Kansas

Welcome to the community

KanCare

- Welcome letter
- Member handbook
- Other information

United Healthcare Community Plan

CSKS24MD0168932_000

Welcome

Welcome to UnitedHealthcare Community Plan

Please take a few minutes to review this Member Handbook. We're ready to answer any questions you may have. You can find answers to most questions at **myuhc.com/CommunityPlan**.
Or you can call Member Services toll-free at **1-877-542-9238**, TTY **711**, 8:00 a.m.–6:00 p.m. CT, Monday–Friday.

United
Healthcare
Community Plan

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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. Your PCP's phone number should be listed on the member ID card that you recently received in the mail. The PCP listed on your card is not the only provider that you can see. You can access care at any participating provider. If you don't know your PCP's number, or if you'd like help scheduling a checkup, call Member Services toll-free at **1-877-542-9238**, 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 **myuhc.com/CommunityPlan** to complete the Health Assessment today. Also, 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 12.

3. Get to know your health plan

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

Thank you for choosing UnitedHealthcare Community Plan for your health plan

We’re happy to have you as a member. You’ve joined the millions of members who have health insurance with UnitedHealthcare Community Plan. You’ve made the right choice for you and your family.

UnitedHealthcare Community Plan gives you access to many health care providers — doctors, nurses, hospitals and drugstores — so you have access to all the health services you need. We cover preventive care, checkups and treatment services. We’re dedicated to improving your health and well-being.

Remember, answers to any questions you have are just a click away at **myuhc.com/CommunityPlan**. Or, you can call Member Services toll-free at **1-877-542-9238**, TTY **711**, 8:00 a.m.–6:00 p.m. CT, Monday–Friday.

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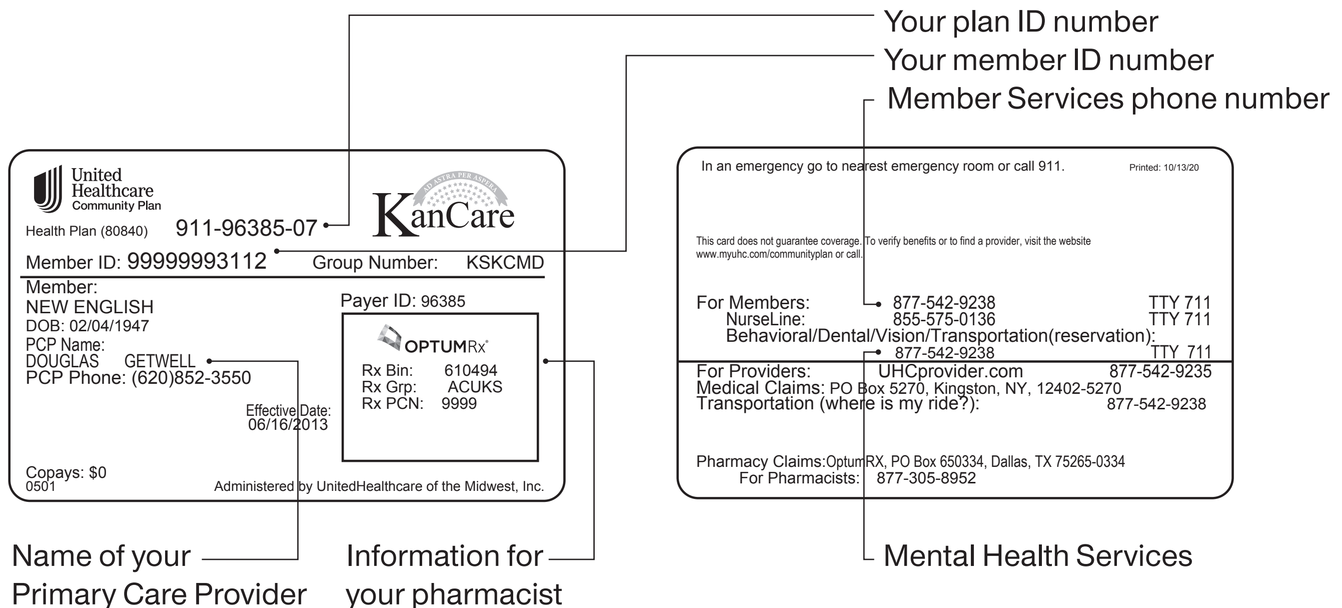
Health plan highlights

Member ID card



Your member ID card holds a lot of important information. It gives you access to your covered benefits. You should have received your member ID card in the mail within 10 days of joining UnitedHealthcare Community Plan. Each family member will have their own card. Check to make sure all the information is correct. If any information is wrong, call Member Services toll-free at **1-877-542-9238**, TTY **711**.

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

Show your card

Always show your UnitedHealthcare member ID card when you get care. This helps ensure you get all the benefits available to you. And prevents billing mistakes.

Lost your member ID card?

If you or a family member loses a card, contact Member Services right away and we'll send you a new one.

Discover your plan online

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

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

Great reasons to use myuhc.com/CommunityPlan

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

Register on myuhc.com/CommunityPlan today

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

UnitedHealthcare® app

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

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

Benefits at a glance

As a UnitedHealthcare Community Plan member, you have a variety of health care benefits and services available to you. Here is a brief overview. You'll find a complete listing in the Benefits section. UnitedHealthcare does not exclude services upon moral or religious objections. We will provide proper disclosure in the event of objections by individual providers.

Primary care services

You are covered with no copays for all visits to your Primary Care Provider (PCP). Your PCP is the main doctor you will see for most of your health care. This includes checkups, treatment for colds and flu, health concerns and health screenings.

Large provider network

You can choose any PCP from our large network of providers. Our network also includes specialists, hospitals and drug stores — giving you many options for your health care. Find a complete list of network providers at **myuhc.com/CommunityPlan** or call toll-free **1-877-542-9238**, TTY **711**.

NurseLine

NurseLine gives you 24/7 telephone access to experienced registered nurses. They can give you information, support and education for any health-related question or concern.

Specialist services

Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. You do not have to have a referral to see a specialist. But sometimes the specialist will ask for a referral from your PCP. See page 25.

Medicines

Your plan covers prescription drugs with no copays for members of all ages unless you have an unmet spenddown. If you are unsure if you have a spenddown, call Member Services.
https://www.kdhe.ks.gov/DocumentCenter/View/420/Preferred-Drug-List-PDF?bidId

Hospital services

You're covered for hospital stays. You're also covered for outpatient services. These are services you get in the hospital without spending the night.

Laboratory services

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

Well-child visits

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

Maternity and pregnancy care

You are covered for doctor visits before and after your baby is born. That includes hospital stays. If needed, we also cover home visits after the baby is born.

Family planning

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

Vision care

Your vision benefits include routine eye exams and glasses. See page 46.

Your Health Assessment

A Health Assessment is a short and easy survey that asks you simple questions about your lifestyle and your health. When you fill it out, we can get to know you better. And it helps us match you with the many benefits and services available to you.

Please take a few minutes to fill out the Health Assessment at **myuhc.com/CommunityPlan**. Click on the Health Assessment button on the right side of the page, after you register and/or log in. Or call Member Services toll-free at **1-877-542-9238**, TTY **711** to complete it by phone.

Member support

We want to make it as easy as possible for you to get the most from your health plan. As our member, you have many services available to you free of charge, including transportation and interpreters if needed. And if you have questions, there are many places to get answers.

Website offers 24/7 access to plan details

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

- Find a provider or pharmacy
- Search for a medicine in the Preferred Drug List
- Get benefit details
- Download a new Member Handbook
- Print a new member ID card

Get information on-the-go with the UnitedHealthcare® mobile app

Download the UnitedHealthcare mobile app to your Apple® or Android® smartphone or tablet and see how easy it is to find nearby doctors, view the Member Handbook, find help and support in your community, or view your ID card.

Member Services is available 8:00 a.m.–6:00 p.m., Monday–Friday

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

- Understanding your benefits
- Help getting a replacement member ID card
- Finding a doctor or urgent care clinic

Call toll-free **1-877-542-9238**, TTY **711**.

Care Management program

If you have a chronic health condition, like asthma or diabetes, you may benefit from our Care Management program. We can help with a number of things, like scheduling doctor appointments and keeping all your providers informed about the care you get. To learn more, call toll-free **1-877-542-9238**, TTY **711**.

Transportation services are available

As a KanCare member, medical transport is available for some medical care. For details, see page 28. Or call Member Services toll-free at **1-877-542-9238**, TTY **711**. You can also sign in to **myuhc.com/CommunityPlan** and select "Coverage & Benefits" to search for transportation coverage.

We speak your language

If you speak a language other than English, we can provide translated printed materials. Or we can provide an interpreter who can help you understand these materials free of charge. You'll find more information about Interpretive Services and Language Assistance in the section called Other Plan Details. Or call Member Services toll-free at **1-877-542-9238**, TTY **711**.

Si usted habla un idioma que no sea inglés, podemos proporcionar materiales impresos traducidos. O podemos proporcionar un intérprete que puede ayudar a entender estos materiales. Encontrará más información acerca de servicios de interpretación y asistencia lingüística en la sección Otros detalles del plan. O llame a Servicios para Miembros gratuitamente al **1-877-542-9238**, TTY **711**.

Emergencies

In case of emergency, call **911**

Other important toll-free numbers

Dental Benefits **1-877-542-9238**

Healthy First Steps® (for mothers-to-be) **1-877-813-3417**

Transportation Services Non-Emergency Transportation **1-877-542-9238**

Mental Health and Substance Use Disorder Services **1-877-542-9238**

NurseLine (available 24 hours a day, 7 days a week) **1-855-575-0136**

Pharmacy Benefits **1-877-542-9238**

KanQuit Smoking Cessation Line **1-800-784-8669**

You can start using your pharmacy benefit right away

Your plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan's Preferred Drug List (PDL). Your Doctor uses this list to make sure the medicines you need are covered by your plan. You can find the Preferred Drug List online at **https://www.kdhe.ks.gov/DocumentCenter/View/420/Preferred-Drug-List-PDF?bidId**. It's easy to start getting your prescriptions filled.
Here's how:

1. Are your medicines included on the Preferred Drug List?

Yes

If your medicines are included on the Preferred Drug List, you're all set. Be sure to show your pharmacist your new member ID card every time you get your prescriptions filled.

No

If your prescriptions are not on the Preferred Drug List, please call Member Services toll-free at **1-877-542-9238**. They can help you search the full formulary for a drug that is covered for your condition. You may need to follow-up with your doctor if the selected drug is not on the PDL or full formulary list. If your doctor thinks you need a medicine that is not on the PDL list, and you can't take any other drugs except the one prescribed, your doctor can request a peer-review or help you file an appeal.

Not sure

View the Preferred Drug List online at **https://www.kdhe.ks.gov/DocumentCenter/View/420/Preferred-Drug-List-PDF?bidId**. You can also call Member Services. We're here to help.

2. Do you have a prescription?

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

3. Do you need a drug that requires a prior approval?

Some medicines may require a prior authorization (PA) before your prescription can be filled. This can happen when a drug is listed as non-preferred on the Preferred Drug List (PDL). Approval may also be needed if you need to meet certain conditions before you receive the drug or there are other drugs that should be tried first. Another reason is if you have been getting more of the drug than what is usually prescribed. The PA is case by case and ensures you get your medicines in a safe and effective way.

Attention Pharmacist

Please process this UnitedHealthcare Community Plan member's claim using:

BIN: 610494
Processor Control Number: 9999
Group: ACUKS

If you receive a message that the member's medication needs a prior authorization or is not on the Preferred Drug List, please call **OptumRx®** toll-free at **1-877-305-8952** for a transitional supply override.

4. Do you need a medication right away but the Prior Authorization (PA) is not available?

If you need to fill a prescription for a medicine that requires prior approval, your doctor can contact the health plan for approval. You may be able to get a temporary 3-day supply of your medicine. This temporary supply may be approved by the health plan in emergency situations and would allow you to get a short supply of your medicine right away. Your doctor will need to complete the prior authorization process for you to get more of your medicine.

Take your member ID card to the pharmacy and talk to your pharmacist about the temporary supply if you feel you need your medicine right away. This process should not be used all the time and will be considered on an individual basis. Talk to your doctor about your prescription options.

Going to the doctor

Your Primary Care Provider (PCP)

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

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

You have options

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

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

Choosing your PCP

If you've been seeing a doctor before becoming a UnitedHealthcare member, check to see if your doctor is in our network. If you're looking for a new PCP, consider choosing one who's close to your home or work. This may make it easier to get to appointments. You will be assigned a PCP if you do not select one.

What is a Network Provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our members. You don't need to call us before seeing one of these providers. Services received from providers who are not in the UnitedHealthcare network will require your provider to get prior approval for the visit.

Out-of-network care:

Out-of-network emergency services do not need approval from UnitedHealthcare. All other covered services from an out-of-network provider need prior authorization by UnitedHealthcare. We will first check to see if there is a network provider that can treat your medical condition. If there is not, we will help you find an out-of-network provider. You will be financially responsible for payment of the out-of-network service(s) if UnitedHealthcare did not approve the visit or service. Out-of-network providers are not held to the UnitedHealthcare contract requirements, and we cannot control how they bill. If you have questions, call Member Services toll-free at **1-877-542-9238**.

Availability of services

You can see a specialist, and get routine and preventive care services in addition to services provided by your PCP.

Your plan has a network of quality doctors, hospitals, and other care providers, all working together to help you get the best care. Check your plan's Provider Directory for a list of network providers. Providers can change through the year as we continue to build a quality network for you. You can find the most up-to-date Provider Directory at **myuhc.com/CommunityPlan** or the UnitedHealthcare app.

If you need help finding a provider, you can also call Member Services toll-free at **1-877-542-9238**, TTY **711**. We're happy to help you find a network PCP that works for you. Let your Member Services Advocate know if you have any location, language, or cultural preferences. A free paper copy of the Provider Directory can also be sent to you by calling Member Services.

Changing your PCP

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

Learn more about network doctors

You can learn information about network doctors, such as name, address, telephone numbers, professional qualifications, specialty, board certifications, medical school and residency program attended, and languages they speak, at **myuhc.com/CommunityPlan**, or by calling Member Services. You can also find out if a provider incentive program is in place.

Annual checkups

The importance of your annual checkup

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

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

Checkup schedule

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

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

For women

- Pap smear — helps detect cervical cancer
- Breast exam/Mammography — helps detect breast cancer

For men

- Testes exam — helps detect testicular cancer
- Prostate exam — helps detect prostate cancer

Well-child visits

Well-child visits are a time for your PCP to see how your child is growing and developing. They will also give the needed screenings, like speech and hearing tests, and immunizations during these visits. These routine visits are also a great time for you to ask any questions you have about your child's behavior and overall well-being, including:

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

Here are shots the doctor will likely give, and how they protect your child:

- **Hepatitis A and Hepatitis B:** prevent two common liver infections
- **Rotavirus:** protects against a virus that causes severe diarrhea
- **Diphtheria:** prevents a dangerous throat infection
- **Tetanus:** prevents a dangerous nerve disease
- **Pertussis:** prevents whooping cough
- **HiB:** prevents childhood meningitis and severe lung and throat infections
- **Meningococcal:** prevents bacterial meningitis
- **Polio:** prevents a virus that causes paralysis
- **MMR:** prevents measles, mumps and rubella
- **Varicella:** prevents chickenpox
- **Influenza:** protects against the flu virus
- **Pneumococcal:** prevents ear infections, blood infections, pneumonia and bacterial meningitis
- **HPV:** protects against a sexually transmitted virus that can lead to cervical cancer in women and genital warts in men

For children receiving EPSDT services, any limits on services may be exceeded when medically necessary.

Making an appointment with your PCP

Call your doctor's office directly. The number should be on your member ID card. When you call to make an appointment, be sure to tell the office what you're coming in for. This will help make sure you get the care you need, when you need it. This is how quickly you can expect to be seen:

How long it should take to see your PCP:	
Emergency	Immediately or sent to an emergency facility
Urgent (but not an emergency)	Within 1 day or 24 hours
Routine	Within 1 week or 7 days
Preventive, well-child and regular	Within 1 month

Preparing for your PCP appointment

Before the visit

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

During the visit

When you are with the doctor, feel free to:

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

Well Care Checklist

Complete this list and bring it to your next appointment.[1]
If you need help finding a doctor, please call Member Services toll-free at **1-877-542-9328**.

Before Your Appointment

Questions to help you prepare for your visit

Question		
In the past 12 months, have you had any problems with balance or falling?	☐ Yes	☐ No
Are you able to get help when you want or need it?	☐ Yes	☐ No
Are you interested in talking with someone about your feelings?	☐ Yes	☐ No
Have you talked to anyone about your level of exercise or physical activity in the last 12 months?	☐ Yes	☐ No
Over the past six months, have you experienced any bladder control problems?	☐ Yes	☐ No
Would you like to talk through Five Wishes,®* the first living will that talks about your personal, emotional and spiritual needs as well as your medical wishes? *Five Wishes® is an Advance Directive	☐ Yes	☐ No

Questions to ask your doctor

Your prescription and over-the-counter medicines

Write down your medicines here. Be sure to bring all of these in a bag to your next doctor appointment.

Drug Name	How Much I Take	When I Take	Why I Take It

Well Care Checklist

Complete this information and discuss these topics with your doctor

During Your Appointment

Once a Year	Date Done
☐ Flu shot	
Annual wellness visit	
☐ Blood pressure check	
☐ Height, weight and body mass index (BMI)	
Annual routine physical exam	
☐ Head-to-toe examination	
☐ Fasting blood sugar	
For people with diabetes	
☐ Hemoglobin A1c (HbA1c)	
☐ LDL cholesterol	
☐ Urine test for protein	
☐ Comprehensive eye exam with dilated retinal screening	
As recommended by your doctor	
☐ Bone density test for osteoporosis	
☐ Dental exam	
☐ Hearing exam	
☐ Eye exam	

As Needed	Date Done
☐ Shingles shot (Once, for those age 60 and older)	
☐ Pneumonia shot (Talk to your primary care provider about the two vaccines available)	
☐ Screening lipids for cardiovascular disease (Every 3–5 years based on your doctor's recommendation)	
☐ Tetanus (Td), diphtheria, pertussis (Tdap) vaccine (Tdap once, then Td every 10 years)	
☐ Colon cancer screenings (one of these three): • Colonoscopy (Every 10 years, ages 50–75) **OR** • Sigmoidoscopy (Every 5 years, ages 50–75) **OR** • Fecal occult blood testing (FOBT) (Yearly, ages 50–75)	
☐ Mammogram (Every year after age 45; starting at age 55 it can change to every other year[2])	

All recommendations except mammogram are from the U.S. Preventive Services Task Force. Screenings may be more frequent depending on risk factors. Check with your doctor.

[1] This is a list of suggested screenings. Coverage for these screenings may vary by plan. If you have questions about your specific benefits or coverage details, please call Member Services at the number on the back of your member ID card or check your Evidence of Coverage.

[2] American Cancer Society, 2015.

Well Care Checklist

Complete this information and discuss these topics with your doctor

After Your Appointment

Notes and instructions from the doctor

___

___

___

Changes to medications

Drug Name	Change	Effective Date

Follow-up visits to your doctor

Date: ______________________ Location: ____

Date: ______________________ Location: ____

Date: ______________________ Location: ____

Coverage depends on your plan. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, PDL, pharmacy network, provider network, premium and/or copayments/co-insurance may change on January 1 of each year. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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NurseLine services – Your 24-hour health information resource

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

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

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

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

Simply call the toll-free number **1-855-575-0136** or TTY **711** for the hearing impaired. You can call the toll-free NurseLine number anytime, 24 hours a day, 7 days a week. And, there's no limit to the number of times you can call.

Referrals and specialists

A referral is when your PCP says you need to go to another doctor who focuses on caring for a certain part of the body or treating a specific condition. This other doctor is called a specialist. It is a good idea to see your PCP before you see a specialist. Your PCP can help coordinate your medical needs. If your doctor wants you to see a specialist that you do not want to see, you can ask your PCP to give you another name. A couple of examples of specialists include:

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

If UnitedHealthcare does not have a doctor with the training and experience that you need, we will arrange for you to see an out-of-network provider. We will work with your PCP to get you this referral. You will not pay for this care.

You do not need a referral from your PCP for:

- Emergency services
- Behavioral health
- Sexually transmitted disease (STD) testing and treatment — includes annual exam and up to five gynecologist (GYN) visits per year
- Routine eye exams
- Education classes — including parenting, smoking cessation and childbirth
- In-network women's health specialists for covered routine and preventive health care services
- Specialist visits

Member Advocate

The Member Advocate is another person at UnitedHealthcare Community Plan who can help you. The Member Advocate can:

- Help our staff and providers better understand the values and practices of all cultures we serve
- Help you figure out how things work at UnitedHealthcare Community Plan. This may be things like filing a grievance, changing Care Coordinators or getting the care you need.
- Refer you to the right UnitedHealthcare Community Plan staff
- Help solve problems with your care

To reach the UnitedHealthcare Community Plan Member Advocate, call UnitedHealthcare Community Plan toll-free at **1-877-542-9238**, TTY **711**. Ask to speak with the Member Advocate.

Getting a second opinion

A second opinion is when you want to see a second doctor for the same health concern. You can get a second opinion from a network provider or non-network provider for any of your covered benefits. This is your choice. You are not required to get a second opinion. If the type of doctor needed is not available in-network for a second opinion, we will arrange for a second opinion out-of-network at no cost to you.

Prior authorizations

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

You do not need prior authorization for advanced imaging services that take place in an emergency room, observation unit, urgent care facility or during an inpatient stay. You do not need a prior authorization for emergencies. You also do not need prior authorization to see a women's health care provider for women's health services or if you are pregnant. Emergency services do not require a prior authorization.

A prior authorization may be needed

Some services that need prior authorization include:

- Hospital admissions
- Certain outpatient imaging procedures, including PET scan imaging procedures
- Some Durable Medical Equipment services
- Some prescription medications
- Weight loss surgery

All non-par services require a prior authorization.

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 need care when out of town

There are times when you may be outside of Kansas and you or your child needs care. Non-emergency / routine care outside of Kansas is **not** covered. Any medical service you get in a state other than Kansas, that is more than 50 miles from the border, requires a prior authorization unless it is an emergency. You will be financially responsible for payment of the non-emergency out-of-network service(s) if UnitedHealthcare did not approve of the visit or service. If you are out of state and you need health care services, call your PCP, and they can advise you what to do. If you are out of state and having an emergency, call **911** or go to the closest emergency room. Make sure you share you share your plan ID card with the hospital. If you receive a bill for emergency services received outside of Kansas, call Member Services toll-free at **1-877-542-9238**.

Behavioral Health Services

As a UnitedHealthcare Community Plan member, you are eligible for Behavioral Health Services. These can help you with personal problems that may affect you or your family. These include stress, depression, anxiety, or using drugs or alcohol.

To find a Behavioral Health provider, call Member Services toll-free at **1-877-542-9238**, TTY **711**.

If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the **988** Lifeline network is available 24/7 across the United States. Call or text **988** or visit **988lifeline.org**.

Transportation services – Non-emergency

Medical transport is covered for some medical care. If you have no other way to get to the doctor, live in an area with no public transport or cannot use public transport due to a health condition or disability, call our Transportation Services toll-free at **1-877-542-9238**, TTY **711**. Your ride will be comfortable and safe. Members under 18 require an adult to ride with them. Members 18 and over, emancipated minors and pregnant minor members can ride on their own.

Gas reimbursement is covered for some medical care and value added benefit trips. To be eligible for gas reimbursement a trip must be created by calling toll-free **1-877-542-9238**, TTY **711** at least one hour before the trip is to begin. Reimbursement is provided by completing and submitting a gas reimbursement form or by using the Modivcare app. For questions with this program call toll-free **1-877-542-9238**, TTY **711**.

To schedule a ride or a trip:

Call toll-free **1-877-542-9238**, TTY **711**, 8:00 a.m.–8:00 p.m., Monday–Friday. Call at least 3 business days before your appointment. Same day rides for urgent care are accepted. The least expensive means of transportation that is appropriate for the member's medical need must be used.

Transportation is available for services received within the State of Kansas or within 50 miles of the Kansas border provided that the member is traveling to the closest available provider for his or her medical condition. Transportation is not covered if the member chooses to travel to another community for a service that is already available in his or her community. Rides can be scheduled up to 30 days in advance.

- Give them the address of your medical provider
- Tell them if you need a wheelchair lift
- They will also ask you for:
  - Your Medicaid ID number
  - Your first and last name
  - The address of the location you are visiting
  - Your appointment time and location
  - Your date of birth

When it is time for your ride:

- The transportation company will call to ask you if you still need a ride. You will then know the name of the company that will be picking you up.
- If you need help, you may bring someone to the appointment with you
- If your ride is late, call toll-free **1-877-796-5848**, TTY **711**
- If the ride home has not been scheduled for a specific time, call toll-free **1-877-542-9238**, TTY **711** when you are ready to go home

If you have a complaint about the transportation service, call Member Services toll-free at **1-877-542-9238**, TTY **711**.

Hospitals and emergencies

Emergency care

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

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

UnitedHealthcare Community Plan covers any emergency care you need throughout the United States and its territories. Within 24 hours after your visit, call Member Services toll-free at **1-877-542-9238**, TTY **711**. You should also call your PCP and let them know about your visit so they can provide follow-up care if needed.

What is an emergency?

Emergency services means covered inpatient or outpatient services that are as follows:

1. Furnished by a provider qualified to furnish these services under this title
2. Needed to evaluate or stabilize an emergency condition

Don’t wait

If you need emergency care, call **911** or go to the nearest hospital.

Maintenance care and post-stabilization care services

Post-stabilization care means covered services, related to an emergency medical condition, that are provided after a member is stabilized in order to maintain the stabilized condition, or, under the circumstances, to improve or resolve the member's condition.

Urgent Care

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

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

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

Planning ahead

It's good to know what urgent care clinic is nearest to you. You can find a list of urgent care clinics in your Provider Directory. Or you can call Member Services toll-free at **1-877-542-9238**, TTY **711**.

Hospital services

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

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

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

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

Going to the hospital

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

Emergency dental care

Emergency dental care services to control pain, bleeding or infection are covered by your plan.

No medical coverage outside of U.S.

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

Pharmacy

Prescription drugs

Your benefits include prescription drugs

Getting prescription medicines is an important part of your health care. UnitedHealthcare Community Plan will consider for payment any medicine listed on the formulary. Some medicines may require prior authorization. See below for information on prior authorization. You can fill your prescription at any in-network pharmacy. For a list of in-network pharmacies, use your Provider Directory or go to **UHCCommunityPlan.com**. All you have to do is show your member ID card.

Prior approval (authorization) of prescription drugs

Some drugs your provider prescribes may require a prior approval. Your care provider can request a prior approval for you. We will review your request within 24 hours. If a request is approved, you and your provider will be informed of the decision in writing including the drug approval length of time. If a request is denied, you and your provider will be informed of the decision in writing. The written decision notice will tell you how and when to appeal this decision and to file a complaint or grievance with UnitedHealthcare Community Plan.

Generic and brand-name drugs

UnitedHealthcare Community Plan requires all members to use generic drugs. Generic drugs have the same ingredients as brand-name drugs — they often cost less, but they work the same.

In some cases, a limited number of brand-name drugs are covered. These drugs require prior authorization by UnitedHealthcare Community plan.

What is the Preferred Drug List?

A list of drugs covered under your plan is called the "formulary." **The Preferred Drug List (PDL)** is a subset of the formulary. Here is the link for the PDL: **https://www.kdhe.ks.gov/DocumentCenter/View/420/Preferred-Drug-List-PDF?bidId**.

Changes to the Preferred Drug List

The list of covered drugs is reviewed by the Kansas Department of Health and Environment (KDHE) and may change on a regular basis.

Over-the-Counter (OTC) medicines

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. An in-network provider must write you a prescription for the OTC medication you need. The supply is limited to 30 days. Then all you have to do is take your prescription and member ID card into any network pharmacy to fill the prescription. OTCs include:

- Pain relievers
- Cough medicine
- First-aid cream
- Cold medicine
- Contraceptives

For a complete list of covered OTCs, go to **myuhc.com/CommunityPlan**. Or call Member Services toll-free at **1-877-542-9238**, TTY **711**.

Injectable medicines

Injectable medications are medicines given by shot, and they are a covered benefit. In some cases you will need to get a prior authorization for an injectable medicine. Your PCP can have the injectable medication delivered either to the doctor's office or to your home. In some cases, your doctor will write you a prescription for an injectable medication (like insulin) that you can fill at a pharmacy.

Pharmacy home

Some UnitedHealthcare Community Plan members will be assigned a pharmacy home (Lock-in). In this case, members must fill prescriptions at a single pharmacy location for up to two years. This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information.

Members of this program will be sent a letter with the name of the pharmacy they are required to use. If you get this letter, you have 30 days from the date of the letter to request a change of pharmacy. To change pharmacies during this time, call Member Services toll-free at **1-877-542-9238**, TTY **711**. After 30 days from the date of the letter, you will need to make your request in writing. Send your request to:

UnitedHealthcare Community Plan
Pharmacy Department
6860 West 115th Street
Overland Park, Kansas 66211

Benefits

Benefits covered by UnitedHealthcare Community Plan

As member of UnitedHealthcare Community Plan, you are covered for the following services. (Remember to always show your current member ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. If you have any questions about your benefits, call Member Services toll-free at **1-877-542-9238**, TTY **711**. You can also sign in to **myuhc.com/CommunityPlan** and search under "Benefits" or use the UnitedHealthcare app to learn more about your benefits. Covered services must be medically necessary.

Benefit	Services included	Limitations
Alcohol and Chemical Dependency Services	Substance use disorder services in a treatment setting licensed by Kansas Department for Aging and Disability Services (KDADS). Services include both inpatient and outpatient services.	Covered Prior Authorization may be needed.
Allergy Services	Allergy services when billed with office visit are covered.	Covered
Ambulance Services	Emergent and non-emergent transportation by an ambulance are covered services.	Covered
Ambulatory Mental Health Services and Crisis Management	Includes twenty-four (24) hour access line, crisis stabilization and crisis management.	Covered
Anesthesia	Anesthesia is covered with the medical services being performed.	Covered

Benefit	Services included	Limitations
Behavioral Health Drugs and Medication Management	Evaluation, prescription, maintenance of psychotropic drugs, medication management, counseling, education and guidelines.	Covered
Behavioral Health – Outpatient	Admission evaluations and assessments, outpatient therapy services including individual, group and family therapy. Medication Management and Targeted Case Management. For a complete list of covered services, please contact Member Services.	Covered Some limitations apply.
Blood Transfusions	Blood transfusions, including autologous transfusions, are covered.	Covered
Cancer-Related Treatment	Access to any related medically necessary service. This includes, but is not limited to, hospitalization, doctor services, other practitioner services, outpatient hospital services, chemotherapy and radiation, or hospice.	Covered
Chronic Renal Disease/End Stage Renal Disease (ESRD)	Services related to Chronic Renal Disease. Example is dialysis for treating kidney disease.	Covered
Diabetic Supplies	All diabetic supplies including, but not limited to, alcohol swabs, syringes, test strips and lancets. Diabetic supplies can be from a participating pharmacy.	Covered
Diagnostic Tests	Lab/Pathology, radiology (X-rays, CT Scans, MRIs, etc.) and other diagnostic testing.	Covered Some diagnostic tests require Prior Authorization and must always be medically necessary.

Benefit	Services included	Limitations
Dietary Services	Medically necessary dietary services.	Covered service for KAN Be Healthy Kids and must be as a result of a medical or dental screening referral.
Durable Medical Equipment and Supplies	Equipment and supplies for medical purpose. May include, but are not limited to: oxygen tanks and concentrators; ventilators; wheelchairs; crutches and canes; orthotic devices; prosthetic devices; pacemakers; enteral feeding; nutrition systems; diabetic supplies; and medical supplies.	Covered Prior Authorization needed in some cases. Some limitations apply.
Emergency, Post-Stabilization and Urgent Care	For a medical emergency or urgent care. Post-stabilization is care after an emergency to keep you stable. You can get these services 24 hours a day, 7 days a week at any emergency room.	Covered anywhere in the USA.
Family Planning	Help to make informed choices and prevent unplanned pregnancy. You can go to any provider that offers these services. A referral is not required. Also includes family planning drugs, supplies and devices. These include, but are not limited to, generic birth control pills, birth control shots, IUDs and diaphragms.	Covered In-Vitro Services and Infertility Treatment Services are **not** covered.

Benefit	Services included	Limitations
Hearing Services	Includes diagnostic screening, preventive visits and hearing aids.	Covered
	Hearing aids, both analog and digital, are covered.	Prior Authorization needed.
	Lost, broken or destroyed hearing aids will be replaced one time during a four-year time period with a Prior Authorization.	1 routine visit every 12 months.
	Binaural hearing aids are covered but require specific medical necessity documents.	1 hearing aid per ear every 4 years.
	Hearing Aid repairs.	Covered
	Hearing Aid batteries.	Covered but are limited to 6 per month for monaural and 12 per month for binaural.
HIV Testing and Counseling	HIV testing and counseling is covered.	Covered
Home and Community-Based Services (HCBS)	Including the following waivers: PD, TA, FE, Autism, BI, SED and Money Follows the Person. All services that members are currently receiving remain covered services.	All HCBS services must be included on the member's Plan of Care/Prior Authorization.
Home Health Services	Services in the home include visits by Aides, Private Duty Nursing, Physical Therapy/Occupational Therapy/Speech Therapy, Skilled Nursing, Social Workers and Home Infusion.	Covered Some Home Health Services require Prior Authorization and may be subject to limitations.

Benefit	Services included	Limitations
Hospice Services	Hospice services are covered when they are ordered by a qualified doctor.	Patient must have a diagnosis of a terminal illness with a prognosis of living six (6) months or less.
Hospital – Behavioral Health Inpatient (BH)	Services include: • Psychiatric services • Substance use disorder treatment • Acute medical detoxification	Covered Prior Authorization needed. Hospital must notify the Plan.
Hospital – Inpatient	Inpatient hospital care. Includes medical, surgical, post-stabilization, acute and rehabilitative services. Maternity services.	Covered Hospital must notify the Plan. No less than 48 hours for a vaginal birth and no less than 96 hours for a cesarean section birth.

Benefit	Services included	Limitations
Immunizations	Including: • Hepatitis A and Hepatitis B • Rotavirus • Diphtheria • Tetanus • Pertussis • HiB • Meningococcal • Polio • MMR • Varicella • Influenza • Pneumococcal • HPV	Covered
KAN Be Healthy Screenings	KAN Be Healthy (KBH) is a Medicaid program for children, teenagers and young adults. Everyone who is 19 years of age or younger can take part in the KBH program. There are four KBH screens: • KAN Be Healthy Medical — Your body • KAN Be Healthy Dental — Your teeth • KAN Be Healthy Vision — Your eyes • KAN Be Healthy Hearing — Your ears KAN Be Healthy also covers tests and specialist services to treat conditions found in a checkup. Cleanings, check-ups, X-rays, fluoride, dental sealants and fillings are all covered. Take your child to the dentist by their first birthday.	

Benefit	Services included	Limitations
Long-Term Care/ Nursing Facility Services	You may stay in your current nursing home no matter which KanCare plan you are enrolled in. If you have qualified for Long-Term Care/ Nursing Facility Services, please note that other benefits listed in this Handbook may not apply. You will need to review the **Long-Term Care/Home and Community-Based Services Supplement**.	Additional information can be found in the **Long-Term Care/Home and Community-Based Services Supplement**. Call Member Services.
Newborn Services	At least one home visit per member within 28 days after the birthdate of the newborn.	Covered
Non-Emergency Transportation	Transportation to and from covered appointments if you qualify and have no other way to get there.	Covered Prior Authorization required for more than 250 miles one way and/or if requesting meals and lodging. Call toll-free **1-877-542-9238**, TTY **711** with questions. Trips to the pharmacy are covered.
Nutritional Counseling	Nutritional Counseling.	Covered Children age 0 to 20.

Benefit	Services included	Limitations
Outpatient and Physician Visits	Services at a hospital or care center when you stay less than a day. Routine and preventive care services including doctor visits, other provider visits, family planning, preventive services, clinic visits and specialists in addition to your designated source of primary care. Specialty Physician visits. Emergency Room visits including both hospital and physician charges.	Covered
Outpatient Surgery	Services include, but are not limited to: Medically necessary surgeries are covered when performed in an ambulatory surgery center (ASC and Hospital ASC).	Covered Some surgeries require Prior Authorization. Please work with your PCP.
Podiatry Services	Services shall include, but are not limited to, the treatment of conditions of the foot.	Covered Service with Noted Limitations. • For children (KAN Be Healthy), one (1) comprehensive visit per year. Allowed other services if medically necessary.
Pregnancy-Related Services	Maternity care is medical care you get for you and your baby. This will help your baby have the best chance to be strong and healthy. We cover all your OB services through your pregnancy. Services include pre- and post-natal care, tests, prenatal vitamins, doctor visits, and other services that impact pregnancy outcomes.	Covered The plan cannot limit a hospital stay to less than 48 hours following a normal delivery or 96 hours following a cesarean section.

Benefit	Services included	Limitations
Prescription Drugs	Drugs prescribed by your doctor that are on the Preferred Drug list or Formulary. This includes education about how to take the drugs. For more information, call Member Services toll-free at **1-877-542-9238** or visit our website at **myuhc.com/CommunityPlan**.	Covered Some drugs require a prior authorization.
Preventive Services	Preventive services include mammograms, pap smears, colorectal screening exam and a prostate screening exam. This list is not all-inclusive of all services.	Standard age guidelines for these services applies.
Rehabilitation	Includes physical, occupational, speech, language, breathing therapy and others.	Covered Must be restorative in nature for members 21 and over. For children 0–20: Habilitative is covered when medically necessary. Must be restorative in nature or can be related to an injury or acute episode. Not Covered: Acupuncture, Chiropractic/Spinal Manipulation, Massage Therapy.

Benefit	Services included	Limitations
Screening, Diagnosis and Treatment of Sexually Transmitted Diseases	Screening, diagnosis and treatment of sexually transmitted diseases are covered.	Covered
Services Provided by Mid-Level Practitioners	Includes Physician Assistants (PAs), Advanced Registered Nurse Practitioners (ARNPs), Nurse Anesthetists (CRNAs), and Nurse Midwives.	Covered Standard PA may be needed.
Sleep Studies	Either an outpatient hospital setting or sleep study clinic.	Covered service for KAN Be Healthy Kids when medically necessary. Adults 21+ if part of bariatric surgery assessment or evaluation.
Smoking Cessation	Programs to help you quit smoking and stay smoke-free. Services include medications and counseling. Call Member Services to help you find a stop smoking program.	Coach Line is covered.

<table>
<tr><th>Benefit</th><th>Services included</th><th>Limitations</th></tr>
<tr><td>Sterilization and Hysterectomies</td><td>Services to prevent you from having children. The plan covers once requirements are met. Requirements include, but are not limited to:
The member is at least twenty-one (21) years of age at the time of consent
The member is mentally competent
The member gives informed consent on the Required Consent Form
At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery
Requirements of a sterilization is the correct completion of the Federally Mandated Sterilization consent form (a separate form is required when receiving a hysterectomy)</td><td>Covered

Exclusions:
A hysterectomy is NOT covered:
For the sole or primary purpose of rendering a member permanently incapable of reproducing
If done for the purpose of cancer prevention</td></tr>
</table>

<table>
<tr><th>Benefit</th><th>Services included</th><th>Limitations</th></tr>
<tr><td>Vision Services</td><td>Vision exams, prescription lenses, eyeglasses, cataract removal, and prosthetic eyes, if prescribed.
One complete eye exam and one pair of glasses are covered for members twenty-one (21) years of age and older, every year. Repairs shall be provided as needed.
Eyeglasses, repairs and exams as needed for members under twenty-one (21) years of age
Eye exams, as needed, for post-cataract surgery patients up to one year following the surgery and eyeglasses for post-cataract surgery members when provided within one year following surgery
Contact lenses and replacements are covered with prior approval, when ordered by a qualified health plan provider and when such lenses provide better management of some visual or ocular conditions than can be achieved with eyeglass lenses
Artificial eyes are covered</td><td>Covered</td></tr>
<tr><td>Weight Loss Surgery (Bariatric Surgery)</td><td>Members must meet several criteria prior to being approved for this procedure. For example, documentation of participation and failure in legitimate weight loss program.</td><td>Prior Authorization required.

Please contact Member Services for a complete list of requirements.</td></tr>
</table>

Notes about covered benefits

The medical card will cover many services and items. In order for a service to be covered, you must use a Kansas Medicaid provider. The type of coverage you have will determine how you receive coverage.

Specific limits and guidelines apply to all services, and these change often. Before getting any service or item, contact KMAP/MCO Customer Service. A general list of KMAP/MCO covered services is included on the state website at **https://www.kmap-state-ks.us/Public/Beneficiary/default.asp**.

Medicaid requires some services to be approved before you get them. Your provider knows which services need prior authorization and is responsible for obtaining it for you. Medicaid will send you and your provider a letter approving or denying the prior authorization request. **For more information, call Member Services toll-free at 1-877-542-9238**, TTY **711**.

Additional benefits

Dental benefits

Be sure to visit your dentist for routine cleanings and exams every 6 months to help keep your teeth and gums healthy. Many dental diseases have no symptoms in their early stages and your dentist can help identify minor problems before they become major ones. Dental benefit covers cleanings, check-up, X-rays, fluoride, dental sealants, fillings, crowns, dentures and partials with prior authorization.

Oral health is crucial to the overall health of your child. Children with healthy teeth are less likely to have problems with eating, learning and speech development. Visit the dentist around your child's first birthday and keep visiting every 6 months for routine cleanings and exams.

To learn more about your routine dental benefits or find the most up-to-date information on network dentists, sign in to **myuhc.com/CommunityPlan** or the UnitedHealthcare app. You can also call Member Services toll-free at **1-877-542-9238**, TTY **711**.

Benefit	Services Included
Dental – CHIP	Comprehensive benefit including preventive, diagnostic, restorative, prosthodontics, oral surgery and orthodontic.
Dental – Medicaid Children	Comprehensive benefit including preventive, diagnostic, restorative, prosthodontics, oral surgery and orthodontic.
Dental – Title 19 Adults Ages 21 and Over	Dental benefit covers cleanings, check-up, X-rays, fillings, crowns, dentures and partials with prior authorization.

Orthodontic services

Orthodontic services require Prior Authorization (PA) and are covered only for eligible children with cases of severe orthodontic abnormality caused by genetic deformity (such as cleft lip or cleft palate) or traumatic facial injury resulting in serious health impairment to the beneficiary at the present time.

Behavioral Health Services

Benefit	Services included	Limitations
Attendant Care	Provided to individuals who would otherwise be placed in a more restrictive setting due to significant functional impairments resulting from an identified mental illness. This service enables the individual to accomplish tasks or engage in activities that they would normally do themselves if they did not have a mental illness.	Covered for SPMI/SED. Prior authorization required.
Intensive Care Coordination/ Case Management	Services include case assessment, planning, outreach, ongoing monitoring and service coordination, including disease and self-management to promote illness management and recovery.	Covered for SPMI/SED members. Prior authorizations required.

Benefit	Services included	Limitations
Intensive Outpatient for Substance Use	For the purpose of providing stabilization of substance use disorder as well as enabling the person to reside in the community or return to the community from a more restrictive setting.	Covered Prior Authorization required.
Psychosocial Rehabilitation	Therapeutic day rehab social skill-building services, such as group skill-building activities that focus on development of problem-solving skills, medication education, and symptom management, that allows individuals to gain necessary social and communication skills.	Covered for SPMI/SED members. No authorizations required.

Note: You do not need a referral to see a Behavioral Health Provider.

Disease and Care Management

If you have a chronic health condition like asthma or diabetes, UnitedHealthcare Community Plan has a program to help you live with your condition and improve the quality of your life. These programs are voluntary and available to you. The programs give you important information about your health condition, medications, treatments and the importance of follow-up visits with your physician.

A team of registered nurses and social workers will work with you, your family, your PCP, other health care providers and community resources to design a plan of care to meet your needs in the most appropriate setting. They can also help you with other things like weight loss, stopping smoking, making appointments with your doctor and reminding you about special tests that you might need.

You or your doctor can call us to ask if our care management or disease management programs could help you. If you or your doctor thinks a Care Manager could help you, or if you want more information about our care management or disease management programs, call us toll-free at **1-877-542-9238**.

For children

KAN Be Healthy

In Kansas, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is called KAN Be Healthy (KBH). This program provides comprehensive and preventive health care services for children, teenagers and young adults, from birth up to the age of 21 years of age.

There are four KBH screens:

- KAN Be Healthy Medical — Your body
- KAN Be Healthy Dental — Your teeth
- KAN Be Healthy Vision — Your eyes
- KAN Be Healthy Hearing — Your ears

KAN Be Healthy also covers tests and specialist services to treat conditions found in a checkup.

Stay well with regular KBH screens. KBH screens are encouraged for: Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months, then each year from ages 3 through 20.

KBH screenings include physical, vision, hearing and dental assessments. KBH screenings follow the AAP Bright Futures Early and Periodic Screening, Diagnostic and Treatment Guidelines. They are an important tool in preventive care.

Ask for a KBH screen when you call to set up an appointment. KBH helps you stay well by getting the care you need:

- Prescription and some over-the-counter medicines (with a prescription)
- Dietitian services
- Rides to the doctor
- Medical supplies and equipment with a prescription (such as tube feeding supplies)
- Help for children who are homebound due to long-term health issues
- Counseling
- Eye exams as needed
- Eyeglasses and repairs (some limits apply)
- Hearing screens and hearing aids (some limits apply)
- Routine teeth cleaning and X-rays
- Fluoride treatment (some limits apply)
- Sealants, fillings and teeth pulled

Under this program, other non-covered services can be covered when determined to be medically necessary.

Examples of services that may be covered under EPSDT, if determined to be medically necessary and cost-effective, include but are not limited to:

- Orthodontic services to prevent disease and promote oral health and to restore oral structures to health and function. Orthodontic services for cosmetic purposes are not covered.
- Vision and hearing services
- Rehabilitative equipment, for instance, daily living aids
- Specially adapted car seat
- Nutritional supplements

EPSDT medical necessity does not include:

- Experimental or research treatments
- Services or items not generally accepted as effective, and/or note within the normal course and duration of treatment
- Services for caregiver or providers convenience are not allowed

Talk to your provider if would like to access services under EPSDT. Your provider will need to submit a prior authorization for review.

Having a baby?

When you think you are pregnant, contact the KanCare Clearing House toll-free at 1-800-792-4884. This will help ensure you get all the services available to you.

Healthy First Steps®

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

We will help:

- Get good advice on nutrition, fitness and safety
- Get supplies, including breast pumps for nursing moms
- Choose a doctor or nurse midwife
- Schedule visits and exams
- Arrange rides to doctor's visits

- Connect with community resources such as Women, Infants and Children (WIC) services
- Get care after your baby is born
- Choose a pediatrician (child's doctor)
- Get family planning information

Call us toll-free at **1-877-813-3417**, TTY **711**, 7:00 a.m.–6:00 p.m. Central time, Monday–Friday. It's important to start pregnancy care early. Be sure to go to all of your doctor visits, even if this isn't your first baby.

Neonatal Resource Services

We want your baby to be healthy. Sometimes extra care is needed after the baby is born. Our Neonatal Resources Services (NRS) nurses will call you if your baby is in the Neonatal Intensive Care Unit (NICU). Using NRS is voluntary. It is part of your benefit plan. If your baby needs extra care, we are here for you.

Our NICU nurses have many years of experience. Your NICU nurse will:

- Answer questions about your delivery, and newborn care
- Give information to help you make decisions
- Work with the NICU facility to make sure you and your baby get the care you need
- Help you make a plan for bringing your baby home and for any home care needs
- Put you in touch with local resources and services
- Review your benefits to make sure you are using all the services you can

Smart tools for health

- Members can go to **myuhc.com/CommunityPlan** to help manage their health. The site helps keep a health history. It educates on working with their doctor. They can also track future visits.
- Members can get smartphone applications, like **UnitedHealthcare® mobile app**. These help them track health goals and find a doctor.

To quit smoking, you can call the KanQuit Smoking Cessation Line toll-free at 1-800-784-8669 or visit **KSquit.org**.

Value added benefits

Pregnant and new moms

Babyscripts: Pregnant members can join the Babyscripts program and earn up to $75 in rewards on Walmart e-Gift Card. Download the app from Apple or Google Play stores, then sign-up with your Member ID number.

Nutrition support for high-risk pregnancy: Pregnant members identified as high risk and engaged in care coordination, get food support the last trimester and first month post-partum. Member works with Care Coordinator who determines need.

First trimester prenatal exam reward: Earn a $75 rewards debit card* for completing a first prenatal exam, in the first trimester or 42 days from enrollment. Ask your provider to send us an OBRAF (Obstetric Risk Assessment) form.

Pack'n play: Pregnant members who attend a participating Community Baby Shower and fill out an attendance form, can get a pack'n play.

More coverage

Adult dental: Members 21 and over are eligible for additional dental benefits like specialty X-rays and specialty preventive treatments up to $500 per year. For help, call Member Services: **1-877-542-9238**, TTY **711**.

Additional vision: Adult members over 21 can get an additional $60 to upgrade their frames, once a year. Ask your Vision provider. Providers wanting to participate can work with UnitedHealthcare Provider Services.

*Can only be used to buy CMS approved related health items at specific stores. To activate card, check balance, or find a store, call: 1-888-682-2400 or go to **www.mybenefitscenter.com**.

Social consideration and wellness

24 extra round-trip rides: Get up to 24 total round-trip additional rides per year to places like the pharmacy, grocery store, food bank, WIC, prenatal classes, community activities, support group meetings, job interviews, trainings, career counseling or any other to access services. Call ModivCare at 1-877-796-5847 or Member Services at **1-877-542-9238**, TTY **711**, at least three days before the need.

Bus passes: Members (age 19 and older) in Wyandotte, Johnson, Sedgwick, and Shawnee counties can get up to $25 in bus passes, per year. To access, call Member Services: **1-877-542-9238**, TTY **711**.

Dining with Diabetes: Members with type 2 diabetes (or their caregivers) are eligible to attend a K-State Research and Extension Dining with Diabetes class, at no cost. To access, call Member Services: **1-877-542-9238**, TTY **711**.

Educational advancement: Supports adult members (age 19 and older) with education like GED, Coding classes, Resumé Writing workshops, and English as a Second Language (ESL). Covers up to $200. Call Member Services: **1-877-542-9238**, TTY **711**.

Healthy activity for youth and for adults: All members (adults and youth) can access a $50 activity at participating organizations, like some YMCA, Boy Scouts, Boys & Girls Clubs, and Parks and Rec locations. Or instead, get a fitness kit for healthy activities at home. To access, call Member Services: **1-877-542-9238**, TTY **711**.

Healthy rewards: Earn a Rewards debit card* for completing things like annual health assessment and well-child annual visits. Reward amounts are $10 and $25 (up to $75 annually). Once a member completes an activity, a card will be mailed, or reward will be added to existing card.

Help with getting cell phone: Free smartphone with unlimited messaging for members 18 years and older. Limit of one device per household that qualifies to federal eligibility criteria. Call Member Services for assistance: **1-877-542-9238**, TTY **711**.

*Can only be used to buy CMS approved related health items at specific stores. To activate card, check balance, or find a store, call: 1-888-682-2400 or go to **www.mybenefitscenter.com**.

Post-discharge Mom's Meals: Get 14 meals (two meals a day for seven days) when being discharged from a medical facility, have mobility needs, no family support, and are at risk for readmission due to nutritional issues. Available within 30 days of discharge. Call Member Services: **1-877-542-9238**, TTY **711**, or work with your discharge planner.

Nutrition classes: Complete the Create Better Health SNAP Education classes and get a food journal and cooking item valued at $50. Once class is completed call Member Services: **1-877-542-9238**, TTY **711**. Information on classes: **k-state.edu/ks-snaped**

School supplies: Members who are in foster care can get a school supply box per year. Members can ask their foster care agency.

Air purifier: Members 18 years old and under with an asthma diagnosis can receive an air purifier valued at $75, per year. Call Member Services to request: **1-877-542-9238**, TTY **711**.

Bike helmets: Members 18 years old and under can receive a bike helmet each year. Call Member Services to request: **1-877-542-9238**, TTY **711**.

OTC (Over the Counter) card for frontier and rural counties: Members living in Rural and Frontier counties (as determined by the state of Kansas) can receive a $50 OTC (Over the counter) card* per year. Call Member Services to request: **1-877-542-9238**, TTY **711**.

Technology programs

On My Way (OMW) program: Young adult members can access **uhcOMW.com**. This website teaches skills like managing money, getting housing, finding job training, and applying for college.

Pyx Health: Members 18 and older can access 24/7 support and companionship using the Pyx Health mobile app. Go to **HiPyx.com** or download the Pyx Health app from the Apple or Google Play stores.

AbleTo app: A self-care app for dealing with stress, anxiety, and depression. Download the AbleTo app in the Apple or Google Play stores and use your Medicaid ID number to access.

*Can only be used to buy CMS approved related health items at specific stores. To activate card, check balance, or find a store, call: 1-888-682-2400 or go to **www.mybenefitscenter.com**.

Community programs

Mental Health First Aid training: Learn how to identify, understand, and respond to signs of mental illness and substance use. Trainings are in English and Spanish. UnitedHealthcare will attempt to hold events in major areas of the state. Upcoming dates can be found at: **www.bit.ly/45qyemn**.

Seeking Safety training: A training that teaches coping skills to help adults, children and youth attain safety from trauma and/or substance abuse. UnitedHealthcare will attempt to hold events in major areas of the state. For more information, call Member Services: **1-877-542-9238**, TTY **711**.

Waivers

Weighted blankets: Members in foster care or on the Autism or SED Waivers can request a weighted blanket, to help with anxiety. One blanket per member annually. Call Member Services to request: **1-877-542-9238**, TTY **711**.

OTC card (Over the Counter) for waiver members: Members on waivers receive a $50 OTC (Over the Counter) card*. To activate card, check balance, or find a store, call 1-888-682-2400 or go to **mybenefitscenter.com**. For questions, talk to your Care Coordinator.

Internet access: Members on waivers may be invited to get internet services, to complete a specific health activity. Work with your Care Coordinator.

Pest control: Waiver members who own their home can get pest control services. Up to $250 max annually. Work with your Care Coordinator.

Wellness calendar: Members enrolled in care management, whole person care, pregnant, or behavioral health programs will be mailed a calendar at the beginning of each year to track their doctor appointments, medications, and social events. Member can contact their Care Coordinator if they haven't received it.

*Can only be used to buy CMS approved related health items at specific stores. To activate card, check balance, or find a store, call: 1-888-682-2400 or go to **www.mybenefitscenter.com**.

Other plan details

Finding a network provider

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

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

Call Member Services toll-free at **1-877-542-9238**, TTY **711**. We can look up network providers for you. Or, if you'd like, we can send you a Provider Directory in the mail within 5 business days free of charge.

Provider Directory

You have a directory of providers available to you in your area. The directory lists names, addresses, phone numbers, professional qualifications, specialty and board certification status of our in-network providers.

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

If you would like a printed copy of our directory, please call Member Services toll-free at **1-877-542-9238**, TTY **711**, and we will mail one to you free of charge within 5 business days.

Interpreter services and language assistance available free of charge

If you have trouble hearing, you can get help by phone. Call the TTY Service at TTY 711. Ask them to call Member Services toll-free at 1-877-542-9238. They will connect you to us. **When scheduling an appointment with your doctor**, ask your doctor's office to contact our Provider Services Center at 1-877-542-9235. They can set up the TTY service to use during your visit.

If you don't speak English, you can get help by phone. Call the Member Services Center toll-free at 1-877-542-9238. They can let you speak to someone in your language. **When scheduling an appointment with your doctor**, ask your doctor's office to contact our Provider Services Center toll-free at 1-877-542-9235. The Center will provide a person speaking your language on the phone to help you talk to the doctor.

If you need materials in another language or format. We can get you materials in a language or format that is easier for you, including large print, Braille or audio tapes. Call the Member Services Center toll-free at 1-877-542-9238.

If you want more information. For further details about our free TTY, interpretation services and much more, visit our website at **myuhc.com/CommunityPlan**.

Spanish (Español):

Si tiene problemas de audición, puede obtener ayuda por teléfono. Llame al Servicio de TTY al TTY 711. Pídales que llamen a Servicios para Miembros al 1-877-542-9238 gratis. Lo conectarán a nosotros. **Cuando programe una cita con su doctor**, pídales en el consultorio de su doctor que se pongan en contacto con nuestro Centro de Servicios para Proveedores al 1-877-542-9235 gratis. Ellos pueden configurar el servicio TTY para usar durante su visita.

Si usted no habla inglés, puede obtener ayuda por teléfono. Llame al Centro de Servicios para Miembros al 1-877-542-9238 gratis. Ellos pueden dejarle hablar con alguien en su idioma. **Cuándo programe una cita con su doctor**, pídales en el consultorio de su doctor que se pongan en contacto con nuestro Centro de Servicios para Proveedores al 1-877-542-9235 gratis. El Centro proporcionará una persona que habla su idioma en el teléfono para ayudarle a hablar con el doctor.

Si necesita materiales en otro idioma o formato. Podemos conseguirle los materiales en un idioma o formato que sea más fácil para usted, incluyendo letra grande, Braille o en cintas de audio. Llame al Centro de Servicios para Miembros al 1-877-542-9238 gratis.

Si quiere más información. Para más detalles sobre TTY, interpretación y otros servicios gratuitos, visite nuestro sitio web en **myuhc.com/CommunityPlan**.

Vietnamess (Tiếng Việt):

Nếu gặp khó khăn về thính lực, quý vị có thể được giúp đỡ qua điện thoại. Gọi Dịch Vụ TTY theo số TTY 711. Yêu cầu họ gọi Dịch Vụ Hội Viên theo số 1-877-542-9238. Họ sẽ kết nối quý vị đến chúng tôi. **Khi lấy hẹn với bác sĩ của quý vị**, yêu cầu văn phòng bác sĩ của quý vị liên lạc với Trung Tâm Dịch Vụ cho Nhóm Chăm Sóc của chúng tôi theo số 1-877-542-9235. Họ có thể sắp xếp dịch vụ TTY để sử dụng trong lần khám.

Nếu không nói tiếng Anh, quý vị có thể được giúp đỡ qua điện thoại. Trung Tâm Dịch Vụ Hội Viên theo số 1-877-542-9238. Họ có thể cho quý vị nói chuyện với một người nói được ngôn ngữ của quý vị. **Khi lấy hẹn với bác sĩ của quý vị**, yêu cầu văn phòng bác sĩ của quý vị liên lạc với Trung Tâm Dịch Vụ cho Nhóm Chăm Sóc của chúng tôi theo số 1-877-542-9235. Trung Tâm sẽ cung cấp một người nói được ngôn ngữ của quý vị và giúp qua điện thoại để quý vị nói chuyện với bác sĩ của mình.

Nếu quý vị cần các tài liệu bằng ngôn ngữ hoặc dạng khác. Chúng tôi có thể cung cấp cho quý vị tài liệu bằng ngôn ngữ hoặc dạng nào dễ dàng cho quý vị, kể cả chữ in to, chữ Braille hoặc băng thâu âm. Trung Tâm Dịch Vụ Hội Viên theo số 1-877-542-9238.

Nếu quý vị muốn thêm thông tin. Để biết thêm chi tiết về TTY miễn phí, dịch vụ thông dịch và nhiều dịch vụ khác, xin truy cập trang web của chúng tôi tại **myuhc.com/CommunityPlan**.

German (Deutsch):

Wenn Sie Hörprobleme haben, können Sie telefonisch Hilfe erhalten. Rufen Sie den TTY-Dienst unter TTY 711 an. Bitten Sie um einen gebührenfreien Anruf beim Mitglieder-Service unter 1-877-542-9238. Man wird Sie mit uns verbinden. **Wenn Sie mit Ihrem Arzt einen Termin vereinbaren**, bitten Sie seine Praxis, sich mit unserem Provider Services Center unter 1-877-542-9235 in Verbindung zu setzen. Dort kann man für die Dauer ihres Arztbesuchs den TTY-Dienst einrichten.

Wenn Sie nicht Englisch sprechen, können Sie telefonisch Hilfe erhalten. Rufen Sie das Member Services Center gebührenfrei unter 1-877-542-9238 an. Sie bekommen einen Ansprechpartner, der Ihre Sprache spricht. **Wenn Sie mit Ihrem Arzt einen Termin vereinbaren**, bitten Sie seine Praxis, sich mit unserem Provider Services Center unter 1-877-542-9235 in Verbindung zu setzen. Über das Center bekommen Sie einen telefonischen Ansprechpartner, der Ihre Sprache spricht und Sie beim Gespräch mit Ihrem Arzt unterstützt.

Wenn Sie Material in einer anderen Sprache oder einem anderen Format benötigen. Sie erhalten von uns Material in einer Sprache oder einem Format, mit der bzw. dem Sie besser zurechtkommen, etwa Großdruck, Blindenschrift oder Tonbänder. Rufen Sie das Member Services Center gebührenfrei unter 1-877-542-9238 an.

Wenn Sie weitere Informationen wünschen. Weitere Einzelheiten zu unserem kostenlosen TTY, Dolmetschdiensten und vielem mehr finden Sie auf unserer Website unter **myuhc.com/CommunityPlan**.

French (Français):

Si vous avez des difficultés d'audition, nous pouvons vous aider par téléphone. Appelez le service TTY au TTY 711. Demandez à l'opérateur d'appeler le Service membres au numéro gratuit 1-877-542-9238. L'opérateur vous mettra en contact avec nous. **Lorsque vous prenez un rendez-vous chez votre médecin,** demandez au cabinet de votre médecin de contacter notre Centre de services réservés aux prestataires (Provider Services Center) au 1-877-542-9235. Le service TTY peut être mis en place et utilisé au cours de votre visite.

Si vous ne parlez pas anglais, nous pouvons vous aider par téléphone. Appelez le Centre du service membres au numéro gratuit 1-877-542-9238. Le Centre peut vous mettre en contact avec une personne qui parle votre langue. **Lorsque vous prenez un rendez-vous chez votre médecin,** demandez au cabinet de votre médecin de contacter notre Centre de services réservés aux prestataires (Provider Services Center) au numéro gratuit 1-877-542-9235. Le Centre fera intervenir au téléphone une personne qui parle votre langue pour faciliter votre conversation avec le médecin.

Si vous avez besoin de documentation dans une autre langue ou un autre format. Nous pouvons vous envoyer de la documentation dans une langue ou un format qui vous soit mieux adapté, y compris en gros caractères d'imprimerie, en Braille ou sous forme de bandes audio. Appelez le Centre du service membres au numéro gratuit 1-877-542-9238.

Si vous voulez obtenir de plus amples renseignements. Pour en savoir plus sur le service TTY gratuit, les services d'interprétariat et bien d'autres sujets, consultez notre site Web à l'adresse **myuhc.com/CommunityPlan.**

Chinese (中文)：

若您有聽力障礙，可透過電話獲取幫助。請撥打 TTY 711 致電聽障專線 (TTY) 服務。要求他們撥打免付費電話 1-877-542-9238 致電會員服務部。他們會幫助您與我們聯絡。**與您的醫生安排預約時，**請您的醫生辦公室撥打 1-877-542-9235 聯絡我們的提供者服務中心。他們可安排您就診期間要使用的聽障專線 (TTY) 服務。

若您不會說英文，您可透過電話獲取幫助。請撥打免付費專線 1-877-542-9238 聯絡會員服務中心。他們可以安排一位與您講相同語言的人士和您溝通。**與您的醫生安排預約時，**請您的醫生辦公室撥打免付費專線 1-877-542-9235 聯絡我們的提供者服務中心。中心將安排一名與您講相同語言的人士接聽電話，幫助您與醫生交談。

若您需要其他語言或格式的材料。我們可為您提供更容易閱讀的語言或格式的材料，包括大字版本、盲文或錄音帶。請撥打免付費專線 1-877-542-9238 聯絡會員服務中心。

若您想獲得更多資訊。關於聽障專線 (TTY) 、口譯服務及更多其他服務的進一步詳情，請造訪我們的網站： **myuhc.com/CommunityPlan.**

Korean (한국인):

청취에 어려움이 있는 경우 전화로 도움을 받으실 수 있습니다. TTY 서비스부에 TTY 711번으로 전화하십시오. 그들에게 수신자 부담 1-877-542-9238번으로 가입자 서비스부에 전화를 요청하십시오. 그들이 저희와 연결시켜 드릴 것입니다. **담당 의사와 약속을 잡으실 때에는** 담당 의사 사무실에 수신자 부담 1-877-542-9235번으로 제공자 서비스 센터에 연락하도록 요청하십시오. 그들이 귀하의 방문 중에 이용할 TTY 서비스를 설정할 수 있습니다.

영어를 사용하지 않으시는 경우 전화로 도움을 받으실 수 있습니다. 가입자 서비스부에 수신자 부담 1-877-542-9238번으로 전화하십시오. 그들이 귀하가 귀하의 언어로 누군가와 이야기할 수 있도록 할 수 있습니다. **담당 의사와 약속을 잡으실 때에는** 담당 의사 사무실에 수신자 부담 1-877-542-9235번으로 제공자 서비스 센터에 연락하도록 요청하십시오. 센터는 전화로 귀하의 언어를 말하는 누군가를 제공하여 귀하가 의사와 이야기하는 것을 도울 것입니다.

다른 언어나 형식의 자료가 필요하신 경우, 큰 활자체, 점자 또는 음성 테이프를 포함하여 귀하에게 더 쉬운 언어 또는 형식의 자료를 제공할 수 있습니다. 가입자 서비스부에 수신자 부담 1-877-542-9238번으로 전화하십시오.

추가 정보가 필요하신 경우, 우리의 무료 TTY, 통역 서비스 등은 당사의 웹사이트 **myuhc.com/CommunityPlan** 를 방문하십시오.

Lao (ພາສາລາວ):

ຖ້າ ທ່ານ ມີ ບັນ ຫາ ການ ໄດ້ ຍິນ ສຽງ, ທ່ານ ສາ ມາດ ຂໍ ການ ຊ່ວຍ ເຫຼືອ ໂດຍ ທາງ ໂທ ລະ ສັບ ໄດ້. ໂທ ຫາ ຝ່າຍ ບໍ ລິ ການ TTY ທີ່ ເບີ TTY 711. ບອກໃຫ້ພວກເຂົາໂທຫາຝ່າຍບໍລິການສະມາຊິກແບບບໍ່ເສຍຄ່າທີ່ເບີ 1-877-542-9238. ພວກ ເຂົາ ຈະ ເຊື່ອ ມ ຕໍ່ ທ່າ ນ ຫາ ພວກ ເຮົາ. **ເມື່ອ ກຳ ນົດ ເວ ລາ ນັດ ໝາຍ ກັບ ທ່ານ ໝ ຂໍ ອງ ທ່ານ**, ໃຫ ບ້ ອກ ຫອ້ ງ ການ ທ່າ ນ ໝໍ ຂອງ ທ່າ ນ ຕດິ ຕໍ່ ຫາ ສນູ ບໍ ລ ກິ າ ນ ຜ ູ້ໃ ຫ ບໍ້ ລ ກິ າ ນ ຂອງ ພວກ ເຮົາ ທ່ ເບີ 1-877-542-9235. ພວກ ເຂົາ ສາ ມາດ ຕງັ້

ຖ້າ ທ່ານ ບໍ່ ເວົ້າ ພາ ສາ ອັງ ກິດ, ທ່ານ ສາ ມາດ ຂໍ ການ ຊ່ວຍ ເຫຼືອ ໂດຍ ທາງ ໂທ ລະ ສັບ ໄດ້. ໂທຫາສູນບໍລິການສະມາຊິກແບບບໍ່ເສຍຄ່າທີ່ເບີ 1-877-542-9238. ພວກ ເຂົາ ສາ ມາດ ໃຫ ທ້ ່າ ນ ລມົ ກບັ ບາງ ຄນົ ເປັນ ພາ ສາ ຂອງ ທ່າ ນ ໄດ.້ **ເມື່ອ ກຳ ນົດ ເວ ລາ ນັດ ໝາຍ ກັບ ທ່ານ ໝ ຂໍ ອງ ທ່ານ**, ໃຫ້ບອກຫ້ອງການທ່ານໝໍຂອງທ່ານຕິດຕໍ່ຫາສູນບໍລິການຜູ້ໃຫ້ບໍລິການຂອງພວກເຮົາແບບບໍ່ເສຍຄ່າທີ່ເບີ 1-877-542-9235. ສນູ ຈະ ຈດັ ຫາ ບກຸ ຄນົ ທ ເວົ້າ ພາ ສາ ຂອງ ທ່າ ນ ໃຫ ທ້ າ່ງ ໂທ ລະ ສບັ ເພ ື່ອ ຊວ່ ຍ ທ່າ ນ ລມົ ກບັ ທ່າ ນ ໝໍ .

ຖ້າ ທ່ານ ຕ້ອງ ການ ເອ ກະ ສານ ເປັນ ພາ ສາ ອື່ນ ຫຼື ຮູບ ແບບ ອື່ນ. ພວກ ເຮົາ ສາ ມາດ ເອົາ ເອ ກະ ສານ ເປັນ ພາ ສາ ຫຼື ຮບູ ແບບ ທ ີ່ ງ່າ ຍ ໃຫ ທ້ ່າ ນ ໄດ,້ ລວມ ທງັ ການ ພິມ ເປັນ ແຜນ່ ໃຫຍ,່ ຕວົ ໜງັ ສ ນື ນູ ຫຼື ເທັບ ສຽງ ເວົ້າ. ໂທຫາສູນບໍລິການສະມາຊິກແບບບໍ່ເສຍຄ່າທີ່ເບີ 1-877-542-9238.

ຖ້າ ທ່ານ ຕ້ອງ ການ ຂ ມໍ້ ູນ ເພີ່ມ ເຕີມ. ສຳລັບລາຍລະອຽດເພີ່ມເຕີມກ່ຽວກັບ TTY, ການບໍລິການແປພາສາແບບບໍ່ ເສຍ ແ ອື່ນໆອີກ, ໃຫ ເ ເວັບໄຊ ພວກ ເ ທີ **myuhc.com/CommunityPlan**.

Arabic (عربي):

إذا كانت لديك مشكلات في السمع، فيمكنك الحصول على المساعدة عبر الهاتف. اتصل بخدمة الهاتف النصي على الرقم 711 . اطلب منهم الاتصال بقسم خدمات الأعضاء على الرقم المجاني 9238 - 542 - 877 - 1. وسيقومون بتوصيلك إلينا. **عند تحديد موعد مع طبيبك،** اطلب من عيادة طبيبك الاتصال بمركز خدمات مقدمي الرعاية التابع لنا على الرقم 1-877-542-9235 . يمكنك إعداد خدمة الهاتف النصي لاستخدامها أثناء زيارتك.

إذا كنت لا تتحدث اللغة الإنجليزية، فيمكنك الحصول على مساعدة عبر الهاتف. اتصل بمركز خدمات الأعضاء على الرقم المجاني 9238 - 542 - 877 - 1. سيجعلونك تتحدث مع شخص بلغتك. **عند تحديد موعد مع طبيبك،** اطلب من عيادة طبيبك الاتصال بمركز خدمات مقدمي الرعاية التابع لنا على الرقمالرقم المجاني 9235 - 542 - 877 - 1. سيوفر لك المركز شخصًا يتحدث معك بلغتك عبر الهاتف لمساعدتك في التحدث مع طبيبك.

إذا كنت تريد مواد بلغة أخرى أو تنسيق آخر. يمكننا إعطائك مواد بلغة أو تنسيق أسهل بالنسبة لك بما في ذلك الطباعة بالأحرف الكبيرة أو بطريقة برايل أو أشرطة صوتية. اتصل بمركز خدمات الأعضاء على الرقم المجاني 1-877-542-9238.

إذا كنت تريد مزيدًا من المعلومات. لمزيد من التفاصيل حول خدمة الهاتف النصي المجاني وخدمات الترجمة الفورية المجانية وغيرها، تفضل بزيارة موقعنا الإلكتروني **myuhc.com/CommunityPlan**.

Tagalog (Tagalog):

Kung nahihirapan kang makarinig, puwede kang humingi ng tulong sa pamamagitan ng telepono. Tawagan ang Serbisyo sa TTY sa TTY 711. Hilingin sa kanilang tawagan ang Mga Serbisyo sa Miyembro sa numerong libre ang toll na1-877-542-9238. **Iuugnay nag-iiskedkayu nli Inag s aap apmoiinn.t Kmaepnatg s a iyong doktor,** hilingin sa tanggapan ng iyong doktor na makipag-ugnayan sa aming Sentro ng Mga Serbisyo ng Provider sa 1-877-542-9235. Maitatakda nila ang serbisyo sa TTY na gagamitin sa iyong pagbisita.

Kung hindi ka nagsasalita ng English, puwede kang humingi ng tulong sa pamamagitan ng telepono. Tawagan ang Sentro ng Mga Serbisyo sa Miyembro sa numerong libre ang toll na1-877-542-9238. **Mabibigyang-daan ka nilang nag-iiskemdyaukli pnagg a-upspaopin stam weinkta s ma oiy.** oKnagp dagoktor, hilingin sa tanggapan ng iyong doktor na makipag-ugnayan sa aming Sentro ng Mga Serbisyo ng Provider sa 1-877-542-9235. Magbibigay ang Sentro ng taong nagsasalita ng wika mo sa telepono para matulungan kang makipag-usap sa doktor.

Kung kailangan mo ng materyales sa ibang wika o format. Maikukuha ka namin ng mga materyal sa wika o format na mas madali para sa iyo, kasama ang malalaking sulat, Braille o mga audio tape. Tawagan ang Sentro ng Mga Serbisyo sa Miyembro sa numerong libre ang toll na1-877-542-9238.

Kung gusto mo pa ng impormasyon. Para sa higit pang detalye tungkol sa aming libreng TTY, mga serbisyo ng pagsasalin at marami pa, bumisita sa aming website sa **myuhc.com/CommunityPlan**.

Karen (ကရင်):
မကြားရပါက ဖုန်းမှတစ်ဆင့် အကူအညီရယူနိုင်ပါသည်။ TTY ဂန်ဆောင်မှုအတွက် ရယူရန် TTY 711 သို့ ခေါ်ဆိုပါ။ အဖွဲ့ဝင်ဂန်ဆောင်မှုများအတွက် ခေါ်ဆိုသူအခမဲ့ဖုန်း 1-877-542-9238 သို့ ခေါ်ဆိုရန် သူတို့ကို တောင်းဆိုပါ။ သူတို့က သင်နဲ့ ကျွန်တော်တို့ကို ဆက်သွယ်ပေးပါလိမ့်မည်။ သင့်ဆရာဂန်နဲ့ ရက်ချိန်းရယူပါက ကျွန်တော်တို့၏ ဝန်ဆောင်မှုပေးသူဆိုင်ရာ ဂန်ဆောင်မှုစင်တာသို့ 1-877-542-9235 ကို ခေါ်ဆိုဆက်သွယ်ရန် သင့်ဆရာဂန်၏ ရုံးခန်းသို့ တောင်းဆိုပါ။ သင်လာရောက်ပြသချိန် အတွင်း TTY ဂန်ဆောင်မှုကို အသုံးပြုနိုင်ရန် သူတို့က စီစဉ်ပေးပါလိမ့်မည်။

သင်သည် အင်္ဂလိပ်စကား မတတ်ကျွမ်းပါက ဖုန်းမှတစ်ဆင့် ဆက်သွယ်အကူအညီတောင်းခံ နိုင်ပါသည်။ အဖွဲ့ဝင်ဂန်ဆောင်မှုစင်တာသို့ ခေါ်ဆိုသူအခမဲ့ဖုန်း ဖုန်းနံပါတ် 1-877-542-9238 ကို ခေါ်ဆိုပါ။ သင့်ဘာသာစကားကို တတ်ကျွမ်းသူတစ်ဦးနှင့် ပြောဆိုနိုင်ရန် သူတို့က ဆောင်ရွက်ပေးနိုင်ပါသည်။ သင့်ဆရာဂန်နှင့် ရက်ချိန်းရယူသောအခါ ကျွန်တော်တို့၏ ဝန်ဆောင်မှုပေးသူဆိုင်ရာ ဂန်ဆောင်မှုများအတွက် ခေါ်ဆိုသူအခမဲ့ဖုန်း 1-877-542-9235 ကို ခေါ်ဆိုဆက်သွယ်ရန် သင့်ဆရာဂန်ရုံးခန်းအား တောင်းဆိုပါ။ စင်တာမှ သင့်ဆရာဂန်နှင့် ပြောဆိုရာတွင် ကူညီနိုင်ရန် သင့်ဘာ သာစကားတတ်ကျွမ်းသူတစ်ဦးကို ရှာဖွေပံ့ပိုးပေးပါလိမ့်မည်။

အခြားဘာသာစကား သို့မဟုတ် ပုံစံရှိ သာ အရာများလိုအပ်ပါက ကျွန်တော်တို့က ပိုကြီးသောစာလုံးများ၊ မျက်မမြင်ဖတ်စာ သို့မဟုတ် အသံခွေများအပါအဝင် သင့်အတွက် ပိုမိုလွယ်ကူစေမယ့် ဘာသာစကား သို့မဟုတ် ပုံစံရှိ သာ အရာများကို ရှာဖွေပေးနိုင်ပါသည်။ အဖွဲ့ဝင်ဂန်ဆောင်မှုစင်တာသို့ ဖုန်းနံပါတ် ခေါ်ဆိုသူအခမဲ့ဖုန်း 1-877-542-9238 ကို ခေါ်ဆိုပါ။

နောက်ထပ်သိလိုသည်များ ရှိပါက ကျွန်ုပ်တို့၏ အခမဲ့ TTY အကြောင်း ဘာသာပြန်ဂန်ဆောင်မှုနှင့် အခြားအရာများအကြောင်း အသေးစိတ် ပိုမိုသိရလိုပါက myuhc.com/CommunityPlan သို့ ဂင်ရောက်ကြည့်ရှုနိုင်ပါသ

Japanese (日本):

聴き取りづらい方は、電話での補助を利用することができます。TTY 711にてTTYサービスまでご連絡ください。そこでメンバーサービス（1-877-542-9238）へ連絡するようご依頼ください。そこから弊社につながります。**担当医への来院を予約する際は、**弊社のプロバイダーサービスセンター フリーダイヤル(1-877-542-9235)まで連絡するよう医院にご依頼ください。センターが、お客様の来院中にTTYサービスを利用できるように設定します。

英語をお話しにならないお客様は、電話にて補助を利用することができます。メンバーサービスセンター フリーダイヤル（1-877-542-9238）へご連絡ください。お客様の言語で会話ができるようにセンターがお手伝いします。**担当医への来院を予約する際は、**弊社のプロバイダーサービスセンター フリーダイヤル (1-877-542-9235)まで連絡するよう医院にご依頼ください。センターが、お客様の言語を話すスタッフを電話口に用意して、お客様が担当医と会話するのをお手伝いします。

お客様が他の言語や形式による資料を必要とされる場合。お客様にとって、よりご都合の良い言語や形式で資料（大きい文字、点字、音声テープを含む）をお届けいたします。メンバーサービスセンター フリーダイヤル（1-877-542-9238）へご連絡ください。

さらに詳しい情報が必要な場合。当社の無料 TTY、通訳サービスなどについての詳細は、こちらのウェブサイトをご参照ください。**myuhc.com/CommunityPlan**.

Russian (русский язык):

Если у Вас нарушен слух, Вы можете получить помощь по телефону. Позвоните в службу телетайпа по телетайпу 711. Попросите их позвонить в центр обслуживания участников плана по бесплатному телефону 1-877-542-9238. Они соединят Вас с нами. **Записываясь на прием к врачу**, попросите персонал Вашего врача позвонить в центр предоставления услуг поставщиков по телефону 1-877-542-9235. Они могут настроить услугу телетайпа для использования во время Вашего визита.

Если Вы не говорите по-английски, Вы можете получить помощь по телефону. Обращайтесь в центр обслуживания участников плана по бесплатному телефону 1-877-542-9238. Они предоставят Вам возможность поговорить с кем-то на Вашем языке. **Записываясь на прием к врачу**, попросите персонал Вашего врача позвонить в центр предоставления услуг поставщиков по бесплатному телефону 1-877-542-9235. Центр предоставит человека, который будет говорить на Вашем языке по телефону, чтобы помочь Вам поговорить с врачом.

Если Вам нужны материалы на другом языке или в другом формате. Мы может предоставить Вам материалы на языке или в формате, который Вам удобнее, в том числе напечатанные крупным шрифтом, шрифтом Брайля или в виде аудиозаписи. Обращайтесь в центр обслуживания участников плана по бесплатному телефону 1-877-542-9238.

Если Вам нужна дополнительная информация. Для получения дополнительной информации о нашем бесплатном телетайпе телетайпе, услугах устного перевода и многого другого зайдите на наш веб-сайт по адресу **myuhc.com/CommunityPlan**.

Hmong (Lus Hmoob):

Yog hais tias koj muaj teeb meem kev tsis hnov lus zoo, koj muaj peev xwm tau txais kev pab los ntawm xov tooj. Hu rau Lub Chaw Muab Kev Pab Cuam Feem TTY ntawm TTY 711. Thov kom lawv hu rau Lub Chaw Muab Kev Pab Cuam Rau Tswv Cuab (Member Services) tus xov tooj hu dawb ntawm 1-877-542-9238. Lawv mam pab txuas koj nrog peb tham. **Thaum teev txog ib qho kev teem caij sib ntsib nrog koj tus kws kho mob,** thov kom koj tus kws kho mob lub chaw ua hauj lwm tiv tauj rau peb Tus Kws Muab Kev Pab Kho Mob Lub Chaw Muab Kev Pab Cuam ntawm 1-877-542-9235. Lawv muaj peev xwm teeb tau qhov kev pab cuam feem TTY txhawm rau yuav siv nyob rau ncua caij nyoog koj qhov kev mus ntsib ntawd.

Yog hais tias koj tsis txawj hais Lus As Kiv, koj muaj peev xwm tau txais kev pab los ntawm xov tooj. Hu rau Lub Chaw Muab Kev Pab Cuam Rau Tswv Cuab (Member Services Center) tus xov tooj hu dawb ntawm 1-877-542-9238. Lawv muaj peev xwm cia koj tham nrog ib tus neeg hais ua koj yam lus. **Thaum teev txog ib qho kev teem caij sib ntsib nrog koj tus kws kho mob,** thov kom koj tus kws kho mob lub chaw ua hauj lwm tiv tauj rau peb Tus Kws Muab Kev Pab Kho Mob Lub Chaw Muab Kev Pab Cuam tus xov tooj hu dawb ntawm 1-877-542-9235. Lub Chaw Muab Kev Pab Cuam ntawd yuav muab ib tus neeg hais tau koj yam lus nyob rau hauv xov tooj txhawm rau pab koj sib tham nrog koj tus kws kho mob.

Yog hais tias koj xav tau cov ntaub ntawv sau ua lwm yam lus los sis lwm hom ntawv. Peb muaj peev xwm muab tau cov ntaub ntawv rau koj uas sau ua ib yam lus los sis hom ntawv uas yooj yim tshaj rau koj, muaj xam nrog rau cov ntawv sau ua daim loj, Cov Ntawv Xuas (Braille) los sis cov lus kaw ua suab. Hu rau Lub Chaw Muab Kev Pab Cuam Rau Tswv Cuab (Member Services Center) tus xov tooj hu dawb ntawm 1-877-542-9238.

Yog hais tias koj xav paub lus qhia ntxiv. Rau lus qhia meej tseeb ntxiv hais txog ntawm peb qhov TTY pab dawb, cov kev pab cuam ntsig txog kev txhais lus thiab ntau yam ntxiv, mus saib peb lub vas sab (website) tau rau ntawm **myuhc.com/CommunityPlan.**

Farsi (فارسی):

.دیریگب سامت TTY سیورس اب TTY 711 مرامش اب .دینک کمک تساوخرد نفلت قیرط زا دیناوت یم ،دیتسه یاونشل کشم راچد رگا
ماگنهرد .دننک یم رارقرب امش اب ار امش طابترا اهنآ .دنریگب سامت « اضعا تامدخ» اب 1-877-542-9238 مرامش اب هک دیهاوخب اهنآ زا
.دریگب سامت « هدنهد هئارا تامدخ زکرم» اب 1-877-542-9235 ناگیار مرامش اب هک دیهاوخب کشزپ بطم زا ،کشزپ زا نتفرگ تبون
.دینک هدافتسا TTY سیورس زا کشزپ هب هعجارم نایرج رد هک دنهد یبیترت دنناوت یم اهنآ

اضعا تامدخ» اب 1-877-542-9238 ناگیار مرامش اب .دینک کمک تساوخرد نفلت قیرط زا دیناوت یم ،تسین یسیلگنا امش نابز رگا
بطم زا ،کشزپ زا نتفرگ تبون ماگنهرد .دینک تبحص دوخ نابز مه درف کی اب ات دننک کمک امش هب دنناوت یم اهنآ .دیریگب سامت «
کی هک دهد یم یبیترت « زکرم» .دریگب سامت « هدنهد هئارا تامدخ زکرم» اب 1-877-542-9235 ناگیار مرامش اب هک دیهاوخب کشزپ
.دنک کمک کشزپ اب طابترا داجیا رد امش هب و دوش رضاح نفلت طخ یور امش نابز مه درف

حار ناتیارب هک یرگید بلاق ای نابز هب تاعلاطا هک میهد یبیترت میناوت یم ام .دیراد زاین یرگید بلاق ای نابز هب یرتشیب تاعلاطا هب رگا
سامت « اضعا تامدخ» اب 1-877-542-9238 ناگیار مرامش اب .دسرب امش تسد هب ،یتوص راون ای لیرب ،تشرد پاچ ًالثم ،تسا رتت
.دیریگب

امتیاس بو هب ،رگید دراوم و همجرت تامدخ ، امناگیار TTY مرابرد رتشیب تاعلاطا بسک یارب .دیراد زاین یرتشیب تاعلاطا هب رگا
.دینک هعجارم **myuhc.com/CommunityPlan** یناشن هب

Swahili (kiswahili):

Ikiwa una tatizo la kusikia, unaweza kupata msaada kwa kupiga simu. Piga simu kwa Huduma ya TTY kwa TTY 711. Waombe wapigie simu Huduma za Memba bila malipo kwa 1-877-542-9238. Watakuunganisha kwetu. **Unapoweka miadi na daktari wako**, ombe ofisi ya daktari wako iwasiliane na Kituo chetu cha Huduma za Mtoa Huduma kwa 1-877-542-9235. Wanaweza kupanga huduma ya TTY utakayotumia wakati wa ziara yako.

Ikiwa huzungumzi Kiingereza, unaweza kupata msaada kupitia kwa simu. Pigia Kituo cha Huduma za Memba bila malipo kwa 1-877-542-9238. Wanaweza kukuruhusu kuzungumza na mtu anayeelewa lugha yako. **Unapoweka miadi na daktari wako**, iombe ofisi ya daktari wako iwasiliane na Kituo chetu cha Huduma za Mtoa Huduma bila malipo kwa 1-877-542-9235. Kituo kitakupa mtu anayeielewa lugha yako kwenye simu ili akusaidie kuzungumza na daktari.

Ikiwa unahitaji nyaraka katika lugha au umbizo nyingine. Tunaweza kukupa nyaraka kwa lugha au umbizo ambayo ni rahisi kwako, ikiwemo maandishi makubwa yaliyochapishwa, Breli au kanda za sauti. Pigia Kituo cha Huduma za Memba bila malipo kwa 1-877-542-9238.

Ikiwa unataka taarifa zaidi. Kwa maelezo zaidi kuhusu huduma zetu za TTY, ukalimani na mengine mengi bila malipo, tembelea tovuti yetu katika **myuhc.com/CommunityPlan**.

If you get a bill for services

Hospitals and doctors cannot bill members for covered services. If you get a bill, call Member Services toll-free at **1-877-542-9238**, TTY **711**.

Keep a copy of the bill for yourself. We will review these bills to make sure the services are covered benefits. If they are covered, we will pay the health care provider right away. Call Member Services toll-free at **1-877-542-9238**, TTY **711**, with any questions.

Other health insurance (Coordination of Benefits – COB)

If you or anyone in your family has other health insurance, you must call Member Services and tell us about it. For example, if you have a health plan at work or if your children have insurance with their other parent, call Member Services.

If you have other insurance, UnitedHealthcare Community Plan and your other plan will share the cost of your care. This is called **Coordination of Benefits**. Together, both plans will pay no more than 100% of the bill.

If we pay the full bill and another party should pay part, we will contact the other plan. For example, if you are hurt in a car accident, auto insurance may pay some of your bills. You will not get a bill for covered services. We get the bill. If you get the bill by mistake, **call Member Services toll-free at 1-877-542-9238**, TTY **711**.

Updating your information

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

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

Please call Member Services toll-free at **1-877-542-9238**, TTY **711**, or the KanCare Clearinghouse at 1-800-792-4884 if any of this information changes. UnitedHealthcare Community Plan needs up-to-date records to tell you about new programs, to send you reminders about healthy checkups, and to mail you member newsletters, ID cards and other important information.

Other insurance

If you have any other insurance, call Member Services and let us know.

- If you are a KanCare member, your other health insurance will have to pay your health care bills first
- When you get care, always show both member ID cards (for UnitedHealthcare Community Plan and your other insurance)

Your opinion matters

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

- Call Member Services toll-free at **1-877-542-9238**, TTY **711**
- Write to us at:

  UnitedHealthcare Community Plan
  Attn: Marketing
  6860 West 115th Street
  Overland Park, Kansas 66211

Member Advisory Committee

We also have a Member Advisory Committee who meets every three months. If you'd like to join us, call Member Services.

Informed consent

Consent means you say "yes" to treatment. Informed consent means:

- The treatment was explained to you and you understand
- You say yes before getting any treatment
- You may need to say yes in writing
- If you do not want the treatment, your PCP will tell you about other options
- You have the right to say yes or no

Privacy of records

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

How we pay our providers

UnitedHealthcare Community Plan pays our network PCPs, specialists, hospitals and all other types of providers every time they see one of our members. This is known as fee-for-service. If you have any questions on provider reimbursements or incentive programs, you can call Member Services toll-free at **1-877-542-9238**, TTY **711**.

KanCare Ombudsman

The KanCare consumer Ombudsman is available to help consumers who receive long-term care and home and community-based services through KanCare with their rights and responsibilities. The Ombudsman can help you:

- When you need help with a concern or filing a grievance
- When you need help with a problem you can't solve by speaking with your KanCare plan
- When you do not think that you are getting the care that you need
- When you feel your rights are being violated

Call this toll-free number to reach the KanCare Ombudsman toll-fee: 1-855-643-8180.

Utilization management

UnitedHealthcare Community Plan does not want you to get too little care or care you don't need. We also have to make sure that the care you get is a covered benefit. Decisions about care are based only on appropriateness of care and coverage. We use a process called utilization management (UM). It helps us make sure you get the right care, at the right time and in the right place.

Only doctors and pharmacists do UM. We do not reward anyone for saying no to needed care. We do not give incentives to our reviewers for decisions that result in not enough care. If you have questions about UM, talk to our Medicaid Case Management staff. Call toll-free **1-877-542-9238** during normal business hours. TTY **711** and language help are available.

Quality program

Our Quality program can help you stay healthy by working with your doctor. It reminds you to get preventive tests and shots. We send reminders to you and your providers. These include lead tests, Pap tests, mammograms and shots to prevent diseases like polio, mumps, measles and chickenpox.

UnitedHealthcare Community Plan uses HEDIS® standards to help measure how we are doing with our quality program. HEDIS gives performance scores to help people compare managed care plans. HEDIS studies many areas, such as prenatal care and disease prevention.

UnitedHealthcare Community Plan wants to make sure you are happy with the services you get from your doctor and from us. To do this, we look at CAHPS® data. CAHPS stands for Consumer Assessment of Healthcare Providers and Systems. This survey asks questions to see how happy you are with the care you get. If you get a member survey in the mail, please fill it out and return it to us at:

UnitedHealthcare Community Plan
Attn: Quality
6860 West 115th Street
Overland Park, Kansas 66211

UnitedHealthcare Community Plan looks at the results of HEDIS and CAHPS. Then we share the results with our providers. We work with providers to make sure services add to your health care in a positive way.

If you want to know more about the Quality program, call Member Services toll-free at **1-877-542-9238**, TTY **711**.

Safety and protection from discrimination

Patient safety is very important to us. Although we do not direct care, we want to make sure that our members get safe care. We track quality-of-care, develop guidelines on safe care and give information on patient safety. We also work with hospitals, doctors and others to improve coordination between sites of care. If you want more information, call Member Services toll-free at **1-877-542-9238**, TTY **711**.

UnitedHealthcare Community Plan and its providers may not discriminate due to age, race, ethnicity, sex or religion. UnitedHealthcare Community Plan providers must follow the Americans with Disabilities Act. They may not discriminate on the basis of health or mental health, need for health care or pre-existing conditions. If you think you have been subject to any form of discrimination, call Member Services toll-free at **1-877-542-9238**, TTY **711**, immediately.

Clinical practice guidelines and new technology

UnitedHealthcare Community Plan gives our providers clinical guidelines. These have information on the best way to provide care for some conditions. Each guideline is a standard of care in the medical profession. This means other doctors agree with that approach.

If you have any questions about UnitedHealthcare Community Plan's clinical guidelines or would like a copy of a guideline, call Member Services toll-free at **1-877-542-9238**, TTY **711**. You can also find the clinical guidelines on our website at **myuhc.com/CommunityPlan**.

New technology assessment

Some medical practices and treatments are not yet proven to be effective. New practices, treatments, tests and technologies are reviewed nationally by UnitedHealthcare Community Plan to decide on coverage. They are reviewed by a committee of UnitedHealthcare Community Plan doctors, nurses, pharmacists and guest experts. They make the final decision about coverage. If you want more information, call us toll-free at **1-877-542-9238**, TTY **711**.

Advance Directives

You have the right to make care decisions even when you can't speak for yourself. You can do this by making an Advance Directive. This is a written or oral statement that is made and witnessed in advance of illness or injury. It tells others how you want health care decisions made when you are not able to make them yourself.

Kansas law allows two types of Advance Directives:

1. Living Will
2. Durable Power of Attorney for Health Care Decisions

You can find information and forms on Advance Directives on our website. Visit **https://www.uhccommunityplan.com/ks/medicaid/community-plan**. Click on Advance Directive/Power of Attorney Forms. You will find a link to the State of Kansas website with details. More information about Advance Directives can be found at: **https://www.kansaslegalservices.org/topics/129**.

Living Wills

A Living Will states the kind of health care you want or do not want if you are not able to make your own decisions. It is called a Living Will because it takes effect while you are still living. You may wish to talk to a lawyer or provider to be sure your wishes are clear.

The Kansas Natural Death Act, K.S.A. 65-28,101, et seq. says adults have the right to control decisions for their own medical care. This includes the right to withhold treatment in case of a terminal condition. Any adult may make a Living Will. A Living Will must be:

1. In writing
2. Dated and signed by the adult making the declaration
3. Signed by two adult witnesses or notarized

The law says that relatives by blood or marriage, heirs or people who are responsible for paying for the medical care may not be witnesses. It says the Living Will has no effect during pregnancy.

The will may be revoked in three ways:

1. Destroy the declaration
2. Sign and date a written revocation
3. Speaking an intent to revoke in front of an adult witness. The witness must sign and date a written statement that the will was revoked.

Before the Living Will becomes effective, two doctors must state that the patient has a terminal condition. The **Kansas Natural Death Act** outlines doctor duties. It provides for penalties for violations of these laws. The law also allows for a conscientious objection. One type of conscientious objections is institution-wide, where it is a policy of the institution. And the second is an individual physician, where the physician objects. We do not limit coverage of services based on any conscientious objections and therefore, no medical conditions or procedures are impacted.

Durable Power of Attorney

A Durable Power of Attorney for Health Care lets you name someone to make medical decisions if you cannot speak for yourself. This can include decisions about life support. The person you appoint is called an agent. He or she can speak for you at any time you are unable to make your own decisions, not just at the end of your life. The Power only takes effect when the adult is disabled unless it states that it should take effect earlier. The document can also state any treatment you want to avoid.

You can access forms for a Durable Power of Attorney in Kansas by visiting: **https://www.kansaslegalservices.org/topics/129**.

The Durable Power of Attorney may give the agent any or all of these rights:

1. To consent or to refuse consent to medical treatment
2. To make decisions about donating organs, autopsies and disposition of the body
3. To arrange for hospital, nursing home or hospice care
4. To hire or fire doctors and other health care providers
5. To sign releases and get information about the patient

The Power may not give the agent the power to revoke the adult's Living Will under the Kansas Natural Death Act. A health care provider treating an adult may not be that person's agent, except in some cases.

The Durable Power of Attorney should be:

1. In writing
2. Signed by the adult making the statement
3. Dated
4. Signed by two adult witnesses or notarized

Relatives by blood or marriage, heirs or people who are responsible for paying for the medical care may not serve as witnesses.

At the time the Power is written, the adult should state how the Power may be revoked.

Questions about Advance Directives

Can I change my mind after I write a Living Will or a Durable Power of Attorney?

Yes, you may change or cancel these documents at any time. The desires of a patient always supersede the declaration. A competent patient can revoke his or her Living Will at any time. If a patient is incompetent, the declaration will be presumed to be valid.

What should I do with my Advance Directive?

Make sure that someone such as a provider, attorney or relative knows that you have an Advance Directive. Tell them where it is located. Consider:

- If you have made a Durable Power of Attorney, give a copy of it to that person
- Give a copy of your Advance Directive to your provider
- Keep a copy of your Advance Directive in a place where it can easily be found
- Keep a card in your purse or wallet stating that you have an Advance Directive and where it is located
- If you change your Advance Directive, make sure your provider, attorney and/or relative has the latest copy

How can I make an Advance Directive?

You can talk with your doctor, attorney or go to **https://www.kansaslegalservices.org/topics/129** to find Advance Directive forms you can download.

Does my doctor have to follow my Advance Directive?

Yes. You have a right to choose a new provider if the one you have cannot honor your Advance Directive wishes due to objections of conscience. For more information, ask those in charge of your care or call Member Services.

If you think your provider is not following Advance Directive laws and rules, you may file a complaint. Call the Consumer Complaint Hotline toll-free at **1-800-324-8680**. You may also file a complaint with the DOH, Office of Health Care Assurance toll-free at 1-808-692-7227.

Do I have to write an Advance Directive under Kansas law?

No. If you have not made an Advance Directive, health care decisions may be made for you.

Psychiatric Advance Directive

This lets you say what psychiatric or substance use care you want if you cannot make decisions. It can say who you want to have power of attorney for your health care. It can say what treatments or drugs you would allow when you can't make decisions.

Give your provider a copy of this form. They will share it with other providers who care for you. Some states do not accept the Psychiatric Advance Directive. Here is the link to access forms by state.

- Advance Directives **http://www.nrc-pad.org/**

Fraud and abuse

It is a criminal act to knowingly get KanCare coverage with false information. It is also against the law:

- To help someone else get KanCare coverage with false information
- To misrepresent or conceal any fact that would cause KanCare to provide coverage when a person is not eligible
- To get or help someone get more benefits than they should get
- For a person or business to make a false statement about a person's health or eligibility for insurance

Penalties range from paying back KanCare and UnitedHealthcare Community Plan to jail time. Providers can be banned from the KanCare program, as well as other penalties.

Some examples of fraud and abuse are:

- Billing or charging you for services your plan covers
- Offering you gifts or money to get care
- Offering you free services, equipment or supplies in exchange for your KanCare member ID number
- Giving you care you don't need
- Using another person's UnitedHealthcare Community Plan ID card

If you suspect provider fraud or abuse, call UnitedHealthcare Community Plan's hotline at 1-877-766-3844. You do not have to give your name. If you do give your name, the provider will not be told you called.

If you would like to contact the State of Kansas, call **Fraud Control** at 1-785-368-6220.

Lock-In education

Members who qualify for Lock-In will be referred to a Care Coordinator (CC). The CC will educate the member for 3 months on proper use of health care services. The CC will also refer the member to other support services. After this education, the member's use of services and/or behaviors will be reviewed to decide on placement in the Lock-In Program.

Lock-In enrollment

The Lock-In Program means the member must see one Lock-In Primary Care Provider (PCP). The PCP provides and/or directs care to specialists. Lock-in members must use one hospital for all non-urgent care. They must use one pharmacy for all medications. Initial Lock-In is for 24 months. This may be extended. A lock-in member will need to pay any bill when they chose to see a PCP who is not their Lock-In PCP. This is called balanced billing.

A member may be placed in the Lock-In Program for any of the following reasons:

1. Abusive or threatening conduct, such as threats of harm to staff or providers
2. Fraud or abuse of medical benefits
3. Persistent non-compliance or overuse of services
4. Upon request from KDADS or KDHE

Lock-In disenrollment

When a member has completed 24 months in the Lock-In Program, their case will be reviewed. The Lock-In Committee may release the member from the Lock-In Program if behaviors have been corrected.

The member will be sent an "End Placement" letter giving the date of release from the Lock-In Program.

Reporting abuse, neglect and exploitation

Reports of abuse, neglect and exploitation of an adult or child may be made to the Kansas Protection Report Center. Go online at **http://www.dcf.ks.gov/services/pps/Pages/KIPS/KIPSWebIntake.aspx** or call toll-free 1-800-922-5330.

Member rights and responsibilities

If you have any questions, call us toll-free at 1-877-542-9238, TTY 711.

Members have the right to:

- Get information about UnitedHealthcare Community Plan, our services, our providers and member rights and responsibilities
- Be treated with respect, dignity and privacy by UnitedHealthcare Community Plan staff and providers. Treatments and tests must be kept private.
- Voice concerns about your care, file grievances and appeals about your plan or care and get timely responses
- Get information on care options in a way that you can understand, regardless of cost or coverage
- Work with your doctor and other caregivers to make decisions about care. This includes the right to refuse treatment.
- Be informed of, and refuse, any experimental treatment
- Have decisions on coverage and claims done by regulatory standards
- Make an advance directive to say the care you want if you cannot state your wishes
- Be free from any form of restraint or seclusion used for coercion, discipline, convenience, retaliation or abuse or neglect

- Get a copy of your medical records. Ask that they be amended.
- Use any hospital or facility for emergency care
- Refuse any care you object to on religious grounds
- Give your ideas for the rights and responsibilities of members
- Get notice at least 30 days in advance of any significant change to the health plan procedures
- Be free to exercise your rights with no negative impact to how you are treated by your provider or the health plan
- Request a copy of your case file free of charge

Members have the responsibility to:

- Be aware of and understand your health issues. Participate in setting goals for treatment.
- Know your benefits before getting treatment
- Contact a health care provider when you have a medical need
- Show your ID card before you get care
- Check that your provider is in the UnitedHealthcare Community Plan network
- Learn about UnitedHealthcare Community Plan procedures
- Use ER services only for injury or illness that, if not treated right away, could pose a serious threat to your life or health
- Keep all your appointments
- Provide the information that is needed for your care
- Follow the instructions for care that you have agreed to with your practitioner
- Notify Member Services of a change in address, family status or other coverage information
- Notify Member Services if your ID card is lost or stolen
- Notify UnitedHealthcare Community Plan if you have a Workers' Comp claim, a personal injury or malpractice law suit, or have been in a car accident. Also immediately notify the KDHE-DHCF Medical Unit, TPL manager about this claim.
- Never give your ID card to someone else to use

Grievances, appeals and State Fair Hearings

If you have any questions about grievances, appeals or State Fair Hearings, call us toll-free at 1-877-542-9238, TTY 711. Interpreter services are also available free of charge.

What is a grievance?

A grievance is when you are unhappy about any matter other than an Adverse Benefit Determination. You may file a grievance if you do not agree with a decision made by UnitedHealthcare. If you are unhappy or concerned about the quality of care you received, you can file a grievance to be referred to our Medical Peer Review Committee. You may file a grievance at any time.

Here are some examples:

- You are unhappy or concerned with the quality of your care
- The doctor you want to see is not a UnitedHealthcare Community Plan doctor
- You cannot get culturally competent care
- You got a bill for a service that should be covered by UnitedHealthcare Community Plan
- Rights and dignity
- Any other issues about access to care

What should I do if I have a grievance?

You may file a grievance if you disagree with a decision made by UnitedHealthcare Community Plan. You or someone acting for you can file the grievance. You can request a grievance in the following ways:

Call Member Services toll-free:

1-877-542-9238, TTY **711**

In writing:

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

Online:

myuhc.com

In person during normal business hours (8:00 a.m.–5:00 p.m. CST):

UnitedHealthcare Community Plan – KS
6860 West 115th Street
Overland Park, Kansas 66211

If you need help, call Member Services toll-free at **1-877-542-9238**, TTY **711**. Or online at **myuhc.com** > Appeals & Grievance Forms.

If someone else is going to file for you, we need your written permission. If you are a person with disabilities, you may call UnitedHealthcare Community Plan toll-free at **1-877-542-9238**, TTY **711** to file a grievance. If you file a grievance, we will send you a letter within 10 calendar days telling you that we got your grievance. We will review your grievance. We will send our decision within 30 calendar days of getting your grievance. We will send you a letter with the decision.

What is an appeal?

An appeal is when you ask for a review of an adverse benefit determination. An adverse benefit determination is when we:

- Deny or limit a service you want
- Reduce, suspend or terminate payment for a service you are getting
- Fail to authorize a service in the required time
- Fail to respond to a grievance or appeal in the required time

How do I file an appeal with UnitedHealthcare Community Plan?

You or someone acting for you can file an appeal. You can request an appeal in the following ways:

Call Member Services toll-free:

1-877-542-9238, TTY **711**

In writing:

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

In person during normal business hours (8:00 a.m.–5:00 p.m. CST):

UnitedHealthcare Community Plan – KS
6860 West 115th Street
Overland Park, Kansas 66211

You have sixty-three (63) calendar days from the sent date on the notice of adverse benefit determination to file an appeal. If you need help, call Member Services toll-free at **1-877-542-9238**, TTY **711**. Or online at **myuhc.com** > Appeals & Grievance Forms.

If someone else is going to file for you, we need your written permission.

If you file an appeal, we will send you a letter within 5 calendar days telling you that we got your appeal.

We will review your appeal. The person who reviews your appeal will be a new person who has not previously reviewed it and will have the right level of clinical expertise. We will send you a decision within 30 calendar days of getting the appeal. The letter will tell the reason for our decision. We will tell you what to do if you don't like the decision. When your appeal is decided, we will send you a written Notice of Appeal Resolution. This will have the date that the appeal was decided. It will say why we made the decision and how you can look over the reason for decision.

You can present evidence to support your appeal in writing. You may request a copy of your case file free of charge. You can also ask for and be given reasonable access to all documents, records, and other information relevant to your Adverse Benefit Determination. This is all free of charge. This information includes what information was used to determine your medical needs. It also includes the processes, strategies, or standards used in setting coverage limits.

If you would like to look at your case file before or during your appeal, call Member Services toll-free at **1-877-542-9238**, TTY **711** to request your case file. It will take time for UnitedHealthcare to send your case files once you have requested them. Please make your request as soon as possible. A timely request will help you have the time you need to review before the resolution of your appeal. If your appeal is ruled in your favor, we will pay for those services.

What can I do if I need immediate care?

If you or your doctor wants a fast decision because your health is at risk, call Member Services toll-free at **1-877-542-9238**, TTY **711** for an expedited review. UnitedHealthcare Community Plan will call you with our decision within 72 hours of getting your request. This time may be extended up to 14 calendar days if you ask for this or if we show a need for more information and the delay is in your interest. UnitedHealthcare will make reasonable efforts to provide oral notice of the delay. Extensions are approved by the State of Kansas. You will get a notice of the reason for the extension if it is approved.

You will get a letter with our decision and the reason for our decision. We will tell you what to do if you don't like the decision.

Continuation of care

You may be able to have your services continued during an appeal. Waiver benefits will continue until a decision is made if the member or their representative filed an appeal for waiver benefits within sixty-three (63) calendar days from the sent date on the notice of adverse benefit determination. For non-waiver members, benefits continue until a decision is made only if the member or their representative asks for the benefits to be continued within 10 calendar days from the date the notice of adverse benefit determination is sent or before the notice of adverse benefit determination says your services will end. Services must have been ordered by an approved provider.

HCBS appeals

If your appeal about a reduction in HCBS waiver benefits is denied, you will not have to repay UnitedHealthcare Community Plan for the service(s) continued during the appeal, unless fraud is present.

Deemed exhaustion

Failure of United Healthcare to adhere to the notice and timing requirements listed above, means that the Member is deemed to have exhausted the appeals process and the Member may initiate a State Fair Hearing. In these situations, the Member will be notified in writing of the deemed exhaustion and next steps. Receipt of this notice is not required before a member can submit a request for a State Fair Hearing.

Provider's external independent third-party review

A provider may appeal a denial by UnitedHealthcare Community Plan of a new healthcare service. If a provider appeals the denied service, members will receive a letter from the external reviewer that contains the external review decision. Following that, UnitedHealthcare Community Plan will issue a notice that includes your right to request a state fair hearing regarding the external reviewer's decision within 33 calendar days of the date on the MCO's notice of external review decision.

How do I file a State Fair Hearing request?

You or your representative can ask the Kansas Office of Administrative Hearings to review UnitedHealthcare Community Plan's decision by asking for a State Fair Hearing.

- You must complete a UnitedHealthcare appeal before you can request a State Fair Hearing
- The Kansas Office of Administrative Hearings must get your request within 120 calendar days from the date of the Notice of Appeal Resolution, plus an additional 3 calendar days to allow for mailing/sending of the notice
- There are three ways to ask for a State Fair Hearing:
  1. Call UnitedHealthcare Community Plan toll-free at **1-877-542-9238**, TTY **711**
  2. Complete the Request for Administrative Hearing form found online at **https://www.oah.ks.gov/Home/Forms** and mail it to:
     Office of Administrative Hearings
     1020 S. Kansas Ave.
     Topeka, KS 66612
  3. By fax — Office of Administrative Hearings 785-296-4848

How do I request disenrollment from my plan?

Disenrollment

You may ask to disenroll from UnitedHealthcare Community Plan with or without cause by calling Member Services toll-free at **1-877-542-9238** or the KanCare Clearinghouse toll-free at 1-800-792-4884. KanCare program procedures must be followed for all disenrollment requests. Your disenrollment must be allowed on the state Enrollment file. A request for disenrollment must be directed to KanCare either orally or in writing. We will ensure your right to disenroll is not restricted in any way.

You may request disenrollment **without cause** at the following times:

- During your 90 calendar day enrollment period
- During the annual open enrollment

You may request disenrollment **with cause** at any time. The State will decide if a member should be disenrolled if:

- You need related services to be performed at the same time and not all related services are available within the network and your PCP or another provider determines receiving the services separately would subject you to unnecessary risk
- Poor quality of care, lack of access to services covered under the plan, or lack of access to providers experienced in dealing with the member's health care needs
- You transfer to a Medical eligibility category not included in benefits
- You no longer reside in the State of Kansas due to a move out of state or out of the country
- You no longer qualify for medical assistance under Medicaid
- UnitedHealthcare Community Plan does not, because of moral or religious objections, cover the service you want
- You are placed in an adult or juvenile correctional facility

Glossary/important terms

Abuse: Harming someone on purpose. (This includes yelling, ignoring a person's need and improper touching.) For a complete definition of abuse, see State and Federal regulations.

Advance Directive: A decision you make ahead of time about your health care in case you cannot speak for yourself. This will let your family and doctors know what decisions you would make.

Adverse Benefit Determination: Care provided to persons sufficiently ill or disabled requiring:

1. The denial or limited authorization of a requested service, including the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
2. The reduction, suspension, or termination of a previously authorized service;
3. The denial, in whole or in part, of payment for a service;
4. The failure to provide services in a timely manner, as defined by the State;
5. The failure of United Healthcare to act within the timeframes provided in 42 CFR § 438.408(b)(1) and (2) regarding the standard resolution of Grievances and Appeals;
6. For a resident of a rural area, the denial of a member's request to exercise his/her right, under 42 CFR § 438.52(b)(2)(ii), to obtain services outside the network; or
7. The denial of a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

Appeal: A request for a review of an Adverse Benefit Determination.

Authorization: An okay or approval for a service.

Benefits: The services, procedures and medications UnitedHealthcare Community Plan will cover for you.

Certified Nurse Midwife (CNM): An individual certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice by the State Board of Nursing.

Client obligation: Is the cost share where a member is using home and community based services (HCBS) or also known as an HCBS waiver. These individuals must pay part of their client cost share to a provider.

Clinical Case Management: One-on-one help by a nurse to help with health problems and UnitedHealthcare Community Plan benefits.

Copayment: Money a member is asked to pay for a covered health service, when the service is given.

Disenrollment: To stop your membership in UnitedHealthcare Community Plan.

Durable Medical Equipment: Equipment and supplies ordered by a health care provider for a medical reason for repeated use.

Emergency Ambulance Services: Transportation by an ambulance for an emergency condition.

Emergency Medical Condition/Emergency: A sudden change in a person's physical or mental state. This could be an illness, injury, symptom or condition (including severe pain) that a reasonable person could expect that not getting medical attention right away would:

- Put the person's health in danger; or
- Put a pregnant woman's baby in danger; or
- Cause serious damage to bodily functions; or
- Cause serious damage to any body organ or body part; or
- Cause loss of life or limb.

Emergency Medical Transportation: See Emergency Ambulance Services.

Emergency Room Care: Care you get in an emergency room.

Emergency Services: Services to treat an emergency condition.

Excluded Services: See Excluded.

Excluded: Services that KanCare does not cover.

Fraud: An untruthful act. (Example: if someone uses your ID card and pretends to be you.)

Free-Standing Birthing Centers: Out-of-hospital, outpatient obstetrical facilities. These facilities are staffed by registered nurses to provide assistance with labor and delivery services and are equipped to manage uncomplicated, low-risk labor and delivery.

Grievance: A statement of dissatisfaction about any matter other than an Adverse Benefit Determination.

Habilitation Services and Devices: See Habilitation.

Habilitation: Services that help a person get and keep skills and functioning for daily living.

Health Information: Facts about your health and care. This may come from UnitedHealthcare or a provider. It may be about your physical or mental health or payment for care.

Health Insurance: Coverage of costs for health care services.

High-Risk Pregnancy: Refers to a condition in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery.

Home Health Services: Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor's order.

Hospice Services: Comfort and support services for a member deemed by a Physician to be in the last stages (six months or less) of life.

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

Hospitalization: Being admitted to or staying in a hospital.

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

Immunization: A shot that protects from a disease. Children need shots at certain ages. These are often given during regular doctor visits.

Informed Consent: A statement that you agree to medical treatment and understand the benefits, risks and side effects.

In-Network Provider: Doctors, specialists, hospitals, pharmacies and other providers who have an agreement with UnitedHealthcare Community Plan to give care to members.

Inpatient: When you are admitted to a hospital. Or services you get after being admitted to a hospital.

Maternity Care: Includes identification of pregnancy, prenatal care, labor/delivery services, and postpartum care.

Medically Necessary: This means a service that:

1. Is to prevent, diagnose or treat a physical or mental illness or injury; foster proper development, minimize a disability or maintain or regain function
2. Cannot be omitted without adversely affecting the condition or the quality of medical care
3. Is given in the most appropriate setting

Member: A person enrolled in KanCare with UnitedHealthcare Community Plan.

Network: Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.

Non-Participating Provider: See Out of Network Provider.

Out of Network Provider: A health care provider that has a provider agreement with KanCare but does not have a contract with UnitedHealthcare. You may be responsible for the cost of care for out-of-network providers.

Outpatient: When you have care that does not need an overnight hospital stay.

Participating Provider: See In-Network Provider.

Patient liability: is usually where a member is in a nursing home or other long-term institution. These individuals must pay part of their income to the facility.

Physician Services: Health care services given by a licensed physician.

Plan: See Service Plan.

Postpartum: The time after childbirth.

Preauthorization: See Prior Authorization.

Premium: The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.

Prenatal Care: Health services during pregnancy which is composed of three major components:

1. Early and continuous risk assessment,
2. Health education and promotion, and
3. Medical monitoring, intervention, and follow-up.

Prescription Drug Coverage: Prescription medications paid for by your health plan.

Prescription Drugs: Medications ordered by a health care professional and dispensed by a pharmacist.

Primary Care Physician: A doctor who is responsible for managing and treating the member's health.

Primary Care Provider (PCP): A person who is responsible for the management of the member's health care. A PCP may be a:

- Person licensed as an allopathic or osteopathic physician, or
- Practitioner defined as a physician assistant licensed, or
- Certified nurse practitioner.

Prior Authorization: The process your doctor uses to get approval for services.

Provider or Practitioner: A person or facility who offers care. (This may be a doctor, pharmacy, dentist, clinic, hospital, etc.)

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

Referral: When your PCP sends you to a network specialist.

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

Rehabilitation Services and Devices: See Rehabilitation.

Rehabilitation: Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

Service Plan: A written description of covered health services, and other supports which may include:

- Individual goals;
- Family support services;
- Care coordination; and
- Plans to help the member better their quality of life.

Skilled Nursing Care: Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

Special Needs Unit (SNU): A service to help you use your benefits if you have a disability or other special need.

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

Spenddown: A spenddown is similar to an insurance deductible. The member is responsible for the spenddown amount and the Medicaid pays for medical bills over that amount. A spenddown can be set up for you if you are in one or more of the following groups: pregnant women, children under the age of 19, seniors age 65 and over, persons determined disabled by Social Security. People in long term care don't usually have a spenddown.

Urgent Care: Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

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, we[1] 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.

- **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.; United Healthcare 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**.

Financial Information Privacy Notice

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2023

We[2] 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**.

UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability, sexual preference, gender preference or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability, sexual preference, gender preference or national origin, you can send a complaint to:

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

UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY **711**, 8 a.m.–6 p.m., Monday–Friday.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online:
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html

Phone:
Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

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

If you need help with your complaint, please call the toll-free member phone number listed on your member ID card.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY **711**, 8 a.m.–6 p.m., Monday–Friday.

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ATTENTION: If you speak English language assistance services, free of charge, are available to you. Call **1-877-542-9823, TTY 711**.

ATENCIÓN: Si habla **español (Spanish)**, los servicios de asistencia de idiomas están disponibles para usted sin cargo. Llame al **1-877-542-9238, TTY 711**.

LƯU Ý: Nếu quý vị nói **tiếng Việt (tiếng Việt)**, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-877-542-9238, TTY 711**.

注意：如果您說**中文 (Chinese)**，您可獲得免費語言協助服務。請致電 **1-877-542-9238**，**聽障專線 (TTY) 711**。

HINWEIS: Wenn Sie **Deutsch (German)** sprechen, stehen Ihnen kostelose Sprachdienste zur Verfügung. Rufen Sie **+1 877-542-9238, TTY 711** an.

참고: **한국어 (Korean)**를 구사하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. **1-877-542-9238(TTY 711)**번으로 전화하십시오.

wrong: ເຊີນຊາບ: ຖ້າທ່ານເວົ້າ**ພາສາລາວ (Laotian)**, ພວກເຮົາມີບໍລິການພາສາໂດຍບໍ່ຕ້ອງເສຍຄ່າໃດໆໃຫ້ແກ່ທ່ານ. ໂທຫາ **1-877-542-9238, TTY 711**.

إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية تتوفر لك مجاناً. اتصل على الرقم **1-877-542-9238 الهاتف النصي 711**

ATENSYON: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may magagamit kang mga serbisyo na pantulong sa wika, nang walang bayad. Tumawag sa **1-877-542-9238, TTY 711**.

သတိမူရန်-အကယ်၍ သင်သည် မြန်မာ (ဗမာ) **(Burmese)** စကားပြောလျှင် ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့မှု ဝန်ဆောင်မှုများကို သင်အခမဲ့ ရရှိနိုင်ပါသည်။ **1-877-542-9238**၊ **TTY 711** သို့ ဖုန်းခေါ်ဆိုပါ။

ATTENTION : si vous parlez **français (French)**, vous pouvez obtenir une assistance linguistique gratuite. Appelez le **1-877-542-9238, ATS 711**.

注意：**日本語 (Japanese)** を話される場合は、言語支援サービスを無料でご利用頂けます。電話番号**1-877-542-9238**、または**TTY 711**にご連絡ください

ВНИМАНИЕ! Если Вы говорите **по-русски (Russian)**, Вы можете бесплатно воспользоваться помощью переводчика. Звоните по телефону **1-877-542-9238, TTY 711.**

LUS TSHWJ XEEB: Yog hais tias koj hais lus **Hmoob (Hmong)**, peb muaj cov kev pab cuam txhais lus pub dawb rau koj. Hu rau **1-877-542-9238, TTY 711**.

توجه: اگر به زبان فارسی **(Farsi)** صحبت می کنید، خدمات ترجمه به صورت رایگان به شما ارائه خواهد شد. لطفا با شماره تلفن **1-877-542-9238. TTY 711** تماس بگیرید.

TANABAHI: Ikiwa unazungumza **Kiswahili (Swahili)**, huduma za usaidizi wa lugha zinapatikana kwako bila malipo. Piga simu kwa **1-877-542-9238, TTY 711**.

We’re here for you

Remember, we’re always ready to answer any questions you may have. Just call Member Services toll-free at **1-877-542-9238**, TTY **711**. You can also visit our website at **myuhc.com/CommunityPlan**.

UnitedHealthcare Community Plan
6860 West 115th Street
Overland Park, Kansas 66211

myuhc.com/CommunityPlan

Toll-free **1-877-542-9238**, TTY **711**

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