



MISSISSIPPI

UnitedHealthcare Member Handbook

MississippiCAN

(Mississippi Coordinated Access Network)



Important Telephone Numbers

Member Services

(8 a.m. to 6 p.m. Monday through Friday) 1-877-743-8731
Telecommunication Devices for the Deaf (TDD) 711

24/7 Nurse Line 1-877-370-4009
(available 24 hours a day, 7 days a week)

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

Poison Control Center 1-800-222-1222

Division of Medicaid 1-800-421-2408

Mental Health Crisis Line (English) 1-601-713-4357

Mental Health Crisis Line (Spanish) 1-866-322-9832



Website www.uhccommunityplan.com



Your Health Providers

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Pharmacy: _____ Phone: _____

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Important Terms

Term	Description
Abuse	Harming someone on purpose. (Includes yelling, ignoring a person's need and inappropriate touching.)
Appeal	A formal request for UnitedHealthcare to review a decision or an action.
Complaint	When a member expresses dissatisfaction with his/her care. A complaint can be filed with UnitedHealthcare over the phone or in writing.
Coordinated Care Organization	A company with healthcare providers and services.
Copay	A small fee members must pay when using certain services, like doctor or emergency room visits.
Durable Medical Equipment (DME)	Things such as wheelchairs, walkers, glucose meter, IV poles. Also disposable supplies such as bandages, catheters and needles. DME must be requested by your doctor.
Emergency	A sudden and unexpected change in physical or mental health which, if not treated right away, could result in 1) loss of life or limb, 2) impairment to a bodily function, or 3) permanent damage to a body part.
Health Information	Facts about your health and care. This may come from UnitedHealthcare or a provider. It includes physical and mental health and payments for care.
Immunization	A shot that protects from a disease. Children should get a variety at specific ages. Shots are often given during regular doctor visits.
In-Network	Doctors, specialists, hospitals, pharmacies and other providers who have an arrangement with UnitedHealthcare to offer services to members.
Medical Home	A doctor or medical practice that you go to all the time.

Term	Description
Medically Necessary	1) a service that prevents, diagnoses or treats a physical or mental illness or injury; ensures age-appropriate growth and development; minimizes the worsening of a disability; or attains, maintains, or regains functional capacity per accepted standards of practice. (2) It cannot be omitted without affecting the member's condition or quality of care.(3) It is given in the best setting.
Member	A person enrolled in UnitedHealthcare through MississippiCAN.
Out-of-Network	Doctors, specialists, hospitals, pharmacies and other providers who do not have an arrangement with UnitedHealthcare to offer services to members.
Prescription	A doctor's written instructions for drugs or treatment.
Prior Authorization	Approval for services not normally covered by UnitedHealthcare.
Provider or Practitioner	A person or facility that provides health care. (Doctors, pharmacies, dentists, clinics, hospitals, etc.)
Specialist	Any doctor who has special training for a specific condition or illness.

Welcome

UnitedHealthcare Community Plan is a coordinated care organization (CCO). We provide health coverage for members of Mississippi Coordinated Access Network (MississippiCAN). We are pleased to serve you. With UnitedHealthcare Community Plan, you will receive all of your regular Medicaid benefits plus additional services. We look forward to helping you get the health care you deserve and need.



Member Services 1-877-743-8731 (TDD: 711)
Monday – Friday 8 am – 6 pm



You will get a member identification (ID) card in the mail. It has important information. Make sure all the information is correct. If you have questions about your health coverage, please call Member Services.

Member Services Can:

- Explain MississippiCAN benefits.
- Help you find a doctor and make appointments.
- Explain your rights and responsibilities.
- Answer questions about your benefits.
- Handle, record and track your questions and complaints.
- Explain the appeal and complaint process.
- Explain fraud and abuse policies.

Our office is closed on these major holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

For emergencies, call 911 or go to the nearest emergency room.

Remember:

- Read this handbook carefully. Keep it in a safe place. It will tell you how to get the health care you need. It will also tell you about the services that you can receive.
- List your doctors in the “Important Telephone Numbers” section in the front of this handbook.
- If you ever need a new handbook, call Member Services at 1.877.743.8731 for a free one.
- We will send you a letter if we make changes to this handbook that affect your benefits.
- Tell the Division of Medicaid (DOM) if you change your address.

Eligibility and Enrollment

Eligibility

UnitedHealthcare Community Plan does not decide if you qualify for MississippiCAN. The Mississippi Division of Medicaid (DOM) makes the decision. To qualify for Medicaid in Mississippi:

- You must be a U.S. citizen or a legal permanent resident.
- You must be a resident of Mississippi.
- You must meet Mississippi Medicaid eligibility requirements.
- You must apply at the Medicaid Regional Office or an Outstation Site.
- You must show verification asked for by the Medicaid Specialist on time.

If you have questions, call the Division of Medicaid (DOM) at 1.800.421.2408 or 1.601.359.6050.

Enrollment

Your enrollment in MississippiCAN is for 12 months or until you lose eligibility, whichever comes first. DOM will tell UnitedHealthcare Community Plan the date you are enrolled. Your eligibility continues until DOM tells UnitedHealthcare the date you will be disenrolled.

 Contact the Mississippi state agency where you enrolled:

- If your family size changes.
- If you move.
- If your income goes up or down.
- If you get health care coverage under another policy or there are changes to that coverage.

To report changes, call, write or visit the Mississippi state agency that said you were

eligible. All changes **MUST** be reported within 10 days after the change happens (or within 10 days after you discover the change). Failure to report a change may mean you get the wrong benefits.

If You Want to Leave UnitedHealthcare Community Plan (Voluntary Disenrollment)

Once you enroll in UnitedHealthcare Community Plan, you have the first 90 days to stop your enrollment in UnitedHealthcare Community Plan. After that you will be a member of our plan for the next year or the next open enrollment period.

You can change for any reason in the first 90 days of your membership. Call the DOM to stop your membership during this period.

After your first 90 days, there may be a special reason that you need to end your UnitedHealthcare Community Plan membership. Some special reasons may be:

- You move outside the UnitedHealthcare Community Plan service area.
- UnitedHealthcare Community Plan does not cover the service you are requesting.

You must contact the DOM in writing or by phone to disenroll or change plans.

End of Coverage

If you are disenrolled, your coverage will end on the last day of that month.

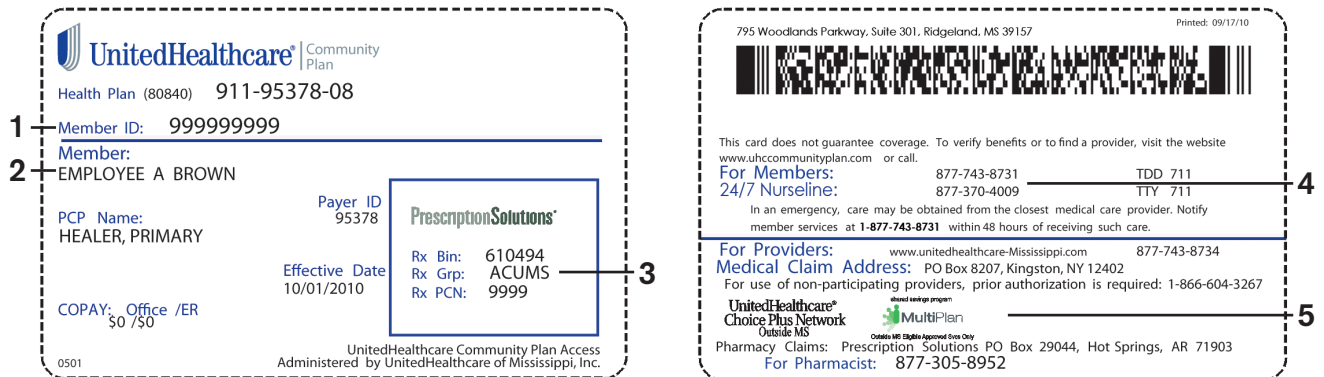
Non-Discrimination

UnitedHealthcare Community Plan will not discriminate based on race, ethnicity, gender, sexual orientation, age, religion, creed, color, national origin, ancestry, disability, health status or need for health services.

How to Use Your Health Plan

Member Identification (ID) Card

You will get your member ID card in the mail if you haven't already. Make sure the information is correct. If you have questions, call Member Services. Your ID card will look like this:



1 Your member ID number

2 Your Primary Care Provider (PCP)

3 Pharmacy information

4 Important phone numbers for you

5 Information for your providers

Take your ID card when you go to the doctor or get a prescription. If you do not take your ID card, the doctor or pharmacy won't know that UnitedHealthcare Community Plan is going to pay the costs. Never give your ID card to anyone else to use. If you lose your ID card or need to correct information, call Member Services at 1-877-743-8731.

Language and Cultural Help

Clear communication is important to get the health care you need. UnitedHealthcare Community Plan can give you member materials in a language or format that is easier for you to understand. We have interpreters for you if your doctor does not speak your language. This is free when you speak to us or to your doctors. If you do not speak English, call Member Services at 1-877-743-8731. They will connect you with an interpreter.

If your doctor does not understand your cultural needs, we can help. We will work with your doctor or help you pick a new doctor. Call Member Services at 1-877-743-8731 for help.

Members with hearing loss, please call 711. This is a free Telecommunications Relay Service (TRS) that allows persons with hearing or speech disabilities to place and receive telephone calls. Ask to be connected to UnitedHealthcare Community Plan and give them the Member Services number 1-877-743-8731.

Remember: Member information can be made available in a different language, large print, Braille and audio tapes. If you need this, please call Member Services at 1-877-743-8731.



Your Primary Care Provider (PCP)

Your Primary Care Provider (PCP) is your personal doctor. Each member of UnitedHealthcare Community Plan must pick a PCP from our network. Your PCP office is your medical home. You pick a PCP for you and any family enrolled in UnitedHealthcare Community Plan. You may pick a different PCP for each family member. Some PCPs may have residents, nurse practitioners, midwives and physician assistants who give care under the direction of your PCP. All providers in UnitedHealthcare Community Plan's Provider Directory have agreed to take care of our members. All our providers have met our high quality standards.

What Is A Medical Home?

Your medical home is the provider you go to all the time.

Why Would I Want A Medical Home?

There are many reasons to have a medical home.

- They have your medical records. This lets the doctor see you faster.
- They know what shots, illnesses and drugs you have had. They know what works best.

- They know your allergies and other health issues.
- They know what behavior and health is normal for you.
- They can answer your questions about previous treatment.

How Do I Find A PCP?

Use our provider directory. It lists the names, locations, phone numbers, and languages other than English spoken. If you need a Provider Directory, call Member Services **1-877-743-8731**. We can help you find a provider close to where you live. We can help you find specialists, home health care and equipment suppliers.

Visit us online on line at www.unitedhealthcare-mississippi.com. New providers join our network all the time. The most up-to-date directory is on our web site. For most of your medical care, you must go to your PCP.

Changing Your PCP

You can change your PCP at anytime. The change will be immediate. Just call Member Services **1-877-743-8731**. We will send you a new ID card with your new PCP on it. Member Services can help you find another PCP. They can also give you information about a PCP. They can tell you his/her certifications. They can tell you if he/she is taking new patients.

Getting Care

Get To Know Your PCP — Time For A Wellness Visit

It's important to have regular wellness visits. This way your PCP can help you stay healthy. See your PCP as soon as you become a member. Don't wait until you are sick.

Some questions you can ask are:

- What are the office hours?
- What if I need night or weekend care?
- Who takes calls if your office is closed?
- Do you need an "O.K." from me to get my records from another office?
- Am I due for any tests or checkups?

It is good to know the staff at your PCP's office. They will help you with medical advice and much more. It is best to call during business hours.

Making An Appointment To See Your PCP

When you make an appointment, tell them you are a UnitedHealthcare Community Plan member. Tell them why you need an appointment.

When you go to your appointment, be sure to take

- Your ID card.
- Your card for any other insurance you have.

How Long Should It Take To Get A PCP Appointment?

Here are guidelines on how long it takes to get an appointment with your PCP.

- Emergency: Immediately or sent to an emergency facility.
- Urgent (but not an emergency): Within 48 hours.
- Routine: Within 10 days.
- Preventive, well-child, and regular: Within 6 weeks.



NurseLineSM Services

As a member of UnitedHealthcare Community Plan, you can use our NurseLine. NurseLine gives you toll-free phone access, 24 hours a day, every day, to registered nurses who understand your health care needs.

Nurses with NurseLine have an average of 15 years of experience. NurseLine uses trusted, doctor-approved information to help you make the right decisions. All at no cost to you!

Getting the best health care begins with asking questions and understanding the answers. NurseLine can help you make health decisions for you and your family. A NurseLine nurse can even give you tips on eating healthy and staying fit. The nurse can also help you:

- Decide if the emergency room or a doctor visit is right.
- Find a doctor or hospital.
- Understand your treatment options.
- Teach you about health screenings and shots.
- Answer your health questions.
- Give you tips on staying healthy.
- Teach you how to take your medications so they work best.

Call NurseLine services at **1-877-370-4009**.
TTY 711.

(NurseLine is for information only. Nurses can't diagnose problems. They can't specify treatment. They are not a substitute for your doctor's care.)

Urgent Care

Urgent care is not emergency care. It is care that you need sooner than a normal appointment (within 24 hours). You might need this for things like sprains, mild-to-moderate bleeding, bruises, minor burns, drug reactions or an illness lasting longer than a day.

ER Emergency Care

An emergency is when a person with an average understanding of health and medicine believes the absence of medical care might result in serious injury or death. If you have such symptoms, go to the emergency room immediately. If you are not sure if you have an emergency, call your doctor or NurseLine at 1.877.370.4009.

You do not need prior approval to get emergency care. When people who are not in serious danger go to the emergency room, they often have to wait a long time. If you aren't sure if your condition is an emergency, call your PCP or NurseLine.

Getting Care (cont.)

Prior Authorization

Doctors may need to get our approval before giving you certain care. This is called prior authorization. If services need prior authorization and your doctor does not get one, UnitedHealthcare Community Plan may not pay for these services. Your doctor should call Provider Services at 1-877-743-8734 to get prior authorizations.

Here are some types of care that need a prior authorization:

- Non-emergency or non-urgent hospital admissions, unless for a normal newborn delivery.
- Non-emergency services from an out-of-network provider.
- Some dental treatments.

You do not need a prior authorization for:

- Emergency and urgent care.
- Hospital admissions for normal newborn deliveries.
- Some dental treatments.

Utilization Review

UnitedHealthcare Community Plan follows steps to decide if we will approve care. Our goal is to make sure the care is medically necessary and done in the right setting at the right time. We also make sure you get quality care. No UnitedHealthcare Community Plan employee or provider is rewarded for not giving you care or services or for saying you should not get them. You can ask for a copy of the criteria we use by calling Member Services at 1-877-743-8731. You can also call to ask questions.

Hospital Care

If your hospital care is not an emergency, your PCP will make the plans for your hospital stay. Your PCP will get prior authorization from Mississippi Division of Medicaid (DOM). In hospital stays are covered directly by DOM for MississippiCAN members.

In-Network Providers

In-network providers are those who have contracted with UnitedHealthcare Community Plan. They include hospitals, pharmacies, dentists, optometrists, chiropractors and nurse practitioners. UnitedHealthcare Community Plan has a relationship with these providers. We trust them to offer services to our members. Our members can visit these providers just by making an appointment. You don't need to call us first.

Out-of-Network Providers

A provider who is not in our network is an out-of-network provider. If you go to an out-of-network provider, you may be responsible for paying for those services. UnitedHealthcare Community Plan will usually not pay for out-of-network care.

If your PCP wants you to see a doctor that does not participate with UnitedHealthcare Community Plan, your PCP will need to call us to get approval. To get approval, have your doctor call the number on the back of your ID card.

Our network includes doctors and hospitals that routinely provide most requested medical services. If the requested services are available within our network, you will be required to

use one of these providers. If you need help finding a provider, call Member Services at 1-877-743-8731.

If your PCP's request for out-of-network services is denied, you may file an appeal with UnitedHealthcare Community Plan, or file a fair hearing request with the Mississippi Division of Medicaid. Please see the Complaints, Grievances, Appeals and State Fair Hearings section of this handbook for more information.

If you have an emergency out of town, go to the nearest emergency room immediately.

Second Opinions

If you have a question about treatment, you can ask for a second opinion. This is when another in-network provider examines you again. If you cannot find a second network provider, you can get a second opinion from an out-of-network provider with prior authorization. Call Member Services for help. There is no charge to you for a second opinion.

Medical Advances

Our Technology Assessment Committee reviews requests to cover newly developed equipment or procedures. This committee includes doctors and other health professionals. The Committee uses national guidelines and scientific evidence to decide if we should approve them.

Advance Directives (Living Will)

An Advance Directive lets you give instructions about your health care. It lets you name someone to make health care decisions for you, if you can't do so yourself.

There are many types of Advance Directives. Most common are a living will and a medical power of attorney. A living will lets you put your wishes in writing. A medical power of attorney lets you name someone to make decisions on your medical care if you can't do so yourself. They tell your PCP what you want done or not done if you can't speak for yourself.

Your MississippiCAN Benefits

The following are services covered by UnitedHealthcare Community Plan for MississippiCAN members.

- Note: There is NO COPAY for any service covered by UnitedHealthcare Community Plan
- The fiscal year runs from July 1 through June 30 each year.

Benefit	Limit	Prior Authorization
Ambulatory Surgical Center services		No
Chiropractic services	\$700 per fiscal year	No
Christian Science Sanatoria services		No
Dental services Children Adults • Preventive • Emergency pain relief • Diagnostic • Palliative care • Restorative • Orthodontia	Dental \$2,500 per fiscal year – adults and children; Orthodontia \$4,200 maximum per lifetime per child.	Yes for some things such as crowns, root canals, dentures and orthodontics.
Dialysis (freestanding or hospital-based) Center Services		No
Durable Medical Equipment (DME)		Yes for DME greater than \$500.
Emergency Ambulance Services		Prior authorization required for Urgent Air Ambulance (Fixed Wing) only.
EPSDT	Limited to members under 21 years of age	No
Expanded EPSDT services	Prior authorization required for services not covered, or any service that exceeds service limits.	Yes
Eyecare (Eye Exams & Glasses)	Children – 2 eye exams per fiscal year, 1 pair eyeglasses per fiscal year, plus 1 additional pair eyeglasses covered under repair/ replacement coverage per fiscal year Adults – 1 eye exam per fiscal year, 1 pair eyeglasses every 3 years	Yes, for children after 1 st (first) pair per fiscal year
Family Planning services	Counts toward limit on doctor office visits	No
Federally Qualified Health Center services	Counts toward limit on doctor office visits if not PCP	No

Benefit	Limit	Prior Authorization
Health Department Services	Counts toward limit on doctor office visits	No
Hearing Services	Available to members under 21 years of age	Yes, for hearing aids
Home Health Services	25 visits per fiscal year	Yes
Hospice	When doctor certifies life expectancy is of 6 months or less	No
Hospital Services • Outpatient ER visits	6 visits per fiscal year	No
Laboratory and X-Ray services		No
Maternity Care (including high risk case management)		No
Medical Supplies		Yes, for diapers and under pads
Nurse Practitioner services	Counts toward limit on doctor office visits	No
Orthotics and Prosthetics	Limited to beneficiaries under 21 years of age	Yes
Outpatient Physical Therapy, Occupational Therapy, Speech Therapy	Age 21 and over this service can only be received as an inpatient.	Prior Authorization is required if more than 12 visits are needed
Pediatric skilled nursing (Private Duty) Nursing Services	Limited to members under 21 years of age	Yes
Pharmacy Disease Management Services	12 visits per fiscal year	No
Physician Assistant services	Counts toward limit on doctor office visits if not PCP	No
Physician services • PCP Office visit • All Other Office & ER visits • Hospital inpatient visits	No limit 12 per fiscal year 30 per fiscal year	No No No
Podiatrist services	Counts toward limit on doctor office visits	No
Prescription drugs	5 per month with no more than 2 of the 5 being brand name drugs; members under 21 can receive more than the monthly limits with a medical necessity PA	Yes – for under 21 beneficiaries that require more than 5 prescriptions per month
Rural Health Clinic services	Counts toward limit on doctor office visits if not PCP	No

Services Covered And Paid For By Medicaid

The following services are covered directly by Mississippi Division of Medicaid (DOM) for MississippiCAN members.

Service	Limit	Prior Authorization	Copay
Hospital Care – Inpatient Services	Adults – 30 days per fiscal year. Children – 30 days per fiscal year.	Yes	\$10/ per day
Intermediate Care Facility for the Mentally Retarded (ICF/MR) services	90 days per fiscal year.	No	
Mental Health Services		Yes	
Nursing facility services	Limited to 58 days per fiscal year	No	
Inpatient Psychiatric Care	Available for persons under age 21.	Yes	
Non-Emergency Transportation Services	Medicaid will help eligible persons to travel to and from medical appointments when they have no other way to get there. Call 1-866-331-6004 to find out how to get help with transportation to your appointment		



Getting Prescriptions

How To Get a Prescription Drug

Take your prescription and your ID card to an in-network pharmacy. You will have to pay for the drug yourself if you do not go to an in-network pharmacy. You can find an in-network pharmacy in your provider directory. Or call Member Services at 1-877-743-8731. You may get five (5) prescriptions per month. No more than two (2) of the five (5) prescriptions may be brand name. This includes refills. Children under 21 may get more than five (5) if the doctor gets prior authorization.

All medications that are on our Preferred Drug List (PDL) will be covered when medically necessary. You can get information on pharmacies or the PDL from Member Services 1-877-743-8731. Or visit our website at www.uhccommunityplan.com. This can change, so your doctor should check each time you need a prescription.

Prior Authorization

Some medications on our PDL need prior authorization. This means they must be approved before you can get them. When a drug needs prior authorization, your doctor must contact our Pharmacy Department. They will review the doctor's request. The decision takes 24 hours. You and your doctor will be told the outcome. If the drug you are prescribed needs prior authorization and your doctor does not get it, you will not be able to get your drug. Your doctor needs to call our Pharmacy Department at 1-877-651-2217. Your pharmacist may give you a 5-day emergency supply until we process the request. If we do

not approve the request, we will tell you how you can appeal.

Step Therapy

Some drugs on the PDL require other drugs to be used first. This is called Step Therapy. Step Therapy drugs are covered if the required drug has been tried first. If the required drug has not been tried, your doctor must get prior authorization. We will ask your doctor to explain why you can't use the required drug first. If we do not approve the request, we will tell you how you can appeal.

Brand Name Drugs Instead of Generic Equivalents

UnitedHealthcare Community Plan requires that generic drugs be used when available. Generic drugs have the same active ingredients as brand names. Generic drugs are as safe and effective as brand names. If your doctor thinks you need a brand name instead of the generic, your doctor must get prior authorization. We will ask for information to explain why you can't use the generic. If we do not approve the request, we will tell you how you can appeal.



Getting Prescriptions (cont.)

Medications Not on UnitedHealthcare Community Plan's PDL

If your prescription is not on our PDL, the doctor must get a prior authorization. If your doctor does not do this, you will not be able to get your drug. A list of drugs on the PDL is at www.uhccommunityplan.com. Or call Member Services at 1.877.743.8731. If the doctor chooses not to use a drug on the PDL, your doctor must get prior authorization from the Pharmacy Department. The review takes 24 hours. You and your doctor will be told the outcome. If we do not approve the request, we will tell you how to appeal.

These are covered:

- Legend drugs (drugs that need a prescription per federal law)
- Compounds using a legend drug
- Disposable blood or urine glucose testing agents
- Disposable insulin needles or syringes
- Growth hormones
- Insulin
- Lancets
- Legend (prescription) contraceptives
- Retin-A (tretinoin topical)
- Fluoride supplements
- Vitamins and minerals
- Legend (prescription) pre-natal vitamins

These are not covered:

- Anabolic steroids
- Anorectics (drugs used for weight loss)
- Anti-wrinkle agents
- Fees for the administration of any drug
- Dietary supplements
- Infertility drugs
- Select prescription vitamin and mineral products
- Drugs for baldness
- Select non-legend (over the counter) drugs
- Select drugs when used for relief of cough and colds
- Pigmenting agents
- Drugs for cosmetic purposes
- Drugs designated less than effective by the FDA per the Drug Efficacy Study. Or drugs made by firms that do not have rebate agreements with the government per OBRA'90.

UnitedHealthcare Community Plan Programs and Services

Quality Improvement

UnitedHealthcare Community Plan wants you to get quality health care. We study the care you get from your doctors and other providers. We look for ways to make our services better and fix any problems.

For information on our Quality Improvement program, how we are meeting our goals, or practice guidelines, write to:

UnitedHealthcare of Mississippi
Quality Improvement
795 Woodlands Parkway, Suite 301
Ridgeland, Mississippi 39157

Disease and Care Management Programs

Our Personal Care Model[®] is for members who have serious health problems or on-going conditions. We want our members to enjoy the highest quality of life. We can help you take charge of your condition.

We have disease management programs to help you take charge of your illness and live life to the fullest. We can give you help and educational materials on conditions such as:

- Asthma
- Hypertension
- Diabetes
- Obesity
- Congestive Heart Disease
- Organ Transplant(s)
- Hemophilia

Here is a sample of what our Care Managers can do for you:

- If you have **asthma**, they can help you identify triggers so you can control it.
- If you have **diabetes**, they find education classes to help you manage your condition. They can help you get the supplies you need such as glucometer, syringes, and insulin.
- If you have **hypertension (high blood pressure)** and/or **congestive heart disease**, they can give you tips on making lifestyle changes to help you control and improve your condition.
- If you are **obese or overweight**, they can provide educational materials on diet and exercise, explain available plan benefits, and connect you with resources in your community.
- If you have **hemophilia**, they can help you get infusion medications and supplies, arrange for nursing services and schedule doctor visits.
- If you are waiting for or have received an **organ transplant**, they can remind you about tests you need, follow up with your doctor on your condition, arrange for nursing services and home health visits.

UnitedHealthcare Community Plan Programs and Services (cont.)

What else can our Care Manager do for you?

- Call you and visit you at home if needed.
- Give you a health assessment so we can better understand your needs
- Help find programs and services for disabled members so they can live at home.
- Help with medical transportation and keeping appointments.
- Talk to your PCP and other providers to coordinate care.

To learn more about our programs and how they can help you, call Member Service at 1-877-743-8731. (Hard of hearing: 711).

If You Are Going To Have A Baby

Healthy First Steps™ (A Program for Pregnant Members)

Healthy moms are more likely to have a healthy baby. Pregnancy is a time for women to take good care of themselves and their unborn baby. Some women may have risk factors that can cause problems during pregnancy. These problems could cause early labor. A baby born too early may be sick or have to stay in the hospital. We want the best possible health for the mom and baby.

We have a program for pregnant members. Healthy First Steps™ gives pregnant women the education and support they need. If you are pregnant, call to enroll at 1-800-599-5985.

We want to help you have a healthy pregnancy. Our staff will help you get the care you need. We can also help you get ready for the birth and care of your baby.

See a doctor as soon as you think you are pregnant. If you have problems finding a doctor or getting an appointment we can help you. We will also work with you to find community services such as WIC, behavioral health care and social services.

Let Healthy First Steps™ help you make your pregnancy the healthiest it can be.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Well Child Program

These EPSDT doctor visits are for all MississippiCAN members from age one to age 21 years. These checkups make sure your children are growing and healthy. They include a health, vision, dental, and hearing exam. Children also get shots and any lab tests needed. Parents and older children get health education.

All EPSDT visits and procedures are covered. For information, call Member Services.

Dr. Health E. Hound® Program

We are proud of our mascot—Dr. Health E. Hound®. Dr. Health E. Hound's goal is to teach your kids about fun ways to stay fit and healthy.

Dr. Health E. Hound loves to travel around the state and meet kids of all ages. He hands out flyers, posters, stickers and coloring books to remind kids to eat healthy foods and exercise. He helps kids understand that going to the doctor for check-ups and shots is an important way to stay healthy.

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

Rights and Responsibilities

You have a right to:

- Get information about UnitedHealthcare Community Plan, its services, the doctors giving care, and member rights and responsibilities.
- Be told by your doctor what is wrong, what can be done and what the result may be in language you understand.
- Learn about options for treatment regardless of cost or coverage that is told in a way that you can understand.
- Voice complaints or appeals about us and the care we provide.
- Suggest changes to our member rights and responsibilities.
- Be cared for with respect and dignity and with regard to your privacy, without regard for health status, physical or mental handicap, sex, race, color, religion, national origin, age, marital status or sexual orientation.
- Be told where, when and how to get the services you need.
- Get a second opinion.
- Give your OK to any treatment or care plan after that plan has been explained to you.
- Refuse care and be told what you may risk if you do.
- Be free from any restraint or seclusion as a means of coercion, discipline, convenience or retaliation.
- Get a copy of your medical record. Talk about it with your doctor and ask, if needed, that it be amended or corrected.
- Have your medical record kept private, shared only when required by law or contract or with your approval.

- Get respectful care in a clean and safe environment free of unnecessary restraints.
- Get information about doctor incentives.
- To freely exercise your rights and it will not affect the way you are treated.
- Make an advance directive.
- Make a decision on organ donation.

You have a responsibility to:

- Give information that UnitedHealthcare Community Plan and your doctor need to care for you.
- Listen to the doctor's advice, follow instructions and ask questions.
- Understand your health problems and work with your doctor to set treatment goals.
- Work with your doctor to guard and improve your health.
- Find out how your health care system works.
- Go back to your doctor or ask for a second opinion if you do not get better.
- Treat health care staff with respect.
- Tell us if you have problems with any health care staff.
- Follow the appointment scheduling process.
- Keep your appointments. If you must cancel, call as soon as you can.
- Call your doctor when you need medical care, even after office hours.
- Use the emergency room only for real emergencies.

Complaints, Grievances, Appeals and State Fair Hearings

What Is A Complaint?

If you are unhappy with anything about UnitedHealthcare Community Plan, its policies, employees, or provider network, and call to tell us about it, you have made a complaint. Our Member Services staff will work with you to resolve your complaint. If we cannot resolve your concern over the telephone, it may become a grievance.

What is A Grievance?

A grievance is defined as a general expression of dissatisfaction about the health plan or a practitioner or any matter other than an action taken by the plan. Examples of grievances include but are not limited to:

- You have a complaint about the quality of care or services you are getting.
- You believe your provider does not treat you with respect.
- You have a complaint about the benefits you receive with UnitedHealthcare Community Plan.

Grievances do not include expressions of dissatisfaction that are received by telephone and resolved during the telephone call. This type of issue is considered an informal complaint. Grievances include issues that cannot be resolved to the member's satisfaction during the telephone call and/or where the member expresses a desire to pursue the matter formally as a grievance.

What Should I Do If I Have A Grievance?

You can file a grievance by calling or writing to UnitedHealthcare Community Plan. (There is a form you can use at the end of this Handbook.) You must file within 30 days of the date of incidence. Just call 1.877.743.8731 or write to:

Grievance and Appeals
PO Box 5032
Kingston, NY 12402-5032

UnitedHealthcare Community Plan will send you a letter telling you we received your grievance. You may ask for help. A staff member will help you file your grievance and/or represent you during the grievance process. This staff member has never made a decision related to your issue. The member or their representative may obtain copies to review all information related to the grievance upon request and may submit additional material to be considered. UnitedHealthcare Community Plan will review your grievance and send notice of our decision within 30 days of receiving your grievance and then send you a letter telling you the decision.

What Is An Appeal?

An appeal is your request for a review of an action you believe UnitedHealthcare Community Plan made in error. Actions occur when:

- We deny or limit authorization of a service you want,
- We reduce, suspend or terminate payment for a service you are already getting,
- We fail to authorize a service in the required timeframe or
- We fail to decide a grievance or appeal in the required time frame.

When any of the above occurs, you will get a letter telling you UnitedHealthcare Community Plan's action. This is called a notice of action. An appeal is when you tell us you believe our action was made in error.

How Do I File An Appeal With UnitedHealthcare Community Plan?

You can file an appeal by calling or writing to UnitedHealthcare Community Plan within 30 days from the date of your notice of action. Unless you want a fast appeal, which is explained in the following section, if you made your appeal by calling the Plan, someone from the Plan will put your appeal in writing and send it to you for your signature. You must sign the appeal and send it back to UnitedHealthcare Community Plan.

If you want your provider to file the appeal for you, you must give your written approval for the provider to do so. UnitedHealthcare Community Plan will send you a letter telling

you we received your appeal. You may ask for help. A staff member will help you file your appeal and/or represent you during the appeal process at no charge. This staff member has never made a decision related to any part of your care. The member, representative, or provider may obtain copies to review all information related to the appeal upon request and may submit additional material to be considered.

UnitedHealthcare Community Plan will review your appeal and send notice of our decision within 45 days of receiving your appeal. The letter will also tell you what to do if you don't like the decision. You may participate in the first level review by telephone or video conference.

What Can I Do If I Need Immediate Care?

If your doctor believes that usual time frames for deciding your appeal will harm your health, he/she can call UnitedHealthcare Community Plan and ask that your appeal be decided faster. You, your doctor or someone representing you can make a request for an expedited review calling Member Services at 1.877.743.8731. UnitedHealthcare Community Plan will call you with our decision within 3 working days of receiving your request for an expedited appeal. You can request an extension up to 14 days. You will also receive a letter telling you the reason(s) for the decision and what to do if you don't like the decision. If you believe an error was made by the plan in its decision about your expedited appeal, you may file a State Fair Hearing with DHH as described below.

Complaints, Grievances, Appeals and State Fair Hearings

How Do I File A State Fair Hearing Request With DHH?

You can file an appeal directly to the Mississippi Division of Medicaid (DOM) after UnitedHealthcare Community Plan receives your appeal and notifies you of the decision if you disagree with UnitedHealthcare Community Plan's decision.

You must file your request for a State Fair Hearing within 30 days from the date on UnitedHealthcare Community Plan's appeal decision letter. If you want your provider to file the State Fair Hearing Request for you, you must give your written approval for the provider to do so.

Continuation Of Benefits

If you have been receiving an ongoing service or item that is being reduced, changed or stopped, you may continue to receive the service if your appeal is received within 10 days of the date on either UnitedHealthcare Community Plan's notice of action and you request that the service be continued. The service may be continued through the appeal and State Fair Hearing process unless you withdraw or discontinue your appeal, fail to request a State Fair Hearing and continuation of benefits, or the prescription for your service ends. State Fair Hearing requests must be received by DOM within 10 days of the date on the appeal decision letter to continue receiving benefits. You may have to pay for the services you get during the State Fair Hearing process if you do not win the Hearing.

Fraud and Abuse Notice

Anyone who intentionally makes a false statement or a false claim to receive or increase their benefits may result in criminal charges, which could lead to prosecution for fraud. It may also cause you to lose your MississippiCAN benefits. If you suspect anyone of fraud, call Member Services at 1-877-743-8731.

Remember: never give your member ID card to anyone else to use.

Privacy Policy

Medical Information

Effective January 1, 2010. This says how medical information about you may be used and shared. It says how you can get access to this information. Read it carefully. We must by law protect the privacy of your health information. We must send you this notice. It tells you:

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

We must by law follow the terms of this notice. "Health information" in this notice means information that can be used to identify you. And it must relate to your health or health care. We have the right to change our privacy practices. If we change them, we will mail a notice within 60 days. We will post the new notice on our website www.uhccommunityplan.com. We have the right to make changes apply to health information that we have and future information that we may receive.

How We Use Or Share Information

We must use and share your health information if asked for by:

- You or your legal representative.
- The Secretary of the Department of Health and Human Services to make sure your privacy is protected. We have the right to use and share health information for your treatment, to pay for care and to run our business.

For example, we may use and share it:

- To pay premiums, determine coverage, and process claims. This also may include coordinating benefits. For example, we may tell a doctor you have coverage. We may tell a doctor how much of the bill may be covered.
- For treatment or managing care. For example, we may share your health information with providers to help them give you care.
- For health care operations related to your care. For example, we may suggest a disease management or wellness program. We may study data to see how we can improve our services.
- To tell you about health programs. This may be other treatments or products and services. These activities may be limited by law as of February 17, 2010.
- For reminders on benefits or care. Such as appointment reminders.

We may use or share your health information as follows:

- As stated by law.
- To persons involved with your care. This may be to a family member. This may happen if you are unable to agree or object, such as in an emergency or when you agree or fail to object when asked. If you are not able to object, we will use our best judgment.
- 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 health information. This may be a social or protective service agency.

Privacy Policy (cont.)

- For health oversight activities to an agency allowed by the law to get the health information. This may be for licensure, audits and fraud and abuse investigations.
- For judicial or administrative proceedings. Such as to answer a court order or subpoena.
- For law enforcement. Such as 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. Such as 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. Such as to study disease or disability, as allowed by law.
- To give information on descendants. This may be to a coroner or medical examiner. Such as to identify the deceased, find a cause of death or as stated by law. We may give health information to funeral directors.
- For organ transplant. To help get bank 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. (3) For the security of the institution.
- To our business associates if needed to give you services. Our associates agree to protect your health information. They are not allowed to use health information other than as per our contract with them.

As of February 17, 2010, our associates will be subject to federal privacy laws.

- To notify of a data breach. To give notice of unauthorized access to your health information. We may send notice to you.
- Other restrictions. Federal and state laws may limit the use and sharing of highly confidential health information. This may include state laws on HIV/AIDS, mental health, genetic tests, alcohol and drug abuse, sexually transmitted diseases and reproductive health, or child/adult abuse, neglect or sexual assault.

If stricter laws apply, we try to meet those laws. Attached is a summary of federal and state laws.

Except as stated in this notice, we use your health information only with your written consent. If you allow us to share your health information, we do not promise that the person who gets it will not share it. You may take back your consent, unless we have acted on it. To find out how, call the phone number on the back of your ID card.

Your Privacy Rights

You have a right:

- 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 involved in your care or payment for it. We may allow dependents to ask for limits. We will try to honor your request, but we do not have to do so.

- To ask a provider not to send health information to us if you paid for the care in full.
- 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 when a disclosure could endanger you. 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 health information that we use to make decisions about you. You must ask in writing. Mail it to the address below. 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. As of February 17, 2010, if we keep an electronic record, you may ask for an electronic copy to be sent to you or a third party. We may charge a fee for this.
- To ask to amend. If you think your health information 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 health information.
- To get an accounting of health information shared in the six years prior to your request. This will not include any health information shared: (i) Prior to April 14, 2003. (ii) For treatment, payment, and health care operations. (iii) With you or with your consent. (iv) With correctional institutions or law enforcement. This will not list disclosures if federal law does not make us keep track of them.
- To get a paper copy of this notice. You may ask for a copy at any time. Even if you agreed to get this notice electronically, you have a right to a paper copy. You may also get a copy at our website, www.uhccommunityplan.com.

Using Your Rights

- To contact UnitedHealthcare's Privacy Department: call the phone number on the back of your ID card. Or you may call Member Services at 1-877-743-8731.
- To submit a written request: mail to:
UnitedHealthcare Community Plan of Mississippi
PSMG Privacy Office
MN006-W800
P.O. Box 1459
Minneapolis, MN 55440
- To file a complaint: if you think your privacy rights have been violated, you may send a complaint at the address on previous page. 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.

Financial Information

Effective January 1, 2010. This notice says how your financial information may be used and shared. It says how you can get access to this information. Review it carefully. We protect your personal financial information. This is non-health information about an enrollee or an applicant obtained to provide coverage. It is information that identifies the person and is not public.

Information We Collect

We get financial information about you from:

- Applications or forms. This may be name, address, age and social security number.
- Your transactions with us or others. This may be premium payment data.

Sharing Of Financial Information

We do not share financial information about our enrollees or former enrollees, except as required or permitted by law. To run our business, we may share financial information without your consent to our affiliates. This is to tell them about your transactions, such as premium payment.

Confidentiality And Security

We limit access to your financial information to our employees and providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards per federal standards to guard your financial information. We do regular audits to ensure secure handling.

Your Right To Access And Correct Information

You have a right to ask for access to your financial information. You can ask:

- For the source of the financial information.
- For a list of disclosures made in the two years before your request.
- To view and copy your financial information in person.

- For a copy to be sent. We may charge a fee.
- For corrections, amendments or deletions.

Follow these directions:

- To access your financial information: Send a request in writing with your name, address, social security number, phone number and the financial information you want to access. State if you want access in person or a copy sent. When we get your request, we will contact you within 30 business days.
- To correct, amend, or delete any of your financial information: Send a request in writing with your name, address, social security number, phone number, the financial information in dispute and the identity of the document or record. Upon receipt of your request, we will contact you within 30 business days. We will tell you if we have made the correction, amendment or deletion. Or we will tell you we refuse to do so and the reasons why. You may challenge this.

Send requests to:

UnitedHealthcare Community Plan,
Mississippi
Customer Service — Privacy Unit
PO Box 740815
Atlanta, GA 30374-0815

¹This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: ACN Group of California, Inc.; All Savers Insurance Company; All Savers Insurance Company of California; American Medical Security Life Insurance Company; AmeriChoice of Connecticut, Inc.; AmeriChoice of Georgia, Inc.; AmeriChoice of New Jersey, Inc.; AmeriChoice of Pennsylvania, Inc.; Arizona Physicians IPA, Inc.; Arnett HMO, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Evercare of Arizona, Inc.; Evercare of New Mexico, Inc.; Evercare of Texas, LLC; Golden Rule Insurance Company; Great Lakes Health Plan, Inc.; Health Plan of Nevada, Inc.; IBA Health and Life Assurance Company; MAMSI Life and Health Insurance Company; MD - Individual Practice Association, Inc.; Midwest Security Life Insurance Company; National Pacific Dental, Inc.; Neighborhood Health Partnership, Inc.; Nevada Pacific Dental; Optimum Choice, Inc.; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.; Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; Pacific Union Dental, Inc.; PacifiCare Behavioral Health of California, Inc.; PacifiCare Behavioral Health, Inc.; PacifiCare Dental; PacifiCare Dental of Colorado, Inc.; PacifiCare Insurance Company; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; PacifiCare of Arizona, Inc.; PacifiCare of California; PacifiCare of Colorado, Inc.; PacifiCare of Nevada, Inc.; PacifiCare of Oklahoma, Inc.; PacifiCare of Oregon, Inc.; PacifiCare of Texas, Inc.; PacifiCare of Washington, Inc.; Sierra Health & Life Insurance Co., Inc.; Spectera, Inc.; U.S. Behavioral Health Plan, California; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; Unison Family Health Plan of Pennsylvania, Inc.; Unison Health Plan of Delaware, Inc.; Unison Health Plan of Ohio, Inc.; Unison Health Plan of Pennsylvania, Inc.; Unison Health Plan of South Carolina, Inc.; Unison Health Plan of Tennessee, Inc.; Unison Health Plan of the Capital Area, Inc.; United Behavioral Health; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of Illinois; UnitedHealthcare Insurance Company of New York; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Insurance Company of Ohio; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Arkansas, Inc.; UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Florida, Inc.; United HealthCare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Kentucky, Ltd.; United HealthCare of Louisiana, Inc.; UnitedHealthcare of Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United HealthCare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Tennessee, Inc.; UnitedHealthcare of Texas, Inc.; United HealthCare of Utah; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, plus the following UnitedHealthcare affiliates: ACN Group IPA of New York, Inc.; ACN Group, Inc.; Administration Resources Corporation; AmeriChoice Health Services, Inc.; Behavioral Health Administrators; Behavioral Healthcare Options, Inc.; DBP Services of New York IPA, Inc.; DCG Resource Options, LLC; Dental Benefit Providers, Inc.; Disability Consulting Group, LLC; HealthAllies, Inc.; Innoviant, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; Mid Atlantic Medical Services, LLC; Midwest Security Care, Inc.; National Benefit Resources, Inc.; OneNet PPO, LLC; OptumHealth Bank, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; PacifiCare Health Plan Administrators, Inc.; PacificDental Benefits, Inc.; ProcessWorks, Inc.; RxSolutions, Inc.; Sierra Health-Care Options, Inc.; Sierra Nevada Administrators, Inc.; Spectera of New York, IPA, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; United Healthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, Inc.

Grievance and Appeal Form

Member's Name _____ ID # _____

Address _____

Telephone Number: (Home) _____ (Work) _____

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

(Signature)

(Date)

Grievance and Appeals
 PO Box 5032
 Kingston, NY 12402-5032



THE KEY TO A GOOD LIFE IS A GREAT PLAN

HealthTALK



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School's out

It's time to make
checkup appointments.



August is the busiest time for kids' doctors' offices. Beat the rush by making appointments for school and sports physicals now. Collect forms you need for school, sports or camp to take to the doctor.

School-age children and teens need to see the doctor once a year for a well-child visit. At this visit, the doctor will:

- check your child's height, weight and body mass index (BMI).
- give your child any immunizations he or she needs.
- talk to your child about important health and safety topics for his or her age.
- make sure your child is developing well.



Find Dr. Right. Need to find a new doctor for your child? Visit www.uhccommunityplan.com or call member services at **1-800-992-9940**.



Driven to distraction

All kids get antsy sometimes. They don't always pay attention. But some kids may have these problems most of the time. Their behavior can cause problems at home or school.

If your child has at least five of these symptoms at home and at school, talk to his or her doctor about ADHD:

- gets distracted easily
- changes activities quickly
- forgets things often
- can't follow directions
- doesn't finish tasks
- loses things often
- talks too much
- can't sit still for long
- runs around a lot
- touches everything
- is very impatient
- can't control his or her feelings



Slow down. Call United Behavioral Health at **1-866-4803-0074 (TTY 711)**.

They will refer your child to a participating mental health professional. If your child gets mental health care, tell his or her doctor about it. Ask to sign a release so the providers can share information about your child's care.

Fraud and abuse

If you see something, say something.

Most Medicaid members and providers are honest. However, even a few dishonest people can cause big problems. If you think fraud or abuse is taking place, you must tell someone. You don't have to give your name.

FRAUD AND ABUSE BY MEMBERS INCLUDES:

- letting someone else use your plan or state Medicaid card or number.
- selling or giving your prescription medicine to anyone else.

FRAUD AND ABUSE BY PROVIDERS INCLUDES:

- billing for services that were never given or billing twice for the same service.
- ordering tests or services you don't need.

HOW TO REPORT FRAUD AND ABUSE:

Tell us in one of the following ways:

- Call the UnitedHealth Group Ethics and Compliance HelpCenter at **1-800-455-4521**. You can call 24/7.
- Contact member services at **1-800-992-9940 (TTY 711)**.



Question & answer

Q. Are generic drugs as safe as brand-name drugs?

A. Yes. Generic drugs may look different than brand-name drugs, but they act the same. They have the same active ingredients. They meet the same quality standards. In fact, the same company that makes the brand-name drug often makes the generic version, too.



Save money. Using generic drugs can save you money. Want to know more about your prescription drug benefits? Need to find a participating pharmacy? Visit www.uhcommunityplan.com or call member services at **1-800-992-9940 (TTY 711)**.

Break the cycle

Four children die every day in the United States because of child abuse. Abuse can be physical, sexual or emotional. Sometimes, parents neglect children by not watching them or giving them enough to eat.

You can help break the cycle of hurt. You might notice signs of abuse in a child, such as:

- unexplained sores, burns or bruises.
- being afraid of a friend or family member.
- knowing more about sex than someone that age should know.



Make a difference.

If you think a child is being abused or neglected, he or she needs help. Call **1-800-4-A-CHILD** for advice. No one will know who called.



A family affair

Understanding sickle cell disease

WHAT IS SICKLE CELL? A person with sickle cell disease has red blood cells that are shaped like crescents. (Healthy red blood cells look like plump discs.) Sickled cells don't work well. They die easily and can form clumps. There may not be enough red blood cells to carry all the oxygen the body needs. This leads to chronic pain and tiredness. It also increases the risk of severe problems like organ damage, stroke and infections.

HOW DO YOU GET SICKLE CELL? Sickle cell disease is a genetic condition. It runs in families. Babies are born with it. About one in 500 African-Americans has sickle cell disease. People of Latino or Mediterranean heritage are also at risk for it. Parents who do not have the disease can still have the genetic trait and pass it on to their children.

About 1 in 12 African-Americans carries the sickle cell trait.

HOW IS SICKLE CELL TREATED? Most babies are tested for sickle cell at birth. Sickle cell disease is rarely cured, but it can be managed. People who have it should see their doctors often. There are medications and procedures that can help them feel better and prevent problems.



We can help. UnitedHealthcare has care management programs. They help people with sickle cell disease and other serious conditions. You can get help from a nurse and reminders about important tests. If your child has sickle cell disease, call **1-800-992-9940 (TTY 711)** to ask if you can join.



4 FACTS ABOUT CHLAMYDIA

1. Chlamydia is the most common sexually transmitted infection. Both men and women can get it.
2. The bacteria that cause chlamydia are spread through unprotected sex. Using condoms can reduce the risk of getting chlamydia.
3. Chlamydia doesn't usually have any symptoms. Experts recommend sexually active women and teens age 25 and younger get tested for it each year.
4. Chlamydia can be cured with antibiotics. If not treated, it can cause infertility or other long-term problems.



The waiting game

Appointment waiting times

How long should you wait for an appointment with your child's doctor? It depends on what kind of appointment your child needs.

To make an appointment, just call your child's primary care provider (PCP). The doctor's name and phone number are on your child's ID card. Tell the office why your child needs to see the doctor. We ask participating providers to see patients within the following timeframes:

- Emergency: Immediately, or refer to an emergency facility
- Urgent: 24 hours
- Routine care: 1 week
- Well care: 1 month

If your doctor is not meeting these appointment standards, tell us. Call **1-800-992-9940 (TTY 711)**.



Not sure? Not sure if your child needs to see a doctor? Call NurseLine, 24/7, at **1-877-410-0184 (TTY 711)**. You will speak to a registered nurse. She can give you self-care tips. She can help you decide if you need to take your child to the doctor or go to urgent care. If your child has a serious emergency, call **911**.



HEALTH ON TIME

You need to renew or recertify your child's Mississippi CHIP coverage every year. The Mississippi Division of Medicaid (DOM) will send you a letter when it is time for you to come in for your annual review. If you don't recertify, your child will lose his or her medical benefits.



Questions? Call your Regional Medicaid Office or call the DOM toll-free at **1-866-635-1347**.

Mailing Info
123 Sesame Street
Anytown, STATE 12345

Visit sesamestreet.org/asthma
for more information.

Download **My Asthma Profile**
plus a special activity for kids!

Visite sesamestreet.org/asthma
para más información.

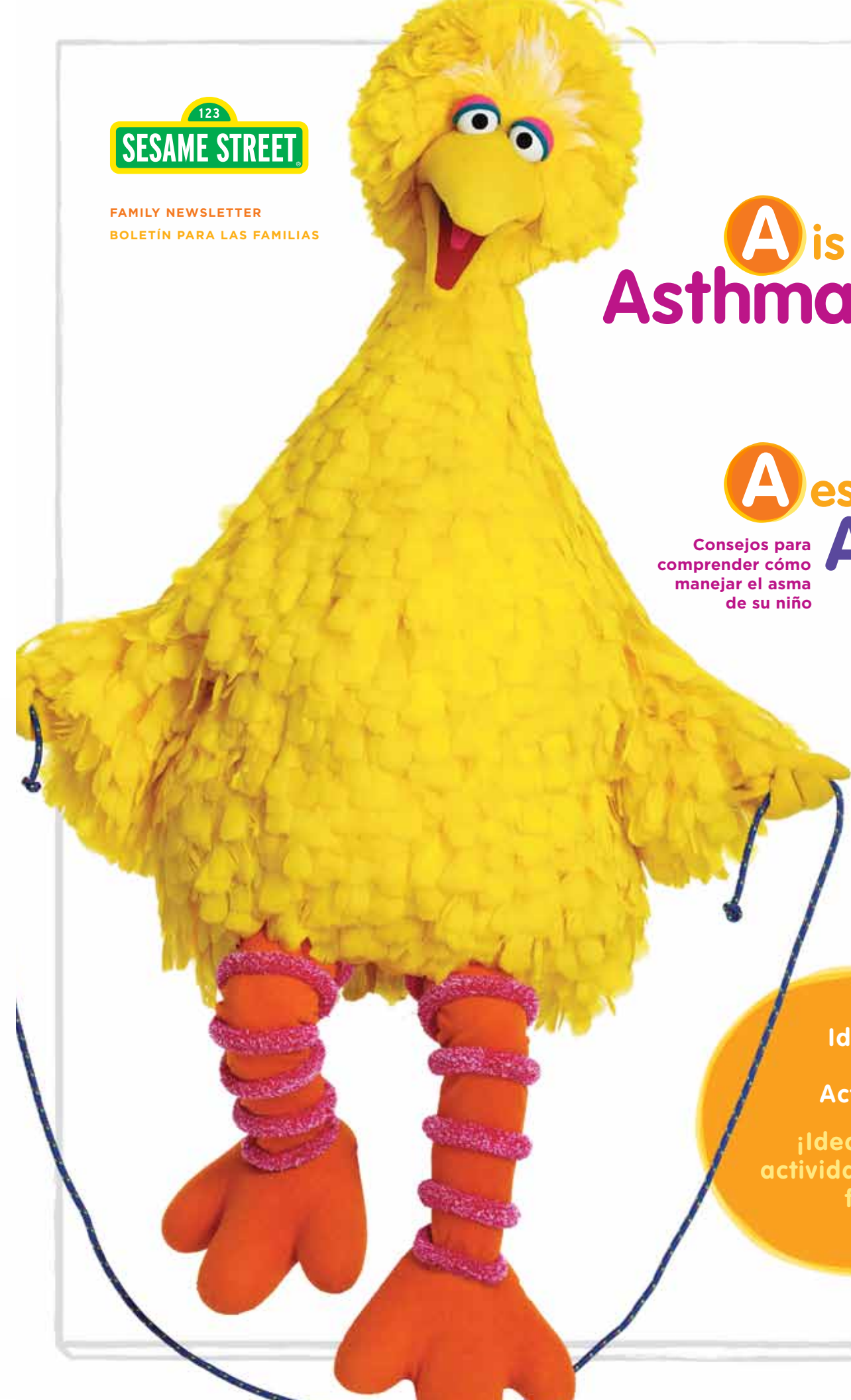
Descargue **Mi perfil del asma** además
de actividades especiales para niños!

 
Partners in Healthy Habits for Life

 
Colaboradores en Hábitos saludables
para toda la vida



FAMILY NEWSLETTER
BOLETÍN PARA LAS FAMILIAS



A is for
Asthma™ Tips for
understanding
your child's
asthma

A es para
Asma™
Consejos para
comprender cómo
manejar el asma
de su niño

Ideas for
Family
Activities!

¡Ideas para
actividades en
familia!



Staying Healthy, Staying Active

Millions of young children have asthma. With a good treatment plan and help from family and friends, children with asthma can lead healthy, active lives.

Your whole family can work together to keep your child's asthma under control.

Mantenerse sano, mantenerse activo

Millones de niños pequeños padecen de asma. Con un buen plan de tratamiento y la ayuda de familiares y amigos, los niños con asma pueden tener una vida sana y activa.

Toda su familia puede ayudar para controlar el asma de su niño.

 
Partners in Healthy Habits for Life

 
Colaboradores en Hábitos saludables para toda la vida



Learn About Your Child's Asthma By learning more about asthma, you can help your child have fun and enjoy being active.

WHAT IS ASTHMA?

Asthma is a lung disease. Things called triggers easily irritate the airways in children with asthma. This makes it harder to move air in and out of the lungs, and it feels hard to breathe.

Source: American Lung Association

COULD MY CHILD HAVE ASTHMA WITHOUT MY KNOWING IT?

This can sometimes happen. Your child might make a whistling sound when breathing or after playing actively. She might cough a lot after being outside in cold weather or when she's asleep. You might think she has a cold, but she doesn't get better. In cases like these, take your child to the doctor.

CAN ASTHMA REALLY BE CONTROLLED?

You can help control your child's asthma. Every child is different, so work with your doctor to find out what your child needs to stay healthy.



Aprenda sobre el asma de su niño Al aprender sobre el asma, usted puede ayudar a su niño a divertirse y a estar activo.

¿QUÉ ES EL ASMA?

El asma es una enfermedad en los pulmones. Cosas conocidas como factores desencadenantes pueden irritar las vías respiratorias en los niños con asma. Esto hace más difícil que el aire entre y salga de los pulmones. Se siente como si no pudieran respirar.

Fuente: American Lung Association

¿ES POSIBLE QUE MI NIÑO TENGA ASMA SIN QUE YO LO SEPA?

Sí, algunas veces es posible. Su niño puede hacer un silbido al respirar o después de jugar activamente. Quizás tosa mucho después de estar afuera en clima frío o mientras duerme. Tal vez crea que tiene gripe, pero nota que no mejora. En estos casos, lleve a su niño al doctor.

¿EL ASMA PUEDE CONTROLARSE?

Usted puede ayudar a controlar el asma de su niño. Cada niño es diferente, así que colabore con su doctor para saber qué necesita su niño para mantenerse sano.

All About Triggers

Triggers are things that can bring on asthma attacks. Many things can be triggers, from pollen to cigarette smoke. Here are some easy ways to help keep triggers out of your home:



Think about having fish or reptiles as pets instead of furry or feathered animals.

Stuffed toys and security blankets can trap dust and dust mites. Try to keep only two favorite items on your child's bed, and wash them weekly.



Avoid burning wood in a fireplace or woodstove.

Instead of carpets, use bare wood floors or small area rugs, which can help cut down on dust in your home.

Wipe surfaces every day with a damp rag to get rid of dust.



Keep bathrooms clear of mold and mildew.

Get rid of things that have strong smells, such as perfumes or strong cleaners.

USING THE IMAGES ON THE OPPOSITE PAGE, TALK TO YOUR CHILD ABOUT THE THINGS THAT CAN TRIGGER HER ASTHMA. IF SHE KNOWS WHAT HER TRIGGERS ARE, SHE CAN TRY TO AVOID THEM.



Los factores desencadenantes

Los factores desencadenantes son todas aquellas cosas que pueden causar un ataque de asma. Muchas cosas pueden ser factores desencadenantes, desde el polen hasta el humo del cigarrillo. Estas son algunas maneras sencillas de mantenerlos fuera de su casa:



Considere tener peces como mascotas en vez de animales con pelaje o plumas.

Los peluches y las frazadas pueden acumular polvo y ácaros. Intente tener solo dos peluches sobre la cama de su niño y lávelos cada semana.



Evite quemar madera en una chimenea o una estufa de leña.

En vez de alfombras, use pisos de madera o alfombras pequeñas para reducir el polvo en su casa.

Limpie las superficies diariamente con un trapo húmedo para eliminar el polvo.



Mantenga los baños libres de moho y hongos.

Elimine todas las cosas con olores fuertes, tales como perfumes o productos de limpieza fuertes.

HABLE CON SU NIÑO DE LAS COSAS QUE LE PUEDEN CAUSAR UN ATAQUE DE ASMA, USANDO LAS IMAGENES AL OTRO LADO DE LA PÁGINA. ASÍ PODRÁ EVITARLOS.

Spotting Asthma Signals

When your child is having trouble breathing, he may show "loud" symptoms, which are easy to notice, or "quiet" symptoms, which are less obvious.

LOUD SYMPTOMS can include:

- * Coughing
- * Shortness of breath
- * Chest tightness
- * Whistling noise when your child breathes
- * Saying things like "My chest hurts" or "I can't breathe so well"

QUIET SYMPTOMS can include:

- * Unusual sweating or paleness
- * Restlessness during sleep
- * Tiredness
- * Nervousness or shaking
- * Sudden irritability or quietness

Detectar las señales del asma

Cuando su niño tiene dificultad al respirar, puede que muestre los síntomas "sonoros", que son fáciles de notar, o los síntomas "silenciosos", las cuales son menos obvios.

Los SÍNTOMAS SONOROS pueden incluir:

- * Tos
- * Falta de aire
- * Presión en el pecho
- * Un silbido al respirar
- * Su niño dice: "Me duele el pecho" o "No puedo respirar bien".

Los SÍNTOMAS SILENCIOSOS pueden incluir:

- * Sudor o una palidez inusual
- * Intranquilidad mientras duerme
- * Cansancio
- * Nerviosidad o temblor
- * Irritabilidad o silencio repentino

Your Asthma Team You and your child are not alone in managing her asthma. Your asthma team is there to help! Check out these simple tips to stay connected with your doctor, family, friends, and child's caregivers.

TEAM UP WITH YOUR DOCTOR!

- * Take your child for regular checkups.
- * Write down any questions you and your child have and bring them along to each doctor visit.
- * Talk with your doctor to make sure you understand any medications your child needs. Your doctor might want her to use **controller medications** every day to control symptoms.
- * Your child might also need **rescue medications** to help quickly if she has an attack. Make sure your child carries them when leaving the house.
- * Let your doctor know right away if your child's condition changes.

KEEP BUILDING YOUR TEAM!

- * Let your team know about your child's asthma and what they can do if she has trouble breathing.
- * Download and print "**My Asthma Profile**" at sesamestreet.org/asthma. Fill out the sheet and give a copy to anyone who takes care of your child.

LEARN THE ASTHMA ACTION PLAN!

Help your child learn the Asthma Action Plan. If he has trouble breathing, he should:

- * **Sit Down**
- * **Stay Calm**
- * **Ask for Help**

Su equipo para controlar el asma Usted y su niño no están solos, ¡su equipo para controlar el asma está aquí para ayudar! Estos son unos simples consejos para mantenerse conectado con su doctor, familia, amigos y otros adultos que cuidan de su niño.

¡COLABORE CON SU DOCTOR!

- * Lleve a su niño al doctor regularmente.
- * Escriban todas las preguntas que usted y su niño tengan, y llévelas cada vez que visite el doctor.
- * Hable con su doctor hasta estar seguro de que comprenda los medicamentos que su niño necesita. Tal vez su doctor quiera que use los **medicamentos de control** cada día para controlar los síntomas.
- * Quizás su niño también necesite los **medicamentos de rescate** para ayudarlo rápidamente en caso de un ataque. Asegúrese que su niño los lleve consigo antes de salir de casa.
- * Informe inmediatamente a su doctor si la condición de su niño cambia.

¡FORTALEZCA SU EQUIPO!

- * Avísele al equipo del asma de su niño y qué pueden hacer en caso de que tenga dificultad para respirar.
- * Descargue e imprima "**Mi perfil del asma**" de sesamestreet.org/asthma. Complete la página y reparta una copia a todas las personas a cargo del cuidado de su niño.

¡EL PLAN DE ACCIÓN DEL ASMA!

Ayude a su niño a aprender su Plan de acción del asma. Si tiene dificultad para respirar debe:

- * **Sentarse**
- * **Mantener la calma**
- * **Buscar ayuda**

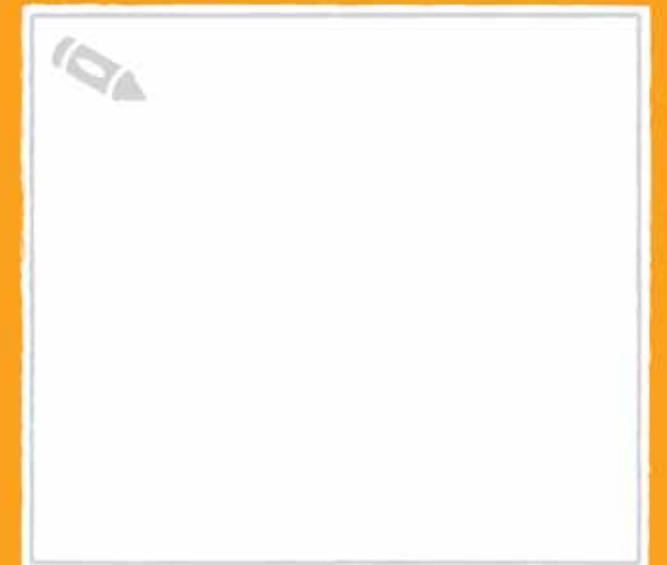
Staying Healthy!

Look at the pictures and talk about the things that the Sesame friends do to stay healthy. Then draw a picture of something you do to stay healthy!



¡A mantenerse sano!

Miren las fotografías y hablen de las cosas que los amigos Sesame hacen para mantenerse saludables. Luego dibujen algo que ustedes hacen para estar sanos.



IF YOU NEED THIS INFORMATION IN ANOTHER LANGUAGE, PLEASE CALL US TOLL-FREE AT: XXX-XXX-XXXX

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SI NECESITA ESTA INFORMACIÓN EN OTRO IDIOMA, FAVOR DE COMUNICARSE GRATIS AL: XXX-XXX-XXXX

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Happy Birthday!

Things to do on your birthday...

Make a Wish!
Blow out your candles!
Eat cake!





Four steps to stay healthy this year!

1. Get an annual check-up
2. Get your eyes checked
3. Go to the dentist
4. Catch up on any immunizations you need

Ensure your good health.

Call your doctor (medical home) today to make an appointment and most of all...

Open presents! Party with family and friends!

**Get immunized and
enjoy a healthy year!**