



Kentucky



Welcome to the community

UnitedHealthcare Community Plan of Kentucky

United
Healthcare
Community Plan

Getting started

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

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

Regular checkups are important for good health. If you don't know your PCP's number, or if you'd like help scheduling a checkup, call Member Services at **1-866-293-1796**, TTY **711**. We're here to help.

2. Take your Health Assessment

This is a short and easy way to get a big picture of your current lifestyle and health. This helps us match you with the benefits and services available to you. Go to www.myuhc.com/communityplan/HealthWellness to complete the Health Assessment today. We will call you soon to welcome you to the UnitedHealthcare Community Plan. During this call, we can explain your health plan benefits. We can also help you complete the Health Assessment over the phone. See page 14 for more information about your Health Assessment.

3. Get to know your health plan

You can find answers to most questions at myuhc.com/CommunityPlan. Our secure member website offers 24/7 access to plan details.

Your Medicaid quick reference guide

I want to:	I can contact:
Find a doctor, dentist, specialist or health care service	Your Primary Care Provider (PCP). If you need help with choosing a PCP, call Member Services at 1-866-293-1796 .
Get the information in this handbook in another format or language	Member Services at 1-866-293-1796
Keep better track of my appointments and health services	Your PCP or your health plan Member Services at 1-866-293-1796 , TTY 711 .
Get help with getting to and from my doctor's appointments	Member Services at your health plan. You can also find more information on Transportation Services in this handbook.
Get help to deal with my stress or anxiety	Your Managed Care Plan, at any time, 24 hours a day, 7 days a week. If you are in danger or need immediate medical attention, call 911 . Behavioral Health Crisis Hotline 1-855-789-1977 .
Get answers to basic questions or concerns about my health, symptoms or medicines	Nurse Line at your Managed Care Plan at any time, 24 hours a day, 7 days a week, or talk with your PCP. 1-800-985-3856 , TTY 711
<ul style="list-style-type: none"> • Understand a letter or notice I got in the mail from my health plan • File a complaint about my health plan • Get help with a recent change or denial of my health care services 	Member Services at 1-866-293-1796 or the Medicaid Managed Care Ombudsman Program at toll-free 1-800-372-2973 . You can also find more information about the Ombudsman Program in this handbook.
Update my address	Call your local Department for Community Based Services (DCBS) office to report an address change at 502-564-3703. A list of offices can also be found at the following website link: https://kynect.ky.gov/benefits/s/find-dcbs-office?language=en_US
Find my health plan's Provider Directory or other general information about my plan	Member Services at 1-866-293-1796 or UHCCommunityPlan.com

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4 **Questions?** Visit UHCCommunityPlan.com,
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Welcome to UnitedHealthcare Community Plan of Kentucky

This handbook will be your guide to the full range of Medicaid health care services available to you.

If you have questions about the information in your welcome packet, this handbook or your health plan, call Member Services at **1-866-293-1796** or visit our website at [UHCCommunityPlan.com](https://www.uhccommunityplan.com). We can also help you make an appointment with your doctor and tell you more about the services you can get with your new health plan.

If you have Presumptive Eligibility Medicaid, it is temporary. To maintain Medicaid benefits, you are encouraged to complete a full Medicaid application before your presumptive eligibility coverage ends. If you have questions about presumptive eligibility please call Member Services at **1-866-293-1796**. To complete a full Medicaid application, apply online at [Kynect.ky.gov](https://www.kynect.ky.gov) or call **1-855-306-8959**.

How Managed Care works. The plan, our providers and you.

- Many people get their health benefits through managed care, which works like a central home for your health. Managed care helps coordinate and manage all your health care needs.
- UnitedHealthcare Community Plan of Kentucky has a contract with the Kentucky Department for Medicaid Services to meet the health care needs of people with Kentucky Medicaid. In turn, UnitedHealthcare Community Plan of Kentucky partners with a group of health care providers to help us meet your needs. These providers (doctors, therapists, specialists, hospitals, home care providers and other health care facilities) make up our **provider network**. You will find a list in our Provider Directory. You can visit our website, [UHCCommunityPlan.com](https://www.uhccommunityplan.com), to find the Provider Directory. You can also call Member Services to get a copy of the Provider Directory.
- When you join UnitedHealthcare Community Plan of Kentucky, our providers are there to support you. Most of the time, that person will be your Primary Care Provider (PCP). If you need to have a test, see a specialist or go into the hospital, your PCP can help arrange it.

Questions? Visit [UHCCommunityPlan.com](https://www.uhccommunityplan.com),
or call Member Services at **1-866-293-1796**, TTY 711.

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Welcome to UnitedHealthcare Community Plan of Kentucky

- Your PCP is available to you day and night. If you need to speak to your PCP after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for health care, in some cases, you can go to other doctors for some services without checking with your PCP.

How to use this handbook

This handbook will tell you how your Managed Care Plan will work. This handbook is your guide to health and wellness services. It tells you the steps to take to make the plan work for you.

The first few pages will tell you what you need to know right away. Use it for reference or check it out a bit at a time.

When you have a question, check this handbook, ask your Primary Care Provider (PCP) or call Member Services. You can also visit our website [UHCCommunityPlan.com](https://www.uhc.com/communityplan).

Help from Member Services

There is someone to help you. Just call Member Services.

- For help with non-emergency issues and questions, call Member Services at **1-866-293-1796**, TTY **711**, 7:00 a.m.–7:00 p.m. EST, Monday–Friday. Language line and interpreter services are available.
- In case of a medical emergency, call **911**
- **You can call Member Services to get help anytime you have a question.** You may call us to choose or change your Primary Care Provider (PCP), to ask about benefits and services, to get help with referrals, to replace a lost ID card, to report the birth of a new baby, or ask about any change or other issue that might affect you or your family's benefits.
- If you are or become pregnant, your child will become part of UnitedHealthcare Community Plan of Kentucky on the day your child is born. You should call us and your local Department of Community Based Services right away if you become pregnant and for help with choosing a doctor for both you and your newborn baby before he or she is born. This will also give us a chance to connect you to other resources to help you during and after your pregnancy.
- **If English is not your first language (or if you are reading this for someone who doesn't read English), we can help.** We want you to know how to use your health plan, no matter what language you speak. Just call us and we will find a way to talk with you in your own language. We have a group of people who can help.

Welcome to UnitedHealthcare Community Plan of Kentucky

- **For people with disabilities:** If you use a wheelchair or have trouble hearing or understanding, call us if you need extra help. If you are reading this for someone who is blind, deaf-blind or has difficulty seeing, we can also help. We can tell you if a doctor's office is wheelchair accessible or is equipped with special communications devices. Also, we have services like:
 - TTY machine. Our TTY phone number is **711**.
 - Information in large print
 - Help in making or getting to appointments
 - Names and addresses of providers who specialize in your condition

Auxiliary aids and services

If you have a hearing, vision or speech disability, you have the right to receive information about your health plan, care and services in a format that you can understand and access. We provide free aids and services to help people communicate effectively with us, like:

- A TTY machine. Our TTY phone number is **711**.
- Qualified American Sign Language interpreters
- Closed captioning
- Written information in other formats (like large print, audio, accessible electronic format, and other formats)

These services are available to members with disabilities for free. To ask for aids or services, call Member Services at **1-866-293-1796** or TTY (for hearing impaired) **711**.

Kentucky Medicaid complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability or sex. If you believe that UnitedHealthcare Community Plan of Kentucky failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Member Services at **1-866-293-1796** or TTY (for hearing impaired) **711**.

Welcome to UnitedHealthcare Community Plan of Kentucky

Renew your coverage

If you want to keep your benefits you must renew your Medicaid every year. Prior to expiration, the Department of Community Based Services (DCBS) will mail you a “Notice of Renewal” reminder. To renew you can: call DCBS at **1-855-306-8959**, or go online at Kynect.ky.gov or mail a copy of the application to:

DCBS Family Support
P.O. Box 2104
Frankfort, KY 40602

or fax the letter to 502-573-2007


Once you complete the interview, you will receive a printed application. Sign and mail the completed application to DCBS. If you have questions about renewal, call Member Services at **1-866-293-1796**, TTY **711**.

Your health plan ID card


Your Health Plan ID card is mailed to you with your welcome packet and Member Handbook within 5 days after you enroll in your health plan. We use the mailing address on file at your local Department for Community Based Services (DCBS) to make sure that your address is correct and up-to-date.

Your card will have your Primary Care Provider’s (PCP’s) name and phone number on it. It will also have your Medicaid Identification Number and information on how you can contact us if you have any questions. If anything is wrong on your ID card, call **1-866-293-1796** right away.

If you lose your card, we can help. Call Member Services at **1-866-293-1796**, TTY (for hearing impaired) **711**. Carry your ID card always and show it each time you go for care.



Health Plan (80840) 911-87726-04
Member ID: 000100009 Group Number: KYXXX
Member: NEW M ENGLISH Payer ID: 87726
Medicaid ID: A999999991
PCP Name: DOUGLAS GETWELL
PCP Phone: (717)851-6816



Rx Bin: 023880
Rx Grp: KYM01
Rx PCN: KYPROD1

0501 UnitedHealthcare Community Plan
Administered by UnitedHealthcare of Kentucky Ltd

In an emergency go to nearest emergency room or call 911. Printed: 02/01/2023



This card does not guarantee coverage. To verify benefits or to find a provider, visit the website myuhc.com/communityplan or call.

For Members:	866-293-1796	TTY 711
NurseLine:	800-985-3856	TTY 711
Behavioral Health Crisis Line:	855-789-1977	TTY 711

For Providers:	UHCprovider.com	866-633-4449
Medical Claims:	PO Box 5270, Kingston, NY, 12402-5270	
For Dental Providers:	uhcdental.com	877-897-4941

For Pharmacy: Member & Provider Assistance 24/7: 800-210-7628
Prior Authorization: 8AM-7PM ET: 844-336-2676

10 **Questions?** Visit UHCCCommunityPlan.com, or call Member Services at **1-866-293-1796**, TTY **711**.

Discover your plan online

Great reasons to use myuhc.com/CommunityPlan

- Look up your benefits
- Find a doctor
- 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. The tools and new features can save you time and help you stay healthy. Using the site is free.

If you are enrolled in a Care Management program, you can access your care plan and assessments you and your Care Manager complete at myuhc.com.

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 makes it easy to:

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

Go to the **App Store** on your iPhone or **Google Play** on your Android. Install the UnitedHealthcare app. Use your member ID card information to register. Or log-in with your myuhc.com username and password. And you’ll be on your way!



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

Part I: First things you should know

How to choose your Primary Care Provider

Your Primary Care Provider (PCP) is a doctor, nurse practitioner, physician assistant or another type of provider who will care for your health, manage your needs and help you get referrals for special services if you need them. When you enroll, you will be able to choose your own PCP. To choose your PCP, call Member Services. If you do not select a PCP, we will choose one for you. You can find your PCP's name and contact information on your ID card. (See "How to change your PCP" to learn how you can change your PCP.) You still have access to care before a PCP is assigned or chosen.

When choosing a PCP, you may want to find a PCP who:

- You have seen before
- Understands your health problems
- Is taking new patients
- Can speak in your language
- Has an office that is easy to get to

You can locate UnitedHealthcare Community Plan of Kentucky participating providers by calling Member Services by telephone or through our online website at myuhc.com/CommunityPlan and using Find-a-Doc search tool. If you would like a printed directory mailed to your home, you must call Member Services to request one. You can also 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,
- Speciality,
- Medical school attended,
- Residency completion, and
- Board certification status.

Part I: First things you should know

Each family member enrolled in UnitedHealthcare Community Plan of Kentucky can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Call Member Services at **1-866-293-1796** to get help with choosing a PCP that is right for you and your family.

- Women can choose an OB/GYN to serve as their PCP. Women do not need a PCP referral to see a plan OB/GYN doctor or another provider who offers women's health care services.
- Women can get routine check-ups, follow-up care if needed and regular care during pregnancy. After delivering your baby, you have coverage for one year to see your doctor and for follow up care.
- If you have a difficult health condition or a special health care need, you may be able to choose a specialist to act as your PCP

If your provider leaves our provider network, we will tell you within 15 days from when we know about this if they were your PCP and within 30 days for any other provider. If the provider who leaves is your PCP, we will contact you to help you choose another PCP.

How to change your PCP

You can find your Primary Care Provider's (PCP's) name and contact information on your ID card. You can change your assigned PCP within 90 days from the date you receive your ID card. Just call Member Services. After that, you can change your PCP up to one time each year without giving a reason for the change.

If you want to change your PCP more than once a year, you can change at any time if you have a good reason (good cause). For example, you may have good cause if you:

- Disagree with your treatment plan
- Your PCP moves to a different location that is not convenient for you
- You have trouble communicating with your PCP because of a language barrier or another communication issue
- Your PCP is not able to meet your special needs

Call Member Services to learn more about how you can change your PCP **1-866-293-1796**.

Part I: First things you should know

Topics to discuss with your Primary Care Provider (PCP)

Getting needed care

- Concerns with getting the care, tests or treatments you need
- Scheduling routine care appointments in advance
- Where and how to get urgent care when you need it right away
- Coordinating the care you get from other doctors or specialists
- Difficulties getting appointments with a specialist, if needed

Prescription drugs

- Any questions with the prescription medications you are taking
- Issues getting the medicines your PCP prescribes

Important care

- Suggestions on how to improve your physical activity
- Ways to help if you are feeling sad or blue

Tests and treatments

- When you will get results from labs, X-rays or other tests

Take your Health Assessment

This is a short and easy way to get a big picture of your current health. This helps us match you with the benefits, services and programs available to you. Please take a few minutes to fill out the Health Assessment at www.myuhc.com/communityplan/HealthWellness.

Click on the Health Assessment button on the right side of the page after you register and/or log in. Or call Member Services at **1-866-293-1796**, TTY **711**, to complete it by phone.

How to get regular health care

“Regular health care” means exams, regular check-ups, shots or other treatments to keep you well, give you advice when you need it, and refer you to the hospital or specialists when needed. It means you and your Primary Care Provider (PCP) work together to keep you well or to see that you get the care you need.

Be sure to call your PCP whenever you have a medical question or concern. If you call after hours or on weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.

Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If you cannot keep an appointment, call to let your PCP know.

Making your first regular health care appointment

As soon as you choose or are assigned a PCP, call to make an appointment. There are several things you can do to help your PCP get to know you and your health care needs. Your PCP will need to know as much about your medical history as possible. Make a list of your medical background, any problems you have now and the questions you want to ask your PCP. Bring your medications and supplements with you that you are taking. In most cases, your first visit should be within three months of you joining the health plan.

If you need care before your first appointment

Call your PCP’s office to explain your concern. Your PCP will give you an earlier appointment. You should still keep the first appointment to talk about your medical history and ask questions.

It is important that you can visit a doctor within a reasonable amount of time, depending on what the appointment is for. When you call for an appointment, use the Appointment Guide on the following page to know how long you may have to wait to be seen.

Part I: First things you should know

Appointment guide	
If you call for this type of service:	Your appointment should take place:
Adult preventive care (services like routine health check-ups, immunizations or dental check-ups)	Within 30 days
Urgent care services (care for problems like sprains, flu symptoms, or minor cuts, wounds, and toothaches)	Within 48 hours
Emergency or urgent care requested after normal business office hours	Immediately (available 24 hours a day, 7 days a week, 365 days a year)
Mental health	
Routine services	Within 30 days
Urgent care services	Within 48 hours
Emergency services (services to treat a life-threatening condition)	Immediately (available 24 hours a day, 7 days a week, 365 days a year)
Mobile crisis management services	Within 30 minutes
Substance use disorders	
Routine services	Within 30 days
Urgent care services	Within 24 hours
Emergency services (services to treat a life-threatening condition)	Immediately (available 24 hours a day, 7 days a week, 365 days a year)

If you are having trouble getting the care you need within the time limits described above, call Member Services at **1-866-293-1796**.

How to get specialty care – Referrals

- If you need care that your Primary Care Provider (PCP) cannot give, your PCP will refer you to a specialist who can. A specialist is a doctor who is trained and practices in a specific area of medicine (like a cardiologist or a surgeon). Talk with your PCP to be sure you know how referrals work.
- If you think a specialist does not meet your needs, talk with your PCP. Your PCP can help you if you need to see a different specialist.
- There are some treatments and services that your PCP must ask us to approve before we will pay for you to get them. Your PCP will be able to tell you what they are or you can contact Member Services if you have questions.
- If you have trouble getting a referral you think you need, contact Member Services
- If we do not have a specialist in our provider network who can give you the care you need, we will refer you to a specialist outside of our plan. This is called an out-of-network referral. Your PCP or another network provider must ask for approval before we will pay for you to go to an out-of-network provider.
- Sometimes, we may not approve an out-of-network referral because we have a provider in our network who can treat you. If you do not agree with UnitedHealthcare Community Plan of Kentucky decision, you can **appeal** our decision. See page 39 to find out how.
- Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care that is not very different from what you can get from our provider. If you do not agree with our decision, you can **appeal** our decision. See page 39 to find out how.
- If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP. Contact our Member Services department.

Out-of-network providers

If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our plan, or an **out-of-network provider**. For help and more information about getting services from an out-of-network provider, talk to your Primary Care Provider (PCP) or call **1-866-293-1796**.

Part I: First things you should know

Services without a referral

You do not need a referral to get these services:

- Primary Care Provider (PCP)
- Primary care vision
- Primary care dental
- Family planning
- Maternity care
- Women's health care
- Children's screening and local health department services
- Sexually transmitted disease screening, evaluation and treatment
- Testing for HIV, HIV-related conditions and other communicable diseases
- Chiropractic services
- Behavioral health services

Second opinions

As a UnitedHealthcare Community Plan member, you can ask for a second opinion about a treatment or procedure and UnitedHealthcare Community Plan will cover that cost. You will work with your PCP to be referred to another in-network care provider. The care provider giving the second opinion must not be affiliated with the attending care provider. If an in-network provider is not available, UnitedHealthcare Community Plan will arrange for a consultation with a non-participating provider.

Once the second opinion has been given, you will discuss information from both evaluations with your PCP. If follow-up care is recommended, you must meet with your PCP before receiving treatment.

Emergencies

You are always covered for emergencies. An emergency medical condition is a situation in which your life could be threatened, or you could be hurt permanently if you don't get care right away. Some examples of an emergency are:

- A heart attack or severe chest pain
- Bleeding that won't stop or a bad burn
- Broken bones
- Trouble breathing, seizures or loss of consciousness
- When you feel you might hurt yourself or others
- If you are pregnant and have signs like pain, bleeding, fever or vomiting
- Drug overdose

If you believe you have an emergency, call 911 or go to the nearest emergency room.

- You do not need approval from your plan or your PCP before getting emergency care, and you are not required to use our hospitals or doctors
- If you're not sure, call your PCP or the 24-hour/7 day a week NurseLine toll free at **1-800-985-3856**
- Tell the person you speak with what is happening. They can:
 - Tell you what to do at home
 - Tell you to come to the PCP's office
 - Tell you to go to the nearest urgent care or emergency room
- If you are out of the area when you have an emergency:
 - Go to the nearest emergency room

Remember: Use the emergency department only if you have an emergency.

Some examples of **non-emergencies** are colds, upset stomach or minor cuts and bruises.

Part I: First things you should know

Urgent Care

You may have an injury or an illness that is not an emergency but still needs prompt care and attention. This could be:

- A child with an ear ache who wakes up in the middle of the night and won't stop crying
- The flu or if you need stitches
- A sprained ankle or a bad splinter you cannot remove

You can walk into an urgent care clinic to get care the same day or make an appointment for the next day. Whether you are at home or away, call your Primary Care Provider (PCP) any time, day or night. If you cannot reach your PCP, call Member Services **1-866-293-1796**. Tell the person who answers what is happening. They will tell you what you can do.

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 us and ask for authorization for your care. If the doctor who admits you to the hospital is not your PCP, you should call your PCP and let them know you are being admitted to the hospital.

Going to the hospital

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

Care outside of Kentucky

In some cases, we may pay for health care services you get from a provider located along the Kentucky border or in another state. We can give you more information about which providers and services are covered outside of Kentucky, and how you can get them if needed.

- If you need medically necessary emergency care while traveling anywhere within the United States, we will pay for your care
- We will not pay for care received outside of the United States and its territories

If you have any questions about getting care outside of Kentucky or the United States, talk with your PCP or call Member Services **1-866-293-1796**.

Part II: Your benefits

The rest of this handbook is for your information when you need it. It lists covered and non-covered services. If you are having problems, the handbook tells you what to do. The handbook has other information you may find useful. Keep it handy for when you need it.

Benefits

Kentucky Medicaid Managed Care provides benefits or health care services covered by your health plan. Your health benefits can help you stay as healthy as possible. We will provide or arrange for most services that you will need. For example, we can help if you:

- Need a dental treatment
- Need a physical or immunizations
- Have a medical condition (things like diabetes, cancer, heart problems)
- Are pregnant
- Are sick or injured
- Experience a substance use disorder or have behavioral health needs
- Need help getting to the doctor's office
- Need medications

The section below describes the specific services covered by Medicaid. Ask your Primary Care Provider (PCP) or call Member Services if you have any questions about your benefits.

Services covered by your health plan's network

The section below describes the specific services covered by Medicaid. Call Member Services **1-866-293-1796** if you have any questions about your benefits.

You must get the services below from the providers who are in our provider network.

Services must be medically necessary, and provided, managed or referred by your PCP. Talk with your PCP or call Member Services if you have any questions or need help with any health services.

Regular health care

- Office visits with your PCP, including regular check-ups, routine labs and tests
- Referrals to specialists
- Eye/hearing exams/dental evaluations
- Well-baby care
- Well-child care
- Immunizations (shots) for children and adults
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under age 21. See page 33 for more information about EPSDT services.
- Help with quitting smoking, dipping or vaping

Dental

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. UnitedHealthcare offers comprehensive dental coverage with our in-network providers. This includes routine checkups, fluoride treatments, X-rays, cleanings and oral cancer screenings to help keep teeth and gums strong and healthy.

That's not all... Our plan offers coverage for fillings, and extractions as well as routine oral surgery.

With prior authorization,* crowns, partial dentures, full dentures, complex oral surgery, and orthodontics (under 21) may be covered if medical necessity is documented by your provider.

Part II: Your benefits

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.

For additional information or to locate a dentist please visit myUHC.com and click “Find a Dentist.” You will select KY for your location and choose “KY Medicaid Community Plan Dental” for your network. You may also call member services at **1-866-293-1796** 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 days from your request.

Maternity care

- Pregnancy care
- OB/GYN and hospital services
- One medically necessary post-partum home visit for newborn care and assessment following discharge (but no later than 60 days after delivery)
- Care management services for high-risk pregnancies during pregnancy and for two months after delivery (see below for more information)

Hospital care

- Inpatient care
- Outpatient care
- Labs, X-rays and other tests

Home health services

- Must be medically necessary and ordered by your doctor
- Time-limited skilled nursing services
- Specialized therapies, including physical therapy, speech-language pathology and occupational therapy
- Medical supplies

Personal care services/Private duty nursing

- Must be medically necessary and ordered by your doctor
- Help with common activities of daily living, including eating, dressing and bathing, for individuals with disabilities and ongoing health conditions

Hospice care

- Hospice helps patients and their families with their special needs that come during the final stages of sickness
- Hospice provides medical, supportive and palliative care to terminally ill individuals and their families or caregivers
- You can get these services in your home, in a hospital or in a nursing home

Vision care

- Services provided by ophthalmologists and optometrists, including routine eye exams and medically necessary lenses
- Specialist referrals for eye diseases

Pharmacy

- Prescription drugs
- Some medicines sold without a prescription (also called “over-the-counter”), like allergy medicines
- Insulin and other diabetic supplies (like syringes, test strips, lancets and pen needles)
- Stop smoking products, including over-the-counter
- Birth control
- Special formula
- Medical and surgical supplies

Your drug benefit is provided by UnitedHealthcare and Kentucky Medicaid.

We work with a pharmacy benefit manager (PBM), MedImpact Healthcare Systems, Inc., that will serve all members in managed care. Their member service team is available 24 hours a day, 7 days a week by calling 1-800-210-7628.

Part II: Your benefits

Your ID card has important information for your pharmacy. If you do not have your ID card you can still go to the pharmacy. Tell them you have Medicaid and the pharmacist can call MedImpact to get the needed information. Before you go, make sure the pharmacy accepts KY Medicaid. To find a pharmacy or see what is covered, go to <https://kyportal.medimpact.com/>. The Consumer Portal provides secure beneficiary access to: Prescriptions, Claims History, Prior Authorizations can be accessed via the KY Member Portal as well as via our Consumer Portal mobile app.

<https://kyportal.medimpact.com/medicaid-member-portal/medicaid-member-portal-home>

Emergency care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency
- After you have received emergency care, you may need other care to make sure you remain in stable condition
- Depending on the need, you may be treated in the emergency department, in an inpatient hospital room or in another setting

Specialty care

- Respiratory care services
- Podiatry services
- Chiropractic services
- Cardiac care services
- Surgical services

Nursing home services

- Must be ordered by a physician and may need to be authorized by your Health Plan
- Initial services
- Includes short term, or rehabilitation stays initial services
- You must get this care from a nursing home that is in your Health Plan's provider network

Behavioral health services and substance use disorder services

Behavioral health care includes mental health (your emotional, psychological, and social well-being) and substance (alcohol and drugs) use disorder treatment and rehabilitation services. All members have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders. These services include:

Behavioral health services:

- Services to help figure out if you have a mental health need (diagnostic assessment services)
- Individual, group and family therapy
- Mobile crisis management services
- Facility-based crisis programs
- Specialized behavioral health services for children with autism
- Outpatient behavioral health services
- Outpatient behavioral health emergency room services
- Inpatient behavioral health services
- Evidence-based intensive behavioral health treatment
- Partial hospitalization
- Intensive Outpatient Program (IOP)
- Other Supportive Services such as: Peer Supports, Comprehensive Community Supports and Targeted Case Management

Substance use disorder services:

- Medication Assisted Treatment (MAT)
- Outpatient alcohol and substance use disorder treatment
- Outpatient opioid treatment
- Outpatient withdrawal management
- Non-hospital medical withdrawal management
- Inpatient alcohol and substance use disorder treatment
- Alcohol and substance use disorder treatment center withdrawal management crisis stabilization
- Peer Support Services and Targeted Case Management

Part II: Your benefits

- **Substance Use Disorder Helpline:**

Addiction is a disease, not a character flaw. Get the help you need with our free, anonymous substance use disorder helpline. Our licensed experts can:

- Arrange a meeting with a recovery advocate who will create a personalized care plan for you
- Refer you to providers, treatment options and other resources
- Help make appointments
- Assign you a dedicated licensed Care Advocate who will provide support during and after treatment. Get help for yourself or a loved one today. Call the Substance Use Disorder Helpline toll-free at **1-855-780-5955** or go to www.liveandworkwell.com/recovery to use live chat. The helpline is available 24 hours a day, 7 days a week.

If you believe you need access to more intensive behavioral health services that UnitedHealthcare Community Plan of Kentucky does not provide, talk with your PCP or call Member Services at 1-866-293-1796, TTY 711.

Transportation services

- **Emergency:** If you need emergency transportation (an ambulance), call **911**.
- **Non-emergency:** Non-emergency medical transportation is available if you can't get a free ride to a covered service.

How to get non-emergency transportation

Kentucky Medicaid will pay to take some members to get medical services covered by Kentucky Medicaid. If you need a ride, you must talk to the transportation broker in your county to schedule a trip.

Each county in Kentucky has a transportation broker. You can only use the transportation broker for a ride if you can't use your own car or don't have one. If you can't use your car, you have to get a note for the transportation broker that explains why you can't use your car. If you need a ride from a transportation broker and you or someone in your household has a car, you can:

- Get a doctor's note that says you can't drive
- Get a note from your mechanic if your car doesn't run
- Get a note from the boss or school official if your car is needed for someone else's work or school
- Get a copy of the registration if your car is junked
- Kentucky Medicaid doesn't cover rides to pick up prescriptions

For a list of transportation brokers and their contact information, please visit www.chfs.ky.gov/dms/ or call Kentucky Medicaid at 1-800-635-2570. For more information about transportation services, call the Kentucky Transportation Cabinet at 1-888-941-7433.

The hours of operation are Monday through Friday, 8:00 a.m. to 4:30 p.m. and Saturday 8:00 a.m. to 1:00 p.m., Eastern Standard Time (EST). If you need a ride, you have to call 72 hours before the time that you need the ride. If you have to cancel an appointment, call your broker as soon as possible.

You should always try to go to a medical facility that is close to you. If you need medical care from someone outside your service area, you have to get a note from your PCP. The note has to say why it is important for you to travel outside your area. (Your area is your county and the counties next to it).

Family planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. Either way, you do not need a referral from your PCP. You can get birth control and birth control devices (IUDs, implantable contraceptive devices and others) that are available with a prescription, and emergency contraception and sterilization services. You can also see a family planning provider for human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing and treatment and counseling related to your test results. Screenings for cancer and other related conditions are also included in family planning visits.

Other covered services

- Durable medical equipment/prosthetics/orthotics
- Hearing aids products and services
- Telehealth
- Extra support to manage your health
- Home infusion therapy
- Rural Health Clinic (RHC) services
- Federally Qualified Health Center (FQHC) services
- Free clinic services
- Health education services

If you have any questions about any of the benefits above, talk to your PCP or call Member Services. If you are enrolled in a Care Management Program, you can access your care plan and assessments you and your Care Manager complete at myuhc.com.

Part II: Your benefits

Benefits offered by the state

Most Medicaid services will be provided by your health plan. Some services will still be provided by Kentucky Medicaid. You will use your Medicaid ID card for these services. These services are:

- **First Steps** — A program that helps children with developmental disabilities from birth to age 3 and their families, by offering services through a variety of community agencies. Call 877-417-8377 or 877-41-STEPS for more information.
- **HANDS (Health Access Nurturing and Development Services)** — This is a voluntary home visitation program for new and expectant parents. Contact your local health department for information and to learn about resources.
- **Non emergency medical transportation** — If you cannot find a way to get to your health care appointment, you may be able to get a ride from a transportation company. Call 1-888-941-7433 for help or see the website <http://chfs.ky.gov/dms/trans.htm> for a list of transportation brokers or companies and how to contact them.
- **Services for children at school** — These services are for children from 3 to 21 years of age, who are eligible under the Individuals with Disabilities Education Act (IDEA) and have an Individual Education Plan (IEP). These services include speech therapy, occupational therapy, physical therapy and behavioral (mental) health services.

Extra support to manage your health

Managing your health care alone can be hard, especially if you are dealing with many health problems at the same time. If you need extra support to get and stay healthy, we can help. You may have a Care Manager on your health care team. A Care Manager is a specially trained health care worker who works with you and your doctors to make sure you get the right care when and where you need it.

Your Care Manager can:

- Coordinate your appointments and help arrange for transportation to and from your doctor
- Support you in reaching your goals to better manage your ongoing health conditions
- Answer questions about what your medicines do and how to take them
- Follow up with your doctors or specialists about your care
- Connect you to helpful resources in your community
- Help you continue to receive the care you need if you switch health plans or doctors

UnitedHealthcare Community Plan of Kentucky can also connect to you to a Care Manager who has special training in supporting:

- People who need access to services to help manage daily activities of living
- Pregnant women with certain health issues (like diabetes) or other concerns (like wanting help to quit smoking)
- Children from birth to age 5 who may live in stressful situations or have certain health conditions or disabilities

At times, a member of your Primary Care Provider's (PCP's) team will be your Care Manager. To learn more about our how you get can extra support to manage your health, talk to your PCP or call Member Services. If you are enrolled in a Care Management Program, you can access your care plan and assessments you and your Care Manager complete at myuhc.com.

Help with problems beyond medical care

It can be hard to focus on your health if you have problems with your housing or worry about having enough food to feed your family. UnitedHealthcare Community Plan of Kentucky can connect you to resources in your community to help you manage issues beyond your medical care.

Call our Member Services if you:

- Worry about your housing or living conditions
- Have trouble getting enough food to feed you or your family
- Find it hard to get to appointments, work or school because of transportation issues
- Feel unsafe or are experiencing domestic violence (if you are in immediate danger, call **911**)

Part II: Your benefits

Other programs to help you stay healthy

Call our Member Services to learn more about:

Rewards programs

- Call Member Services to see if you could be eligible for our Member Rewards programs, including gift cards for services and additional incentives

Rewards for moms and babies

- Earn up to \$50 in gift cards for going to prenatal and postpartum visits
- Program to connect with other expectant moms for support during pregnancy and beyond
- Doula benefit with support during pregnancy and after birth
- Diapers and car seats for newly-delivered members who attend their postpartum appointment

Extra benefits for teens and kids

- Free Boys & Girls Club membership at participating locations
- Free online program to help with adult skills like money management

No cost extras for your health

- 24/7 NurseLine
- Dr. Chat — live video to connect with a doctor from a computer or smart phone for non-emergent care
- Free over the counter medications with a prescription
- Help finding housing, transportation and other community services
- 30 acupuncture visits per year for members 18 and up with a diagnosis of migraines or lower back pain
- Home-delivered meals for eligible members
- GED advisor coaching, prep and testing for members 18 and up who want to get their diploma
- Smartphone with talk, text and data
- Application assistance for members eligible for SSI/SSDI

Mindfulness and wellbeing

- 24/7 behavioral health hotline with licensed clinicians
- Substance use helpline
- SelfCare app to help reduce anxiety and depression
- Online support groups or forums at www.dailystrength.org

32 **Questions?** Visit UHCCCommunityPlan.com, or call Member Services at **1-866-293-1796**, TTY 711.

Benefits you can get from UnitedHealthcare Community Plan of Kentucky or a Medicaid provider

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Plan members under age 21 can get any treatment or health service that is medically necessary to treat, prevent or improve a health problem. This special set of benefits is called Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Members who need EPSDT benefits:

- Can get EPSDT services through UnitedHealthcare Community Plan of Kentucky or any Medicaid provider
- Do not have to pay any copays for EPSDT services
- Can get help with scheduling appointments and arranging for free transportation to and from the appointments
- EPSDT includes any medically necessary service that can help treat, prevent or improve a member's health issue, including:
 - Comprehensive health screening services (well-child checks, developmental screenings and immunizations)
 - Dental services
 - Health education
 - Hearing services
 - Home health services
 - Hospice services
 - Inpatient and outpatient hospital services
 - Lab and X-ray services
 - Mental health services
 - Personal care services
 - Physical and occupational therapy
 - Prescription drugs
 - Prosthetics
 - Rehabilitative services
 - Services for speech, hearing and language disorders
 - Transportation to and from medical appointments
 - Vision services
 - Any other necessary health services to treat, fix or improve a health problem

If you have questions about EPSDT services, talk with your child's Primary Care Provider (PCP). You can also find more information online by visiting our website at [UHCCommunityPlan.com](https://www.uhc.com/kentucky) or call **1-866-293-1796**.

Part II: Your benefits

Services not covered

Kentucky Medicaid only pays for services that are medically necessary. Below are some of the services that Kentucky Medicaid does not pay for. If you use services that Kentucky Medicaid does not pay for, you will have to pay for them.

- Services from providers who are not Kentucky Medicaid providers
- Services that are not medically necessary
- Massage and hypnosis
- Abortion (unless the mother's life is in danger, or in the case of incest or rape)
- In vitro fertilization
- Paternity testing
- Hysterectomy for sterilization purposes
- Hospital stays if you can be treated outside the hospital
- Cosmetic surgery
- Fertility drugs
- Braces for persons 21 and over
- Fans, air conditioning, humidifiers, air purifiers, computers, home repairs
- Unauthorized services
- Services provided by providers who are not part of UnitedHealthcare Community Plan of Kentucky network

This list does not include all services that are not covered. To determine if a service is not covered, call Member Services at **1-866-293-1796**, TTY **711**.

New technology assessment

New technology

Requests to cover new medical procedures, devices, or drugs are reviewed by the UnitedHealthcare Community Plan Technology Assessment Committee. This group includes doctors and other health care experts. The team uses national guidelines and scientific evidence from medical studies to help decide whether UnitedHealthcare Community Plan should approve such equipment, procedures, or drugs. They make the final decision about coverage. If you want more information, call us at **1-866-293-1796**, TTY **711**.

If you get a bill

If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call Member Services at **1-866-293-1796** right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, UnitedHealthcare Community Plan of Kentucky will contact the provider and help fix the problem for you.

You have the right to ask for Fair Hearing if you think you are being asked to pay for something Medicaid or UnitedHealthcare Community Plan of Kentucky should cover. A Fair Hearing allows you or your representative to make your case before an administrative law judge. See the Fair Hearing section in this handbook for more information. If you have any questions, call Member Services at **1-866-293-1796**, TTY **711**.

Member copayment

As a member of UnitedHealthcare Community Plan of Kentucky, you have \$0 copays on all covered services.

Part III: Plan procedures

Service authorizations and actions

UnitedHealthcare Community Plan of Kentucky will need to approve some services **before** you receive them. UnitedHealthcare Community Plan of Kentucky may also need to approve some services for you to **continue** receiving them. This is called **preauthorization or prior authorization**. You can ask for this. The following services may need to be approved before you get them:

- Ambulatory surgical center services
- Behavioral health services, mental health and substance abuse disorders
- Community mental health center services
- Dental services, including oral surgery, orthodontics and prosthodontics
- Durable Medical Equipment, including prosthetic and orthotic devices, and disposable medical supplies
- Hearing services, including hearing aids for enrollees
- Home health services
- Hospice services (non-institutional only)
- Inpatient hospital services
- Inpatient mental health services
- Meals and lodging for appropriate escort of enrollees (out of state transplant services only)
- Medical detoxification
- Organ transplant services
- Other laboratory and X-ray services
- Outpatient hospital services
- Outpatient mental health services
- Pharmacy and limited over-the-counter drugs
- Podiatry services
- Psychiatric residential treatment facilities (Level I and Level II)
- Physical therapy, speech therapy, occupational therapy
- Transportation to covered services, including emergency and ambulance stretcher services
- Vision care, including vision examinations
- Gum treatments, dentures, partials, implants

Asking for approval of a treatment or service is called a service authorization request. To get approval for these treatments or services, your provider can request service authorization for you, if the service requires prior approval.

Your provider can visit UHCprovider.com > Prior Authorization and Notification or he/she can call Provider Services at **1-866-633-4449**.

You may also request service authorization by calling Member Services at **1-866-293-1796**, TTY **711**. Language line and interpreter services are available. Your provider can fax the service authorization to 866-246-9165.

If English is not your first language (or if you are reading this on the behalf of someone who doesn't read English), we can help. We want you to know how to use your health care plan, no matter what language you speak. Just call us and we will find a way to talk with you in your own language. We have a group of people who can help.

Service authorization requests for children under age 21

Special rules apply to decisions to approve medical services for children under age 21 receiving Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. To learn more about EPSDT services, see page 33 or visit our website at UHCCommunityPlan.com.

What happens after we get your service authorization request

UnitedHealthcare Community Plan of Kentucky has a review team to be sure you get the services we promise. Qualified health care workers are on the review team. Their job is to be sure that the treatment or service you asked for or need is covered by UnitedHealthcare Community Plan of Kentucky and is medically necessary.

Any decision to deny a service authorization request or to approve it for an amount that is less than requested is called an **adverse action (or action)**. These decisions will be made by a health care worker. You can request the specific medical standards, called **clinical review criteria**, used to make the decision for actions related to medical necessity.

After we get your request, we will review it under either a **standard** or an **expedited** (faster) process. You or your doctor can ask for an expedited review if it is believed that a delay will cause serious harm to your health. If your request for an expedited review is denied, we will tell you and your case will be handled under the standard review process. In all cases, we will review your request as fast as your medical condition requires us to do so but no later than described in the next section of this handbook.

Part III: Plan procedures

We will tell you and your provider in writing if your request is approved or denied. We will also tell you the reason for the decision. We will explain what options you will have for an appeal or a Fair Hearing if you don't agree with our decision.

Preauthorization and timeframes

We will review your request for a preauthorization within the following timeframes:

- **Standard review:** We will decide about your request within two (2) Business Days of receiving the request. The timeframe for a standard authorization request may be extended up to fourteen (14) Days if you or your doctor requests it.
- **Expedited (fast track) review:** We will decide about your request and you will hear from us within twenty-four (24) hours.
- In most cases, if you receive a service and a new request is made to keep receiving a service, we must tell you before we change the service if we decide to reduce, stop or restrict the service. **If we approve a service and you have started to receive that service, we will not reduce, stop or restrict the service during the time it has been approved unless we determine the approval was based on information that was known to be false or wrong.**
- If we deny payment for a service, we will send a notice to you and your provider the day the payment is denied. These notices are not bills. **You will not have to pay for any care you received that was covered by your plan or by Medicaid, even if UnitedHealthcare Community Plan of Kentucky later denies payment to the provider.**

For people with disabilities

If you use a wheelchair or have trouble hearing or understanding, call us if you need extra help. If you are reading this on behalf of someone who is blind, visually impaired or deaf-blind, we can also help. We can tell you if a particular doctor's office is wheelchair accessible or is equipped with special communications devices. Also, we have services like:

- TTY machine. Our TTY phone number is **711**.
- Information in large print
- Help in making or getting to appointments
- Names and addresses of providers who specialize in your disability

How you can help with health plan policies

We value your ideas. You can help us develop policies that best serve our members. Maybe you would like to work with one of the member committees in our health plan or with Kentucky, like:

- UnitedHealthcare Community Plan of Kentucky Quality and Member Access Committee (QMAC). As a UnitedHealthcare member, you are eligible for a \$50 stipend for attending a QMAC meeting.
- Technical Advisory Committees (TAC) – TACs act as advisors to the Advisory Council for Medical Assistance. Each TAC represents a specific provider type or are individuals representing Medicaid beneficiaries.

Call Member Services at **1-866-293-1796**, TTY **711** to learn more about how you can help.

Appeals

If you are not satisfied with our decision about your care, you can file an appeal:

- If you are not satisfied with an action we took or what we decide about your service authorization request (see page 36 about Service authorizations and actions), **you can file an appeal or a request for us to review the decision**. You have 60 days after you get a written notice from us to file an appeal.
- You can do this yourself or your authorized representative can do it for you. You can call Member Services at **1-866-293-1796** or visit our website at **UHCCommunityPlan.com** if you need help filing an appeal.
- The appeal can be made by phone or in writing. **If you call us, you must also file your appeal in writing**. We can help you complete the appeal form.
- If your appeal review needs to be expedited (reviewed more quickly than the standard timeframe) because you have an immediate need for health services, you do not need to follow up in writing after you call us
- We will not treat you any differently or act badly toward you because you file an appeal
- To file an appeal, write to:

UnitedHealthcare Community Plan of Kentucky
Appeals and Grievances
P.O. Box 31364
Salt Lake City, UT 84131-0364

Part III: Plan procedures

- To file an appeal by phone, call Member Services at **1-866-293-1796**
 - The following information will need to be provided:
 - Your name
 - The number on your UnitedHealthcare Community Plan card
 - The kind of care you want
 - The reason you want to appeal
 - Your mailing address
 - The name of the person we should call if we have questions about your appeal
 - A daytime phone number
- Before and during the appeal, you or your representative can see your case file, including medical records and any other documents and records being used to make a decision on your case
- You can ask questions and give any information (including new medical documents from your providers) that you think will help us to approve your request. You may do that in-person, in writing or by phone.
- **If you need help with understanding the Appeals process**, you can contact Member Services or the **Medicaid Managed Care Ombudsman Program**. See page 51 or call **1-800-372-2973** for more information about the Ombudsman Program.

Timeframes for appeals

- **Standard appeals:** If we have all the information we need, we will tell you our decision in writing within 30 days from your appeal.
- **Expedited (fast track) appeals:** If we have all the information we need, we will call you and send you a written notice of our decision within 3 days from your appeal.

If we need more time to make either a standard or an expedited decision about your appeal, we will:

- Write you and tell you what information is needed. For expedited appeals, we will call you right away and send a written notice later.
- Explain why the delay is in your best interest
- Make a decision no later than 14 days from the timeframes referenced above

If you need more time to gather your documents and information, just ask. You, your provider or someone you trust may ask us to delay your case until you are ready. We want to make the decision that supports your best health. This can be done by calling Member Services at **1-866-293-1796** or writing to:

UnitedHealthcare Community Plan of Kentucky
Appeals and Grievances
P.O. Box 31364
Salt Lake City, UT 84131-0364.

Your care while you wait for a decision

When the UnitedHealthcare Community Plan of Kentucky decision reduces or stops a service you are already receiving, you can ask to continue the services your provider had already ordered while we decide on your appeal. You can also ask an authorized representative to make that request for you.

You must ask us to continue your services within 10 days from the date of the notice that says your care will change or by the time the action takes effect. You will need to contact Member Services at **1-866-293-1796**.

If you ask UnitedHealthcare Community Plan of Kentucky to continue services you already receive during your appeal, we will pay for those services if your appeal is decided in your favor. **Your appeal might not change the decision we made about your services. When your appeal doesn't change our decision, UnitedHealthcare Community Plan of Kentucky may require you to pay for the services you received while waiting for a decision.**

If you are unhappy with the result of your appeal, you can ask for a Fair Hearing (see next section in this handbook).

Fair Hearings

If you don't agree with a decision we made that reduced or denied your services you can ask for a **Fair Hearing**. A Fair Hearing is your opportunity to give more information and facts, and to ask questions about your decision before an administrative law judge. The judge in your Fair Hearing is not a part of your health plan in any way.

- You can ask for a fair hearing within 120 days from the day you hear from us about our decision about your appeal

If you need help with understanding the Fair Hearing process, you can contact the **Medicaid Managed Care Ombudsman Program**. See page 51 for more information about the Ombudsman Program.

If you are unhappy with your health plan

If you are unhappy with UnitedHealthcare Community Plan of Kentucky, provider, care or your health services, you can file a **Complaint** (also called a Grievance). You can file a complaint by phone or in writing at any time.

- To file by phone, call Member Services at **1-866-293-1796**, 7:00 a.m.–7:00 p.m. EST, Monday–Friday
- To file in writing, you can write us with your complaint to:
UnitedHealthcare Community Plan of Kentucky
Appeals and Grievances
P.O. Box 31364
Salt Lake City, UT 84131-0364
- You can ask an authorized representative to file the complaint for you. If you need our help because of a hearing or vision impairment, or if you need translation services, or help filing out the forms, we can help you. We will not make things hard for you or take any action against you for filing a complaint.

What happens next

- We will let you know in writing that we got your complaint within 5 business days of receiving it
- We will review your complaint and tell you how we resolved it in writing within 30 days from receiving your complaint

If your complaint is about the denial of an expedited appeal, we will let you know in writing that we got it within 24 hours of receiving it. We will review your complaint about the denial of an expedited appeal and tell you how we resolved it in writing within 5 days of receiving your complaint.

If you are not happy with how we resolved your issue, you can file a complaint with the **Medicaid Managed Care Ombudsman Program**. The Ombudsman Program can look into your concerns and help you with your issue. See page 51 for more information about the Ombudsman Program.

Your care when you change health plans or doctors (transition of care)

If you join UnitedHealthcare Community Plan of Kentucky from another health plan, we will contact you within 5 business days from your expected enrollment date with us. We will ask you for the name of your previous plan, so we can add your health information, like your medical records and prescheduled appointments, into our records.

- If you choose to leave UnitedHealthcare Community Plan of Kentucky, we will share your health information with your new plan
- You can finish receiving any services that have already been authorized by your previous health plan. After that, we will help you find a provider in our network to get any additional services if you need them.

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- In almost all cases, your doctors will be UnitedHealthcare Community Plan of Kentucky providers. There are some instances when you can still see another provider that you had before you joined UnitedHealthcare Community Plan of Kentucky. You can continue to see your doctor if:
 - At the time you join UnitedHealthcare Community Plan of Kentucky you have an ongoing course of treatment or an ongoing special health condition. In that case, you can ask to keep your provider for up to 90 days.
 - You are more than 3 months pregnant when you join UnitedHealthcare Community Plan of Kentucky and you are getting prenatal care. In that case, you can keep your provider until after your delivery. All medical benefits will continue for up to 12 months after your delivery.
 - You are pregnant when you join UnitedHealthcare Community Plan of Kentucky and you receive services from a behavioral health treatment provider. In that case, you can keep your provider until after your delivery. Your behavioral health treatment can continue for up to 12 months after your delivery.
- If your provider leaves our provider network, we will tell you within 30 days from when we know about this. If the provider who leaves is your PCP, we will contact you to help you choose another PCP.

Continued care if your PCP leaves the network

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

If you have any questions, call Member Services at **1-866-293-1796**.

Member rights and responsibilities

Your rights

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

- Respect, dignity, privacy, confidentiality, accessibility and nondiscrimination
- A reasonable opportunity to choose a PCP and to change to another provider in a reasonable manner
- Consent for or refusal of treatment and active participation in decision choices
- Ask questions and receive complete information relating to your medical condition and treatment options, including specialty care
- Voice grievances and receive access to the grievance process, receive assistance in filing an appeal, and request a State Fair Hearing from UnitedHealthcare Community Plan of Kentucky and/or the Department
- Timely access to care that does not have any communication or physical access barriers
- Prepare Advance Medical Directives pursuant to KRS 311.621 to KRS 311.643
- Assistance with requesting and receiving a copy of your medical records in accordance with applicable federal and state laws
- Timely referral and access to medically indicated specialty care
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Receive information in accordance with 42 C.F.R. 438.10
- Be furnished health care services in accordance with federal and state regulations
- Any American Indian enrolled is eligible to receive services from a participating Indian Health Services/Tribal 638/Urban Indian Provider (I/T/U) or I/T/U PCP shall be allowed to receive services from that provider if in Network
- Receive information about the organization, its services, its practitioners and providers and member rights and responsibilities
- Consent for or refusal of treatment and active participation in decision choices
- To have a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage
- Make recommendations regarding the organization's member rights and responsibilities policy

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Your responsibilities

As a member of UnitedHealthcare Community Plan of Kentucky, you agree to:

- Work with your PCP to protect and improve your health
- Find out how your health plan coverage works
- Listen to your PCP's advice and ask questions when you are in doubt
- Call or go back to your PCP if you do not get better or ask to see another provider
- Treat health care staff with the respect you expect yourself
- Tell us if you have problems with any health care staff by calling Member Services at **1-866-293-1796**
- Keep your appointments, calling as soon as you can if you must cancel
- Use the emergency department only for real emergencies
- Call your PCP when you need medical care, even if it is after-hours
- To supply true and complete information that the organization and its practitioners and providers need in order to provide care
- To follow plans and instructions for care that you have agreed to with your practitioner
- To understand health problems and participate in developing mutually agreed-upon treatment goals

Disenrollment options

1. If you want to leave the health plan

- You may leave UnitedHealthcare Community Plan of Kentucky and join another health plan at any time during the first 90 days of enrollment
- If you want to leave UnitedHealthcare Community Plan of Kentucky at any other time, you can do so **only** with a good reason (good cause). Some examples of good cause include:
 - You move out of our service area
 - Your PCP is no longer in our network
 - You lack access to covered services
 - You can't access a qualified provider to treat your medical condition
- You can ask to change plans. To change plans you should write or call us with your reason(s) for the request. The following information should be provided:
 - First and Last name, Social Security Number (SSN) and/or KY Medicaid ID number of all household members that are requesting disenrollment

- Your current address/phone number
- The reason you are requesting the change
- Please include the name of your primary care physician and the hospital you use

If we do not approve the change, you may contact either by fax or mail:

Cabinet for Health and Family Services
Department for Medicaid Services
Division of Provider and Member Services
275 East Main Street, 6E-C
Frankfort KY 40621
Fax: 502-564-3852

The change may take up to 90 days. If you have questions or need help with the process, you may call us at **1-866-293-1796**, TTY **711**, or Kentucky Medicaid Member Services at 1-800-635-2570 from 8:00 a.m.–5:00 p.m. ET, Monday–Friday.

You will get a notice that the change will take place by a certain date. UnitedHealthcare Community Plan of Kentucky will provide the care you need until then.

2. You could become ineligible for Medicaid Managed Care

You may have to leave UnitedHealthcare Community Plan of Kentucky if you:

- Lose your Medicaid eligibility
- Stay in a nursing home for more than **30 days** in a row
- Become eligible for Medicare
- Abuse or harm health plan members, providers or staff
- Do not fill out forms honestly or do not give true information (commit fraud)
- Are incarcerated in a correctional facility
- Cannot be located

If you become ineligible for Medicaid, all your services may stop. If this happens, contact:

Department for Community Based Services
Phone: 502-564-3703; Fax: 502-564-6907

Mailing address:
275 E. Main St. 3W-A
Frankfort, KY 40621

You can also contact the Medicaid Managed Care Ombudsman Program to discuss your options for appeal. See page 51 for more information about the Ombudsman Program.

Questions? Visit UHCCommunityPlan.com, 47
or call Member Services at **1-866-293-1796**, TTY **711**.

Advance Directives

There may come a time when you become unable to manage your own health care and a family member or other person close to you is making decisions on your behalf. By planning in advance, you can arrange now for your wishes to be carried out. An advance directive is a set of directions you give about the medical and mental health care you want if you ever lose the ability to make decisions for yourself.

Making an advance directive is your choice. If you become unable to make your own decisions, and you have no advance directive, your doctor or behavioral health provider will consult with someone close to you about your care. Discussing your wishes for medical and behavioral health treatment with your family and friends now is strongly encouraged, as this will help to make sure that you get the level of treatment you want if you can no longer tell your doctor or other physical or behavioral health providers what you want.

Kentucky has three ways for you to make a formal advance directive. These include living wills, health care power of attorney, and advance instructions for mental health treatment.

Living will

In Kentucky, a **living will** is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time
- Are unconscious and your doctor determines that it is highly unlikely that you will regain consciousness
- Have advanced dementia or a similar condition which results in a substantial cognitive loss and it is highly unlikely the condition will be reversed

In a living will, you can direct your doctor not to use certain life-prolonging treatments such as a breathing machine (called a “respirator” or “ventilator”), or to stop giving you food and water through a feeding tube.

A living will goes into effect only when your doctor and one other doctor determine that you meet one of the conditions specified in the living will. Discussing your wishes and friends, family and your doctor now is strongly encouraged so that they can help make sure that you get the level of care you want at the end of your life.

Health care power of attorney

A health care power of attorney is a legal document in which you can name one or more people as your health care agents to make medical and behavioral health decisions for you as you become unable to decide for yourself. You can always say what medical or behavioral health treatments you would want and not want. You should choose an adult you trust to be your health care agent. Discuss your wishes with the people you want as your agents before you put them in writing.

Again, it is always helpful to discuss your wishes with your family, friends and your doctor. A health care power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your health care choices. If, due to moral or religious beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do it.

Fraud, waste and abuse

If you suspect that someone is committing Medicaid fraud, report it. Examples of Medicaid fraud include:

- An individual does not report all income or other health insurance when applying for Medicaid
- An individual who does not get Medicaid uses a Medicaid member's card with or without the member's permission
- A doctor or a clinic bills for services that were not provided or were not medically necessary

You can report suspected fraud and abuse in any of the following ways:

- Call the UnitedHealthcare fraud, waste, abuse line: **1-866-293-1796**
- Call the U.S. Office of Inspector General's fraud line at **1-800-HHS-TIPS (1-800-447-8477)**

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Important phone numbers

Toll-free Member Services line	1-866-293-1796
7:00 a.m.–7:00 p.m. EST, Monday–Friday	
Behavioral health crisis line	1-855-789-1977
24 hours a day, 7 days a week	
24/7 NurseLine	1-800-985-3856
Department for Community Based Services (DCBS)	502-564-3703
8:00 a.m.–5:00 p.m. EST, Monday–Friday	
Medicaid Managed Care Ombudsman Program	502-564-5497
Kentucky Medicaid contact center	502-564-4321
Provider service line	1-866-633-4449
8:00 a.m.–6:00 p.m. EST, Monday–Friday	
Pharmacy Benefit Manager, MedImpact	1-800-210-7628
24 hours a day/7 days a week	
Kentucky legal services line.	1-800-782-1924
Advance Health Care Directive Registry:	
Member Services	1-866-293-1796
Kentucky Legal Aid Society	502-584-1254
Kentucky Medicaid fraud, waste and abuse tip line	502-696-5405
State Auditor waste line.	1-800-592-5378
U.S. Office of Inspector General fraud line.	1-800-230-6539

Keep us informed

Call Member Services at **1-866-293-1796** when these changes happen in your life:

- You have a change in Medicaid eligibility
- You give birth
- There is a change in Medicaid coverage for you or your children

If you no longer get Medicaid, check with your local Department of Social Services. You may be able to enroll in another program.

Medicaid Managed Care Ombudsman Program

The Medicaid Managed Care Ombudsman Program is a resource you can contact if you need help with your health care needs. The Ombudsman Program is an independently-operated, non-profit organization whose number one priority is to ensure that individuals and families that receive Kentucky Medicaid get access to the care that they need.

The Ombudsman Program can:

- Answer your questions about your benefits
- Help you to understand your rights and responsibilities
- Provide information about Medicaid and Medicaid Managed Care
- Answer your questions about enrolling or disenrolling with a health plan
- Help you understand a notice you have received
- Refer you to other agencies that may also be able to assist you with your health care needs
- Help to resolve issues you are having with your health care provider or health plan
- Be an advocate for Members dealing with an issue or a complaint affecting access to health care
- Provide information to assist you with your appeal, grievance, mediation or fair hearing
- Connect you to legal help if you need it to help resolve a problem with your health care

Here is how you can contact the Ombudsman Program:

Phone: 502-564-5497

Fax: 502-564-9523

Toll Free: 1-800-372-2973

Mailing address:

275 E. Main Street, 2E-O

Frankfort, KY 40621

Email: CHFS.Listens@ky.gov

Questions? Visit UHCCommunityPlan.com, 51
or call Member Services at **1-866-293-1796**, TTY **711**.

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Key words used in this handbook

As you read this handbook, you may see some new words. Here is what we mean when we use them.

Advance Directive: A legal document, such as a living will, that tells your doctor and family how you wish to be cared for if you can't make your healthcare wishes known.

Adverse action: A decision your health plan can make to reduce, stop or restrict your health care services.

Appeal: A request you or your authorized representative make to the health plan to review a decision the plan made to deny, cut back or stop your healthcare services.

Authorized representative: A trusted person (family member, friend, provider, or attorney) who you allow to speak for you concerning your Medicaid benefits, enrollment or claims.

Behavioral health care: Mental health (emotional, psychological and social well-being) and substance use (alcohol and drugs) disorder treatment and rehabilitation services.

Benefits: A set of health care services covered by your health plan.

Care Manager: A specially trained health care worker who works with you and your doctors to make sure you get the right care when and where you need it.

Copayment: The amount of money you may have to pay for a provider visit, service or drug prescription. Also called a copay.

Dual eligible: You are eligible for both Medicare and Medicaid.

Durable Medical Equipment: Certain items (like a walker or a wheelchair) your doctor can order for you to use if you have an illness or an injury.

Early Period Screening, Diagnosis and Treatment (EPSDT): A program that is for preventive health care and well-child checkups for children under the age of 21.

Emergency medical condition: A situation in which your life could be threatened, or you could be hurt permanently if you don't get care right away (like a heart attack or broken bones).

Emergency room care: Care you receive in a hospital if you are experiencing an emergency medical condition.

Emergency services: Services you receive to treat your emergency medical condition.

Emergency medical transportation: Ambulance transportation to the nearest hospital or medical facility for an emergency medical condition.

Enrollee: A person who has Medicaid managed care

Excluded services: Health care services that are not covered by Medicaid.

Fair Hearing: A way you can make your case before an administrative law judge if you are not happy about a decision your health plan made that limited or stopped your services after your appeal.

Grievance: A complaint you can write to or call your health plan about if you have a problem with your health plan, provider, care or services.

Habilitation services and devices: Services or therapy that help a person with disabilities keep, learn or improve skills and functioning for daily living. They can be either inpatient or outpatient.

Health insurance: A type of insurance coverage that pays for your health and medical costs. Your Medicaid coverage is a type of insurance.

Health plan (or plan): The managed care company providing you with health insurance coverage.

Home health care: Health care services provided in your home such as nurse visits or physical therapy.

Hospice services: Special services for patients and their families during the final stages of illness and after death. Hospice services include certain physical, psychological, social and spiritual services that support terminally ill individuals and their families or caregivers.

Hospitalization: Admission to a hospital for treatment that usually requires an overnight stay.

Hospital outpatient care: Care in a hospital that usually does not require an overnight stay.

In-network: A term used when a provider is contracted with your health plan.

Managed care: An organized way for providers to work together to coordinate and manage all your health needs.

Medicaid: A health plan that helps some individuals pay for health care.

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Medically necessary: Medical services or treatments that you need to get and stay healthy.

Member: A person who has Medicaid managed care.

Network (or provider network): A complete list of doctors, hospitals, pharmacies and other health care workers who have a contract with your health plan to provide health care services for members.

Non-emergency medical transportation: Transportation your plan can arrange to help you get to and from your appointments, including personal vehicles, taxis, vans, mini-busses, mountain area transports and public transportation.

Non-participating provider: A doctor, hospital or other licensed facility or health care provider who hasn't signed a contract with your health plan.

Participating provider: A doctor, hospital or licensed facility or health care provider who has signed a contract with your health plan to give services to members.

Physician services: Health care services provided or coordinated by a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine).

Plan (or health plan): The managed care company providing you with health insurance coverage.

Preauthorization: The approval needed from your health plan before you can get certain health care services or medicines. Also called prior authorization.

Premium: The amount you may have to pay for coverage by your health plan.

Prescription drugs: A drug that, by law, requires a prescription by a doctor.

Prescription drug coverage: Covers all or part of the cost of prescription drugs.

Primary Care Provider (PCP): The provider who takes care of and coordinates all your health needs. Your PCP is often the first person you should contact if you need care. Your PCP is usually in general practice, family practice, internal medicine, or pediatrics or is an OB/GYN.

Provider: A health care worker or a facility that delivers health care services, like a doctor, hospital or pharmacy.

Provider Directory: A list of participating providers in your health plan's network.

Rehabilitation services and devices: Health care services and equipment that help you recover from an illness, accident, injury or surgery. These services can include physical or speech therapy.

Referral: When you PCP sends you to another healthcare provider.

Skilled nursing care: Services from licensed nurses in your home or in a nursing home.

Specialist: A doctor who is trained and practices in a special area of medicine such as cardiology (heart doctor) or ophthalmology (eye doctor).

Substance use: A medical problem that includes using or depending on alcohol and/or legal or illegal drugs in the wrong way.

Urgent Care: Health care needed for a sudden illness or injury that you need sooner than a routine visit to your PCP. It is not considered an emergency health care problem. You can get Urgent Care in a walk-in clinic for a non-life-threatening illness or injury (like the flu or sprained ankle).

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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.

- **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, healthcare 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.

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- **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.

- **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>.

Questions? Visit UHCCommunityPlan.com, 59
or call Member Services at **1-866-293-1796, 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.

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>.

Civil Rights Notice

Discrimination is against the law. UnitedHealthcare Community Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, creed, religious affiliation, political beliefs, sex, gender identity or expression, or sexual orientation.

UnitedHealthcare Community Plan provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call Member Services at **1-866-293-1796**, TTY **711**.

If you believe that UnitedHealthcare Community Plan has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, creed, religious affiliation, political beliefs, sex, gender identity or expression, or sexual orientation, you can file a grievance with:

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

By mail:

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

By phone: **1-800-368-1019**, TDD **1-800-537-7697**

1-866-293-1796, TTY 711

English: ATTENTION: Translation and other language assistance services are available at no cost to you. If you need help, please call the number above.

Spanish: ATENCIÓN: La traducción y los servicios de asistencia de otros idiomas se encuentran disponibles sin costo alguno para usted. Si necesita ayuda, llame al número que se indica arriba.

Chinese: 注意：您可以免費獲得翻譯和其他語言協助服務。如果您需要協助，請撥打上述電話號碼。

German: HINWEIS: Übersetzungs- und andere Sprachdienste stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die obige Nummer an.

Vietnamese: CHÚ Ý: Dịch vụ dịch thuật và hỗ trợ ngôn ngữ khác được cung cấp cho quý vị miễn phí. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên.

Arabic: تنبيه: تتوفر خدمات الترجمة وخدمات المساعدة اللغوية الأخرى لك مجاناً. إذا كنت بحاجة إلى المساعدة، يُرجى الاتصال بالرقم أعلاه.

Serbian: PAŽNJA: Usluge prevodjenja i druge jezičke usluge dostupne su vam besplatno. Ako vam je potrebna pomoć, pozovite gore navedeni broj.

Japanese: 注意：ほん訳やその他の言語サポートサービスを無料でご利用いただけます。サポートが必要な場合は、上記の番号までお電話ください。

French: ATTENTION : la traduction et d'autres services d'assistance linguistique sont disponibles sans frais pour vous. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus.

Korean: 참고: 번역 및 기타 언어 지원 서비스를 무료로 제공해 드립니다. 도움이 필요하시면 위에 명시된 번호로 전화해 주십시오.

Pennsylvanian Dutch: LET OP: Vertaal- en andere taalhulpdiensten zijn kosteloos voor u beschikbaar. Als u hulp nodig hebt, belt u het bovenstaande nummer.

Nepali: ध्यान दिनुहोस्: तपाईंका लागि अनुवाद र अन्य भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। यदि तपाईंलाई मद्दत चाहिन्छ भने कृपया माथ किो नम्बर फोन गर्नुनुहोस्।

Cushite: XIYYEEFFANNAA: Tajaajila hiikkaa fi gargaarsa afaanii biroo kaffaltii tokko malee isiniif kennama. Gargaarsa yoo barbaaddan, lakkoofsa armaan olii kanaan bilbilaa.

Russian: ВНИМАНИЕ! Услуги перевода, а также другие услуги языковой поддержки предоставляются бесплатно. Если вам требуется помощь, пожалуйста, позвоните по указанному выше номеру.

Tagalog: ATENSYON: Ang pagsasalin at iba pang mga serbisyong tulong sa wika ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas.

Bantu: ICITONDEGWA: Ubusiguzi n'ibindi bikorwa bijanye n'indimi birahari ku bwawe ku buntu. Mu gihe ukeneye ubufasha, wokwakura inomero yatanzwe haruguru.



We're here for you

Remember, we're always ready to answer any questions you may have. **We want to make sure you get the care you need, when you need it.** Call Member Services at **1-866-293-1796**, TTY **711** for help scheduling appointments, rides and more. You can also visit our website at UHCCommunityPlan.com.

UnitedHealthcare Community Plan
9100 Shelbyville Road, Suite 270
Louisville, KY 40222

UHCCommunityPlan.com
1-866-293-1796, TTY **711**

If you are a UnitedHealthcare member, we are excited to service you, however we do not have any customer service team members here at this location.

Please call **1-866-293-1796** for assistance.

Español:

Si usted es miembro de United Healthcare, nos complace servirle, sin embargo, no tenemos ningún miembro del equipo de servicio al cliente aquí en esta ubicación.

Llame al **1-866-293-1796** para obtener ayuda.

United
Healthcare
Community Plan

