilvert Street
Warwick, RI 02886

Remember to tell your PCP about care received when you were out of the service area. Services out of the country are not covered and emergency services are covered only in the United States and its territories.

POST STABILIZATION CARE SERVICES

You may need services in the hospital once your emergency condition has been taken care of. These are called post stabilization services. This care is given to you to make sure another emergency does not happen. Your doctor will make sure you receive the care you need so that you can return home.

MENTAL HEALTH AND SUBSTANCE ABUSE CARE

Behavioral health services are mental health and substance abuse services. As a UnitedHealthcare Community Plan member, you have behavioral health services through Optum Behavioral Health (Optum). Some examples of behavioral health services are family or individual counseling, day programs, hospitalization or methadone maintenance. If you or a family member needs these services, simply call Optum to notify us.



Get access. To access your behavioral health benefits, please call Optum Behavioral Health at **1-800-435-7486 (TTY 711)**.

You can call 24 hours a day, seven days a week and your call is always confidential. For a list of behavioral health providers, please visit **UHCommunityPlan.com** and view our searchable provider directory, Find a Doc. If you would like a print copy of the directory, please call Member Services at **1-800-587-5187 (TTY 711)**.

PHARMACY HOME

UnitedHealthcare Community Plan may limit the pharmacy you can use. This is called a “pharmacy home.” Members might be restricted to one pharmacy home based on high prescription utilization patterns (i.e. over-utilized pharmacy benefit, many narcotics, many pharmacies, etc.).

Members in this program will need to fill their prescriptions from one pharmacy (a specific pharmacy at a specific address) for up to two years. You will be sent a letter if you are being given a pharmacy home to tell you the name of the pharmacy you are restricted to. You have 30 calendar days from the date of the letter to request a change to a different pharmacy.



Make a change.

Contact Member Services at **1-800-587-5187 (TTY 711)** if you would like to change your assigned pharmacy. To request a change after the 30 calendar days, you will need to make the request in writing. Write about why you want to change the assigned pharmacy and send it to UnitedHealthcare Community Plan, Pharmacy Department, PO Box 41566, Philadelphia, PA 19101.

Special care

What to do if you need prescription drugs

Your benefits include prescription drug coverage. The prescription drugs UnitedHealthcare Community Plan covers are listed in your formulary, or Preferred Drug List (PDL). The formulary can be found on our website at **UHCCommunityPlan.com**.

GENERIC DRUGS

A Rhode Island law was passed that requires all RIte Care, Rhody Health Partners and Rhody Health Partners ACA Adult Expansion members to use generic drugs. The supply is limited to 30 calendar days. Generic and brand-name drugs have the same ingredients. Generic drugs may cost less than brand-name drugs, but both work the same way. Some generic drugs require prior authorization by UnitedHealthcare Community Plan. Your doctor has to get prior authorization before you can get these drugs.

BRAND-NAME DRUGS

If your doctor prescribes a brand-name drug and the same drug is available as a generic drug, UnitedHealthcare Community Plan will provide the generic drug unless the brand-name has been prior-authorized. There are a limited number of brand-name drugs that are covered. These are limited to certain classes (or types) of drugs. Some of these may require prior authorization by UnitedHealthcare Community Plan. Your doctor has to get prior authorization before you can get some drugs.

WHERE TO FILL YOUR PRESCRIPTION

When your doctor gives you a prescription, you can fill that prescription at any in-network RI pharmacy. Just bring your prescription and show your UnitedHealthcare Community Plan member ID card at the participating pharmacy. Many pharmacies stay open 24 hours a day. You can find a list of the pharmacies where you can fill a prescription in the Provider Directory or on our website.

COPAYMENTS

There are some members who may have to pay a small amount (copay) for their prescriptions. Copayments are usually \$1 to \$2 per prescription.

OVER-THE-COUNTER MEDICATIONS

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. Over-the-counter medications like pain relievers, cough syrup, first aid cream, cold medicine and contraceptives are just a few examples of the OTC medications you can get with a prescription. The supply is limited to 30 calendar days. Your doctor needs to write you a prescription for the OTC medications. Take the prescription and your UnitedHealthcare Community Plan member ID card to a participating pharmacy to get your OTC prescription filled.

INJECTABLE MEDICATIONS

Injectable medications are covered under the medical benefit. Your doctor can have the injectable medication delivered, either to his or her office or your home. In some instances, your doctor will write you a prescription for injectable medication, such as insulin, that you can fill at a pharmacy.



It's all listed. Complete lists of formulary medications, including any changes or updates to the formulary, in-network pharmacies and covered OTC items are available on our website at **UHCCommunityPlan.com**. You can also call Member Services at **1-800-587-5187 (TTY 711)** to request paper copies of these lists, ask questions or get help filling a prescription.

WHAT'S COVERED BY MEDICAID?

There are some benefits that are covered by Rhode Island Medicaid and are not covered by UnitedHealthcare Community Plan. An example of a service covered by Medicaid is routine dental care for older children and adults.

Please check your Member Handbook for a full list of your in-plan benefits, benefits covered by Medicaid and services not covered at all.



Questions? Rite Care members, including CSN, should call the Info Line at **401-462-5300 (TTY 711)**. Rhody Health Partners and ACA Expansion members should call the Adults in Managed Care Help Line at **401-784-8877 (TTY 711)**.



Complaints, grievances and appeals

COMPLAINTS

A complaint is an expression of dissatisfaction. It is about the care or services you received. Complaints may be submitted in writing or over the phone by you or an authorized representative.

If you have a complaint, please call Member Services at **1-800-587-5187 (TTY 711)**. We will be happy to address your questions or concerns about your benefits, access to services, the quality of care you have received, interpreter issues, coverage decisions (including nonpayment of a claim) or any health care experience that left you dissatisfied. You can file a complaint at any time.

You or your authorized representative can also send a written notice of your complaint to UnitedHealthcare Community Plan, P.O. Box 31364, Salt Lake City, UT 84131.

For transportation complaints, please call Logisticare directly at **1-855-330-9131 (TTY 866-288-3133)**.

GRIEVANCES

A grievance is a formal expression of dissatisfaction about any matter other than an "action." You can tell us about your grievance by contacting us on the phone or sending us a letter. You can call Member Services at **1-800-587-5187 (TTY 711)**. An example of a grievance is a disenrollment request.

APPEALS

An appeal is a request to change a decision made by UnitedHealthcare Community Plan for medical care or drugs requested by your doctor. Appeals can be made before the medical care happens, as well as after the medical care occurs. Expedited appeals are urgent requests to change a decision and must be decided right away so the health of the member is not at risk.

You have the right to appeal the following:

- denial of services



- determination of non-emergency care

A member or his or her authorized representative (doctor, family member, etc.), with written member consent, may appeal a medical care decision. The consent form can be found online at **UHCCommunityPlan.com>for healthcare professionals>RI>forms>member consentform** or by calling Member Services at **1-800-587-5187 (TTY 711)**. You or a representative can file an appeal by calling Member Services or you can write to: UnitedHealthcare Community Plan Grievances and Appeals, P.O. Box 31364, Salt Lake City, UT 84131.

A first-level appeal must be filed within 90 calendar days of the date on the original denial letter. Appeals filed with UnitedHealthcare Community Plan are decided within the time frames below:

- **NON-URGENT APPEAL:** 15 calendar days
- **URGENT (EXPEDITED) APPEAL:** Two calendar days or 72 hours (whichever is less) if your doctor thinks the care is an emergency

A second-level appeal is offered when the initial appeal decision is upheld. A second-level appeal must be filed within 60 calendar days of the date on the first-level appeal decision letter and will be completed within 15 calendar days after receiving the appeal. Urgent (expedited) second-level appeals will be completed in two calendar days or 72 hours, whichever is less.

You have the right to continue to have Medicaid covered services while your appeal is under review. To have these Medicaid

covered services continue, you must let us know within 10 calendar days of being notified. If you get services during the appeal, but the decision is not in your favor, you may have to pay for the services you got during that time.

FAIR HEARINGS

If you are not satisfied with the outcome of both level 1 and level 2 appeals, you can request a Fair Hearing with the Department of Human Services (DHS). Members must exhaust the level 1 and level 2 appeal processes before requesting a DHS Fair Hearing. The Fair Hearing must be asked for within 30 calendar days of the date on the second-level appeal decision letter. Call the DHS Info Line at **401-462-5300** if you qualify and want to request a Fair Hearing.

EXTERNAL APPEALS

You may also request an external appeal through an independent review organization. The external appeal must be requested within four months of the date of the level 2 appeal decision. The external appeal can be filed before requesting a DHS Fair Hearing.



Need help? You also have the right to call the Rhode Island Department of Health's Office of Managed Care at **401-222-6015 (TTY 711)**. If you need help with your complaint, grievance or appeal, you may also call Rhode Island Legal Services at **401-274-2652 (TTY 711)**. You may also contact RIREACH (Rhode Island Insurance Resource, Education, Assistance and Customer Helpline) at **1-855-747-3224 (1-855-RIREACH)**.

IF YOU GET A BILL

UnitedHealthcare Community Plan provides a full range of health care services for you and your family. Doctors and hospitals in our network send bills directly to us. You should not be charged for any covered services when you get them from a UnitedHealthcare Community Plan provider unless your coverage plan includes a small copayment.

If you are asked to pay for a service and you are not sure if it is covered, or you receive a bill for services, call UnitedHealthcare Community Plan Member Services at **1-800-587-5187 (TTY 711)**. You may also mail the bill to:

UnitedHealthcare Community Plan
Attention: Member Appeals
P.O. Box 31364
Salt Lake City, UT 84131



Our quality program

How we measure up in your care and satisfaction

Our quality program can help you stay healthy. The quality program helps you remember tests and shots that can prevent sickness. We send doctors and members reminders about lead tests, Pap tests, mammograms and shots that prevent diseases such as polio, mumps, measles and chicken pox.

HEDIS

UnitedHealthcare uses HEDIS® to help measure how we are doing with our quality program. HEDIS is a set of standard performance measures and scores to help people compare the performance of managed care plans. Each year, HEDIS is used to measure many areas, such as prenatal care and prevention programs. For example, we check how many members see their primary care doctor, get shots to prevent diseases or are tested for diabetes.

In 2014, our goals included increasing the number of members who had teen well visits, breast cancer screenings, Pap smears and comprehensive diabetes care.

In 2015, we found that more children received immunizations. Also, more women were getting prenatal care. Plus, many more members were having their BMI measured and were getting comprehensive diabetes care. However, we found that not enough children ages 12-24 months had visits with their primary care doctor, not enough teenagers were having annual well visits and not enough women were having Pap smears.

In 2015 and as we go into 2016, we will keep encouraging our members to get needed services. We want to see more visits for children 12-24 months of age, annual well visits for teenagers, annual eye exams, HbA1c testing for diabetic members, and cervical cancer and mammography screenings for women.

CAHPS

UnitedHealthcare also looks at CAHPS® survey data, which tells us how happy you are with the care you receive and with us as a health plan. If you should be randomly selected to participate in the CAHPS survey, please complete the survey to let us know how we are doing. Feedback from surveys such as CAHPS helps us learn what we are doing well and where we need to improve. It is our goal to be the best health plan possible.

Almost 1,000 members responded to the 2015 Child and Adult surveys that were mailed to a sample of our membership between February and May 2015. Members were asked to report on their experience with UnitedHealthcare's Medicaid program during the previous six months.

Our 2015 surveys showed improvement in several measures including how our members rated their personal doctor, how well doctors



communicate, and getting needed care. We continue to work hard to improve our customer service. We now have specific people to help members who call more than once about a problem. We also continue to make changes and improvements to our materials and website.



Get it all. UnitedHealthcare Community Plan is accredited by the National Committee for Quality Assurance (NCQA). If you would like to know more about the quality program, call Member Services at **1-800-587-5187 (TTY 711)**.

CLINICAL PRACTICE GUIDELINES

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



Get the guidelines.

If you have any questions about UnitedHealthcare Community Plan's clinical guidelines or would like a paper copy of a clinical practice guideline, please call Member Services at **1-800-587-5187 (TTY 711)**. You can also find the clinical practice guidelines online at **UHCCCommunityPlan.com>for healthcare professionals>RI>clinical practice guidelines**.



Special programs

How we help you stay healthy and get healthy

OUR WELLNESS PROGRAMS

UnitedHealthcare Community Plan has many programs and courses you can use to keep you and your family healthy. They include:

- classes to help you quit smoking.
- prenatal care and parenting classes.
- member newsletters with information on health and wellness.
- annual preventive letter that reminds members of the importance of regular exams and screenings for breast cancer, cervical cancer and sexually transmitted diseases.
- well-care reminders.
- nutrition classes.

To learn more about these programs, call **401-732-7373** or **1-800-672-2156 (TTY 711)**.

HEALTHY FIRST STEPS

Are you or is someone in your household pregnant? Thinking about

becoming pregnant? It is very important for you and your baby to get the best possible care. We want to do everything we can to help you. The Healthy First Steps program will help keep you and your baby healthy during and after your pregnancy.

Healthy First Steps is a voluntary program for pregnant members. Healthy First Steps provides educational materials, teaching, supportive community intervention and high-risk care management. A care manager will work closely with you. You will receive information that will help you take care of yourself and your baby. If you have special health needs, we can give you even more help.

After your delivery, your Healthy First Steps care manager will continue to give you support and helpful information about early infant care for your baby and postpartum care for you.

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This is a very important time for you and your baby. It is very important to take care of yourself. You should see your doctor within six weeks after you are discharged from the hospital. You should also take your baby to his or her PCP as soon as possible after you are discharged from the hospital. UnitedHealthcare Community Plan covers the postpartum visit and other services, like prescriptions, over-the-counter medications and family planning services, including sterilization. Breast pumps are also covered for all new mothers.

To enroll in Healthy First Steps, call **1-800-599-5985 (TTY 711)** Monday through Friday, 8:30 a.m. to 5:30 p.m.

DISEASE AND CARE MANAGEMENT

UnitedHealthcare Community Plan has special voluntary programs to help our members who have asthma, diabetes and other chronic medical conditions. If you have complex medical or behavioral health needs, you may benefit from these programs. The goal is to provide you with focused care that improves your quality of life — in the setting that is right for you.

Our disease and care management programs help our members learn how to stay healthy and can teach you how to care for yourself. The programs will give you important information about your health condition, medications, treatments and the importance of follow-up visits with your doctor.

Our registered nurses and social workers will work with you, your family, your doctor, health care providers and other community resources to design a plan of care to meet your needs in the most appropriate setting.

They will talk to you about living with your disease and staying healthy.

If you join a care management program, you will have a professional care manager. She or he will work with you, your doctors and others on your health care team. Your care manager will stay in touch with you to see how you are feeling and to learn what health care you need. He or she will help you get the health care you need, when you need it. Your care manager will:

- make appointments with your doctors.
- help you get to your doctor visits and home again.
- make sure your prescriptions are right for you.
- arrange for medical supplies and home health care, if needed.

Our care managers are highly trained nurses, behavioral health clinicians and social workers. They are part of the community and live and work in this area. They know our local doctors and caregivers. They also know about other community services that could benefit you.

If you have any of the following conditions, we may call you to see if this program might be right for you:

- asthma
- diabetes
- heart disease
- high blood pressure
- behavioral health problems
- high-risk pregnancy



Could you benefit? You

or your doctor can call **1-800-672-2156 (TTY 711)** or **401-732-7373 (TTY 711)** to ask if our care management or disease management programs could help you. These programs are voluntary.





Special services

If you need interpretation or transportation

INTERPRETATION

If English is not your primary language, you can ask for an interpreter to help with your call to Member Services. There are people on our Member Services staff who speak more than one language. They can help you file a complaint or read information you may have received from us in the mail.

If you need help with a language that our Member Services staff does not speak, we have interpreter services available to you so you can speak with our Member Services staff.

We can also provide interpreter and sign language services for your doctor visits. Call Member

Services at least 72 hours before your scheduled appointment to arrange for an interpreter to meet you at your appointment. Call Member Services 14 days in advance for American Sign Language interpreter requests.

TRANSPORTATION SERVICES

Rite Care and Rhody Health Partner ACA Adult Expansion Members

Bus passes are available to medical appointments through LogistiCare. LogistiCare is the State of Rhode Island Medicaid transportation vendor. They manage non-emergency medical transportation for members who have no other

way to get a ride to a Medicaid-covered service.

Call LogistiCare at **1-855-330-9131 (TTY 1-866-288-3133)** to arrange for bus transportation to your doctor appointment. You must call seven days ahead of your adult managed care appointment and will need to let them know the date, time and place of your appointment.

LogistiCare will mail your bus passes to you. If you cannot take a bus for medical reasons or because your home or your adult managed care appointment is not near a bus line, please call LogistiCare for help in getting transportation to your appointment.

Rhody Health Partner members

Rhody Health Partner members may be eligible for the RIPTA No Fare ID Pass. To find out if you are eligible or to request passes, call the Adult Managed Care Help Line at **401-784-8877 (TTY 711)**. To get the RIPTA No Fare ID Pass, call RIPTA at **401-784-9500, ext. 604**.

If you cannot use the RIPTA No Fare ID Pass, you may be eligible to use the Ride Van program. Ride Van requests must be scheduled two weeks prior to your appointment. Call the Ride Program at **401-461-9760**. For all other non-emergency medical transportation, call LogistiCare at **1-855-330-9131 (TTY 1-866-288-3133)**.

COMMUNITIES OF CARE

Communities of Care is a program designed to improve your health by making sure you have access to your doctor and other needed services instead of emergency room care. Communities of Care provides an individualized approach to help members with their medical care,

behavioral health care or other social issues. It also addresses the reasons why people use the emergency room instead of other settings of care.

Some members who use multiple pharmacies will be placed into our pharmacy home program.



Your rights and responsibilities

As a UnitedHealthcare Community Plan Member, you have certain rights and assume certain responsibilities when you become a member. It is important that you fully understand both your rights and your responsibilities. It is also important that you are treated with respect and dignity and that you treat providers, their staff and health plan staff with respect and dignity.

YOUR RIGHTS

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

- To get information regarding your member Rights and Responsibilities.
- To be treated with respect and dignity by UnitedHealthcare Community Plan employees and network providers.
- To privacy and confidentiality for treatments, tests or procedures you receive and all records and communications to the extent of the law.
- To voice concerns about services and care you receive.
- To register grievances, complaints and appeals concerning your health plan or the care provided to you.
- To receive timely responses to your concerns.
- To participate in candid discussions with your physicians about appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- To be provided with access to health care, physicians and providers.
- To obtain a second opinion for medical and surgical procedures.
- To participate with your doctor and other caregivers in decisions about your care.
- To refuse treatment and not have it affect your future treatment.

- To receive information about the minimum length of stay for mothers and newborns to the extent required by law.
- To suggest changes to UnitedHealthcare Community Plan's member Rights and Responsibilities.
- To receive information about UnitedHealthcare Community Plan, our services and network providers.
- To be informed of and refuse to participate in any experimental treatment.
- To have coverage decisions and claims processed according to regulatory standards.
- To make an advance directive to designate the kind of care you wish to receive should you be unable to express your wishes.
- To change primary care physicians at any time.

YOUR RESPONSIBILITIES

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

- To know and confirm your benefits prior to receiving treatment.
- To choose a primary care physician (PCP).
- To see an appropriate health care professional when you have a medical need or concern.
- To show your UnitedHealthcare Community Plan member ID card before receiving health care.
- To pay any necessary copayments at the time you receive treatment.

- To keep scheduled appointments.
- To provide information needed for your care.
- To follow agreed-upon instructions and guidelines of physicians and health care professionals.
- To participate in understanding your health problems and developing mutually agreed-upon treatment goals.
- To use emergency room services only for an injury or illness that, in the judgment of a reasonable person, requires immediate treatment to avoid jeopardy to life or death.
- To notify Member Services and HealthSource RI of changes in name, address, phone number or family status, or if you have other insurance.
- To know what benefits and which providers are covered by UnitedHealthcare Community Plan and which are not.
- To call Member Services when you have questions about your eligibility, benefits or claims.
- To call Member Services to make sure your PCP belongs to UnitedHealthcare Community Plan's provider network before receiving care.



Have input? If you have a recommendation to our members' Rights and Responsibilities that you would like to be considered, please contact Member Services at **1-800-587-5187 (TTY 711)**.


YOUR PRIVACY RIGHTS

We take your privacy seriously. We are very careful with your protected health information (PHI). We also guard your financial information (FI). We get and keep PHI and FI verbally, in writing and electronically. We use this information to run our business. It helps us provide products, services and information to you.

We guard your PHI and FI closely. We have physical and electronic safeguards. We also have rules that tell us how we can keep your PHI and FI safe. We don't want your PHI and FI to get lost or destroyed. We want to make sure no one misuses it. We check to make sure we use your PHI and FI carefully.

We have policies that explain:

- how we may use PHI and FI.
- when we may share PHI and FI with others.
- what rights you have to your PHI and FI.

 **Where to find it.** You may read our privacy policy online at **UHCommunityPlan.com**. You may also call Member Services at **1-800-587-5187 (TTY 711)** to ask us to mail you a paper copy. If we make changes to the policy, we will mail you a notice.



Take charge

Be a good health care consumer

FRAUD & ABUSE

Anyone can report potential fraud and abuse. If you become aware of fraud or abuse, you can call Member Services at **1-800-587-5187 (TTY 711)** to report it. Some examples of fraud and abuse are:

- receiving benefits in Rhode Island and another state at the same time.
- altering or forging prescriptions.
- someone 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 RItE Care, Rhody Health Partners, Rhody Health Partners ACA Adult Expansion or Medicaid benefits.
- doctors or hospitals that bill you or UnitedHealthcare for services that were not provided to you.
- doctors or hospitals that 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 necessary.

You can also report Medicaid fraud to the Rhode Island Attorney

General Office, Fraud Division, at **401-274-4400, ext. 2269** or by mail to:

Medicaid Fraud Control
Office of the Attorney General
150 South Main Street
Providence, RI 02903

ADVANCE DIRECTIVES

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

- **LIVING WILLS:** A living will tells your doctor the kinds of life support you want or do not want.
- **POWER OF ATTORNEY FOR HEALTH CARE:** In this form, you name another person who can make health care choices for you. It would be used if you cannot make health care choices for yourself.

You can ask your doctor for more information about Advance Directives or call the Rhode Island Department of Health at **401-222-5960**.



NON-COVERED BENEFITS

The following services are not covered by UnitedHealthcare Community Plan:

- experimental procedures, except where a state mandate for coverage exists
- abortion services, except to preserve the woman's life or in case of rape or incest
- private rooms in hospitals (unless medically necessary)
- cosmetic surgery
- infertility treatment services
- services outside the United States and its territories
- services outside Rhode Island, unless from a network provider or if a covered benefit is not available in-network (with an authorization)
- medications for sexual or erectile dysfunction



Program notes

Rite Care, Rhody Health Partners and Rhody Health Partners ACA Adult Expansion information

DISENGAGEMENT

If you are a Rite Care member (including Children with Special Health Care Needs), Rhody Health Partner member or Rhody Health Partner ACA Adult Expansion member, there are three ways you can leave the program (disenroll):

- You can change health plans during the Executive Office of Health and Human Services (EOHHS) open enrollment period. EOHHS will send you a letter letting you know when it is open enrollment.
- You can leave UnitedHealthcare Community Plan if you have a good reason. A member who wishes to disenroll from UnitedHealthcare Community Plan needs to fill out a Request to Change Health Plans form. You can call Member Services at **1-800-587-5187 (TTY 711)** to get the form. You can do this at any time. EOHHS decides if a member has a good reason to change plans.
- During your first 90 calendar days with UnitedHealthcare Community Plan, you may request to disenroll by calling Member Services at **1-800-587-5187 (TTY 711)**.

If you plan to move to another state, call your local DHS Office as soon as you can. Your benefits will end when you move out of Rhode Island.





About your plan

Even more information you need to know

HOW WE EVALUATE NEW TECHNOLOGY

Some medical practices and treatments are not yet proven effective. New practices, treatments, tests and technologies are reviewed nationally by the Medical Technology Assessment Unit of UnitedHealthcare. Doctors and researchers in this unit research medical and scientific materials about the topic and prepare an assessment for coverage recommendation. This information is reviewed by a committee of UnitedHealthcare doctors, nurses, pharmacists and guest experts who make the final coverage decision.

HOW WE MAKE DECISIONS

UnitedHealthcare Community Plan has a special team of nurses and medical staff that reviews requests for hospital admissions and other treatments. UnitedHealthcare Community Plan's medical decisions are based on what is right for our members. UnitedHealthcare Community Plan does not reward anyone who makes medical decisions with money or other incentives for denying or limiting services

to members. UnitedHealthcare Community Plan does not give financial rewards for decisions that result in fewer services or less care. Call us at **1-800-587-5187 (TTY 711)** if you have questions about how we make decisions.

HOW WE PAY OUR PROVIDERS

UnitedHealthcare Community Plan pays our network PCPs, specialists, hospitals and all other types of providers every time they see one of our members. This is known as fee-for-service.

HOW TO ACCESS OUR MEDICAL STAFF

The normal business hours of the Health Services department are Monday–Friday, 8:30 a.m.–5 p.m. Our Health Services department can answer your questions about authorization requests or other utilization management processes. You can reach the department by phone at **1-800-672-2156 (TTY 711)** or **401-732-7373 (TTY 711)**. You can also reach them by fax at **401-732-7210**. If you call after business hours, please leave a message and they will call you back on the next business day.

TALK TO US

YOUR OPINION COUNTS

Do you have any ideas about how to make UnitedHealthcare Community Plan better? There are a few ways you can tell us what you think. You can call Member Services at **1-800-587-5187 (TTY 711)** to let us know. If you call Member Services, you may be asked to take a survey and provide us feedback about the call. You may also write to us at: UnitedHealthcare Community Plan, Member Advocate, 475 Kilvert Street, Warwick, RI 02886.

JOIN OUR MEMBER ADVISORY COMMITTEE

We have a member advisory committee that meets every three months. If you think you would like to join us, please call Member Services at **1-800-587-5187 (TTY 711)** and we will contact you for our next meeting. We want to hear from you to let us know what is working and where we need improvement. Tell us what you think about our member materials, website and programs we offer. Call us if you would like to be a part of this exciting opportunity.

Do you need this newsletter or other materials in another language or format? Call **1-800-587-5187 (TTY 711)** or visit **UHCCCommunityPlan.com**.

¿Necesita este boletín u otros materiales en otro idioma o formato? Llame al **1-800-587-5187 (TTY 711)** o visite **UHCCCommunityPlan.com**.

Necessita deste boletim ou de outros materiais em outro idioma ou formato? Telefone para o número **1-800-587-5187 (TTY 711)**—para pessoas surdas ou duras de ouvido), ou visite o site: **UHCCCommunityPlan.com**.

Avez-vous besoin de ce bulletin d'informations ou d'autres documents dans une langue différente ou un format différent ? Composez le **1-800-587-5187 (TTY 711)** ou visitez **UHCCCommunityPlan.com**.

Avete bisogno di questo bollettino d'informazioni, o altro materiale, in una lingua o in un formato differente? Telefonate all'**1-800-587-5187 (TTY 711)** oppure visitate **UHCCCommunityPlan.com**.

您是否需要这份通讯或者其他材料的其他语言版或者格式？请拨打**1-800-587-5187 (TTY 711)** 或者访问**UHCCCommunityPlan.com**。

ທ່ານຕ້ອງການຫນ້າສື່ນີ້ແລະເອກກະສານອື່ນໆ ໃນພາສາອື່ນຫຼືໃນແບບອື່ນບໍ? ໂທ **1-800-587-5187 (ທີທີ໑໑໑ 711)** ຫຼື ໄປຢາມເວັບໄຊທ໌ **UHCCCommunityPlan.com**.

Czy potrzebują Państwo tej gazetki lub innych materiałów w innym języku lub w innej postaci? Proszę zadzwonić pod numer **1-800-587-5187 (TTY 711)** lub odwiedzić witrynę **UHCCCommunityPlan.com**.

តើអ្នកត្រូវការសំបុត្រសារពត៌មាននេះ ឬសំភារៈផ្សេងៗទៀត ជាភាសា ឬជាទម្រង់មួយទៀតឬទេ? សូមទូរស័ព្ទទៅលេខ **1-800-587-5187 (TTY 711)** ឬមើល **UHCCCommunityPlan.com**.




At your service

We're here for you.

You can call Member Services to answer your questions. Call us for any of the following reasons, and more!

- You need to find a provider — you can search our online Provider Directory or call to get a paper copy of the directory.
- You need an ID card or member handbook.
- You need to change your primary care provider (PCP).
- You are covered by more than one health insurance company. Coordination of benefits (COB) is a way to decide how medical, dental and other types of care will be paid. The primary plan must pay its part of the claim first and the secondary plan pays the balance.
- You receive a bill or need to submit a claim. Our providers should send bills directly to UnitedHealthcare Community Plan and not to you. If you receive a bill or pay for covered services, we will help you resolve the issue. This includes emergency services received out-of-area but within the United States and its territories.
- You need urgent care. If you need care quickly, but it's not an emergency, contact your PCP or call Member Services and we can help you see your doctor or find you an urgent care center.
- You need to update your information. To ensure that the personal information we have for you is correct, you must tell us and your case worker of any of the following changes in order for us to keep our records up-to-date, to tell you about new programs, send you reminders, and mail you member newsletters, ID cards and other important information: marital status, address, name change, phone number, family size (new baby, death, etc.) or other health insurance. If you are a RIte Care core or expansion member, you also need to tell HealthSource RI if any of your information has changed. Contact HealthSource RI at **1-855-840-4774 (TTY 711)**.
- You have a complaint, grievance or appeal.
- You suspect fraud or abuse.
- You need an interpreter with you at your medical, behavioral health or dental appointment.
- You have any questions at all about your benefits or the services we offer.

 **Please call!** Don't hesitate to call us at **1-800-587-5187 (TTY 711)**. And please take the survey at the end of the call and tell us how we are doing. A few minutes of your time will help us help you.