PENNSYLVANIA

UnitedHealthcare Community Plan

Medicaid Member Handbook

UnitedHealthcare®
Community Plan

Telephone Numbers

Member Services
(8 a.m. to 5 p.m. Monday through Friday) 1-800-414-9025
TTY: 711

Special Needs Services 1-877-844-8844

Healthy First Steps 1-800-599-5985

Fraud and Abuse Hotline . . . . . 1-877-401-9430.

Website www.uhccommunityplan.com

Your Health Providers

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Room: _____ Phone: _____

Pharmacy: _____ Phone: _____

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Important Terms

Abuse: harming someone on purpose (this includes yelling, ignoring a person's need and inappropriate touching).

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

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

Benefits: services, procedures and medications that are covered by your membership.

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

Complaint: when you tell UnitedHealthcare you are unhappy or do not agree with a decision by UnitedHealthcare Community Plan, the health plan's policies or a provider.

Disenrollment: to stop your membership.

Emergency: a sudden and, at the time, unexpected change in a person's physical or mental condition which, if a procedure or treatment is not performed right away, could be expected to result in 1) the loss of life or limb, 2) significant impairment to a bodily function, or 3) permanent damage to a body part.

Fraud: any type of intentional deception or misrepresentation made by an entity or person with the knowledge that the deception could result in some unauthorized benefit to the entity, himself or herself, or some other person in a managed care setting. Fraud can be committed by anyone, including managed care plans, providers, state employees and members.

Grievance: when you tell us in writing that you disagree with a decision UnitedHealthcare Community Plan made about services your doctor requested for you.

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

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

Immunization: a shot that protects, or "immunizes," a member from a disease. Children should receive different shots at different ages. These shots are often given during regular doctor visits.

Informed Consent: understanding and agreeing to treatment before you receive it. You may have to agree in writing. You have the right to say yes or no. If you do not want the treatment, your PCP will give you other choices.

In-Network: doctors, specialists, hospitals, pharmacies and other providers who have an arrangement with UnitedHealthcare Community Plan to provide health care services to members.

Inpatient: what you are called when you are admitted into a hospital for a length of time.

Medically Necessary: a service is medically necessary if it will or is reasonably expected to 1) prevent the onset of an illness, condition or disability, 2) reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability, or 3) help a member achieve or maintain maximum functional capacity in performing daily activities, taking into account both personal and typical expectations.

Member: an eligible person enrolled with UnitedHealthcare Community Plan in the Medical Assistance program.

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

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

Prescription: a doctor's written instructions for medication or treatment.

Primary Care Provider (PCP): a doctor you choose to be your physician. These physicians are not employees of UnitedHealthcare.

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

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

Prior Authorization: when your doctor gets approval for services that need a detailed review before being covered.

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

Self-Referral Services: services for which you do not need a referral from your PCP before receiving.

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

Urgent Care: when you need care, treatment or medical advice within a 24-hour time period.

Rights and Responsibilities

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

- To receive information about UnitedHealthcare Community Plan, its services and benefits, network health care providers, how to file complaints and grievances and other information about UnitedHealthcare Community Plan and the member's rights and responsibilities.
- To receive materials and information that is readable and in an alternative format or language.
- To have your personal and health information kept private.
- To request an accounting of disclosures of protected health information.
- To request that UnitedHealthcare Community Plan amends certain protected health information.
- To be treated with courtesy, consideration, respect and dignity.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To expect that your records and anything you say to your doctor will be treated confidentially and will not be released without your consent.
- To receive information that you can understand about available treatment options and alternatives.
- To participate in decision making regarding your health care. This includes open discussion of appropriate or medically necessary treatment options and alternatives suitable for your condition, regardless of cost or benefit coverage. This includes the right to refuse treatment.
- To know what treatment you will receive, what the expected outcome is, what risks there are and the side effects.
- To ask for a second opinion about any medical treatment or procedure you are offered.
- To voice a complaint or grievance with or about UnitedHealthcare Community Plan or care provided and to receive timely response.
- To file a fair hearing appeal with the Department of Public Welfare.
- To offer suggestions for changes in UnitedHealthcare Community Plan's member rights and responsibilities.
- To receive health care services without discrimination based on race, color, ethnicity, age, mental or physical disability, religion, gender, sexual orientation, national origin or income.
- To choose your own PCP within the limits of the UnitedHealthcare Community Plan network, including the right to refuse the care of specific providers.
- To request and receive a copy of your medical records according to applicable federal and state laws.
- To expect that your written permission will be obtained before we give out your medical information to anyone except

those directly providing your care except for purpose specifically permitted by state and federal laws such as to make sure that UnitedHealthcare Community Plan members are getting quality care.

- To make an advance directive that tells others about the types of health care you want to receive when you are unable to speak for yourself.
- To receive information on the cost of your care.
- To exercise your rights freely, without it adversely affecting the way UnitedHealthcare Community Plan, its providers and state agencies treat you.

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

- To carry your UnitedHealthcare Community Plan card at all times.
- To learn and follow UnitedHealthcare Community Plan rules.
- To supply information to UnitedHealthcare Community Plan and your provider as well as let UnitedHealthcare Community Plan, your case worker and your provider know about important changes such as changes in your name, address and telephone number that are needed in order to provide you care.
- To get medical services from UnitedHealthcare Community Plan providers.
- To get an authorization from your PCP before you see a consultant or specialist except for dental, family planning, vision care, chiropractic services or OB/GYN services.
- To use the emergency room only in cases of an emergency.
- To treat your health care providers with courtesy, consideration, respect and dignity. This includes scheduling appointments, arriving on time for scheduled appointments and canceling appointments when you cannot keep them.
- To request protected health information by calling the UnitedHealthcare Community Plan Member Helpline at 1-800-414-9025.
- To ask questions to understand your health problems and work with your provider and UnitedHealthcare Community Plan to develop agreed upon treatment goals.
- To follow treatment plans and instructions for care that you have agreed on with your provider.
- To learn about any procedure or treatment and to think about it before it is done.
- To learn about any procedure or treatment and to think about the outcome of refusing treatment that is suggested.
- To consider your health care choices carefully.
- To state your complaints and concerns in a polite and appropriate way.
- To report your symptoms, problems and related health information to your PCP.
- To tell your PCP about yourself and to sign consent forms so that your PCP can get a copy of your old records.

Welcome to UnitedHealthcare Community Plan

UnitedHealthcare Community Plan is a health care plan for people eligible for Medical Assistance. UnitedHealthcare has offered quality health care to Philadelphia residents since 1989 through the HealthPASS program. Today, as a licensed health maintenance organization (HMO), UnitedHealthcare Community Plan works to improve the health and well-being of our members and their communities.

If you already chose UnitedHealthcare Community Plan as your health plan, this handbook will help you use your UnitedHealthcare Community Plan benefits. Read this handbook carefully. UnitedHealthcare Community Plan may not cover all of your health care expenses.

Call Member Services if you need help reading this handbook or if you want this information on a cassette tape, alternative format (Braille, audio recording, large print, etc.) or in a different language at no cost to you. The member handbook, our provider directory and other information is also on our website at **www.uhccommunityplan.com.**

No person on the grounds of race, color, national origin, sex, age, religion or disability shall be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or service provided by UnitedHealthcare.

Member Services

1-800-414-9025

(TTY: 711)

Our office is closed on these major holidays:

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

Member Services is ready and waiting to help you! You can call us when you are unsure of something or if you have any questions about UnitedHealthcare Community Plan. **We'll find the answer for you.** If you wish to obtain a listing of UnitedHealthcare's Board of Directors, Member Services can help you with this request, too. **Just call us at 1-800-414-9025 (TTY: 711).** We are here for you from 8 a.m. to 5 p.m. Monday, Tuesday, Thursday and Friday, and 8 a.m. to 8 p.m. on Wednesday.

We can help you get medical help during emergencies, 24 hours a day, 7 days a week. We may monitor calls to train new team members or see how we are doing. A supervisor may listen in when you call.

Clinical Sentinel Hotline

The Clinical Sentinel Hotline (CSH) is operated by The Department of Public Welfare (DPW) to make sure that your requests for medically necessary care and services sent to UnitedHealthcare Community Plan and your behavioral health MCO are responded to in a timely manner. The CSH helps all Medical Assistance consumers who are enrolled in the HealthChoices Program.

The CSH allows members to speak to nurses who work for the Department of Public Welfare (DPW). If you or your health care provider request medical care or services, and UnitedHealthcare Community Plan or your behavioral health managed care organization (MCO) has not responded in time to meet your needs, call the CSH. You can also call the CSH if UnitedHealthcare Community Plan or your behavioral health plan has denied you medically necessary care or services and will not accept your request to file a grievance. You can also call the CSH if you are having trouble getting shift home health services that have been authorized by UnitedHealthcare Community Plan.

You can call the CSH Monday through Friday between 9 a.m. and 5 p.m. To reach the CSH, call 1-800-426-2090. The CSH cannot provide or approve urgent or emergency medical care. If you believe you need urgent or emergency care, you should call your PCP or go to your local hospital.

More Information for Members

Our website at **www.uhccommunityplan.com** has more information. You can ask for this information by writing to us:

- Information on our board of directors.
- Confidentiality procedures.
- Description of the provider credentialing process.
- List of participating providers affiliated with participating hospitals.
- Coverage for a specifically identified drug.
- Prescription procedures including off-label use and non-formulary drugs.
- Copy of the formulary.
- Summary of reimbursement methods, excluding specific contract or provider financial arrangement information.
- Description of the quality management program.
- Other information required by Centers for Medicare and Medicaid Services, Department of Health or Pennsylvania Insurance Department to be disclosed.

To request this information, write to:

Member Services
UnitedHealthcare Community Plan
1001 Brinton Road
Pittsburgh, PA 15221

Help in Alternative Languages

If you do not speak English, you can call Member Services and we will connect you with a translator. If you would like your member information in a different language, call Member Services at 1-800-414-9025. Translation is offered at no cost to members.

Eligibility and Enrollment

Choosing a Health Plan

If you are choosing a health plan now, please read this handbook to learn more about UnitedHealthcare Community Plan. Benefit consultants at the HealthChoices Hotline can help you choose a health plan. They can answer your questions and help you enroll in UnitedHealthcare Community Plan. You can call the HealthChoices Hotline at 1-800-440-3989 (TTY: 711).

If you have any questions about UnitedHealthcare Community Plan's services and special programs, call Member Services at 1-800-414-9025.

Changing Plans

You may decide to voluntarily leave UnitedHealthcare Community Plan without giving a specific reason. If you are thinking of disenrolling because of a concern, we want you to give us a chance to resolve the problem. Just call Member Services at 1-800-414-9025 and explain your concern. We will do everything we can to help.

If you still wish to disenroll from UnitedHealthcare Community Plan, you must call the HealthChoices Helpline at 1-800-440-3989. The benefit consultant will help you complete the disenrollment and tell you when your last day as a member of UnitedHealthcare Community Plan will be. This process can take 4 to 6 weeks.

Losing Coverage

Your UnitedHealthcare Community Plan benefits cannot be cancelled if you become sick. You can, however, be disenrolled from UnitedHealthcare Community Plan for other reasons.

If you lose your Medical Assistance benefits, your coverage as a UnitedHealthcare Community Plan member will continue until the last day of that calendar month. If your Medical Assistance eligibility is restored within 6 months, you will automatically be re-enrolled with UnitedHealthcare Community Plan unless you contact a benefit consultant to make another choice. You will also be disenrolled if you move out of the HealthChoices service area. Call your case worker or visit your County Assistance Office to find out what to do if you move.

The Department of Public Welfare can also disenroll you for other reasons that may include:

- Placement in a nursing home facility for more than 30 days in a row.
- Change in residence, which places the program member outside the HealthChoices area.
- Change in status to a recipient group that is exempt from the HealthChoices program.
- Admittance into a juvenile detention center for more than 35 days in a row.
- Pennsylvania Department of Aging (PDA) waiver eligibility beyond 30 days in a row.

- Admission to a state facility, with the exception of public intermediate care facilities and mental retardation.
- The recipient is incarcerated or placed in a youth development center.
- Admission to a state-operated psychiatric facility.

Single Provider and Pharmacy Lock-In

UnitedHealthcare Community Plan may limit how many pharmacies or doctors you can use. This is called a "lock-in." Members in this program are given 1 pharmacy or PCP that they can use to get all of their prescriptions. If you are in this program and would like to change your assigned pharmacy or PCP, you can call Member Services at 1-800-414-9025. UnitedHealthcare Community Plan may lock in members who, in a 6-month period:

- Allegedly altered a prescription,
- Reported their card used by another person,
- Used more than 3 pharmacies or 3 physicians (same provider type)
- Received several prescriptions from several doctors or have documented evidence of early fills and refills, or
- Frequently visited the ER without evidence of provider involvement.

Some situations in which a member may be enrolled in the lock-in program are:

- Pharmacy lock-in: A member has visited 7 different pharmacies in the past 2 months of a 6-month period.
- Pharmacy and PCP lock-in: A member visited 8 physicians and 5 pharmacies in a 6-month period.
- Voluntary lock-in: A member agrees to a voluntary lock-in because someone else filled prescriptions with his/her card.

Lock-In Appeal Process

You may appeal your enrollment in the pharmacy or PCP lock-in programs by writing to us asking for a fair hearing. You will need to send this request within 30 days of receiving our letter telling you about your lock-in. In your letter, please list your phone number. If you need help filing an appeal, call your local legal aid office. You can mail the appeal to:

Department of Public Welfare
Office of Medical Assistance Programs
Bureau of Program Integrity
Recipient Restriction Section
P.O. Box 2675
Harrisburg, PA 17105-2675

If DPW receives your appeal within 10 days of the date of our notice, the proposed restrictions will not apply until your appeal is decided. If your appeal is received more than 10 days but less than 31 days from the date of this letter, the restrictions will be in effect pending the outcome of your appeal. The Bureau of Hearings and Appeals will notify you, in writing, of the date, time and location of your hearing. You may not file a grievance or complaint through UnitedHealthcare Community Plan.

How to Use Your Health Plan

ACCESS ID Card

After you sign up for medical benefits, the Department of Public Welfare will send you a Pennsylvania ACCESS ID card. Check your ACCESS card as soon as it comes in the mail. If the information on this card is wrong, call your case worker at the County Assistance Office.

Your ACCESS card has a recipient number on it. This is the same number that UnitedHealthcare Community Plan uses to identify members. Providers must use the ACCESS card to see which benefits and services you can get. Carry this card at all times and use it when you get care. If you don't have an ACCESS card, see or call your case worker at the County Assistance Office.

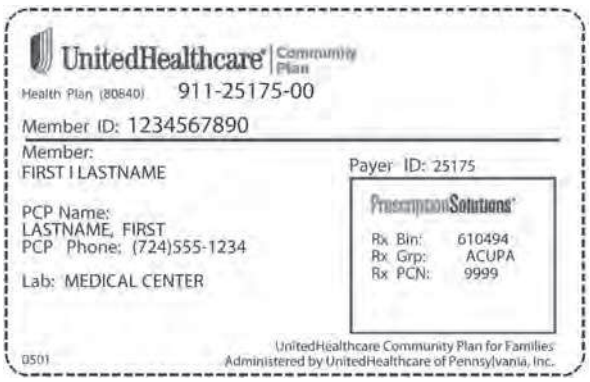
Primary Care Practitioners (PCP)

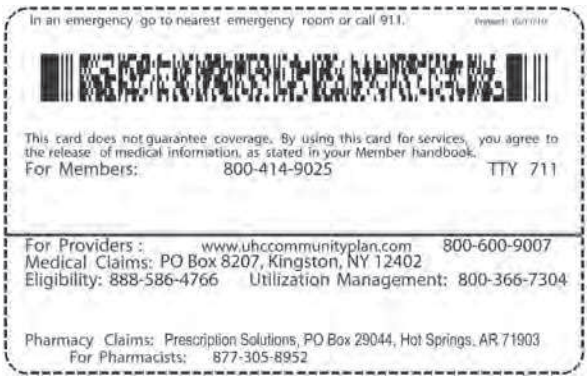
With UnitedHealthcare Community Plan, you have a personal doctor who is the key to your health care. Your personal doctor is called your primary care practitioner (PCP). Although you may use some UnitedHealthcare Community Plan services without first seeing your PCP, you will get most of your care from your PCP.

Your PCP delivers primary and preventive care and acts as your advocate when providing, recommending and arranging for care. Call your PCP with all your health concerns. If your problem is urgent, you can call your PCP after office hours 24 hours a day, 7 days a week. If you can't reach your PCP, call Member Services at 1-800-414-9025 and we will help you.

UnitedHealthcare ID Card

Every UnitedHealthcare Community Plan member will get a UnitedHealthcare Community Plan member ID card. Show this ID card, your Pennsylvania ACCESS card and any other insurance cards every time you get health care or pharmacy services. Your member ID card will have your name, member number, your PCP's name and phone number and copays that you have. If you do not have a member ID card or need a new one, call Member Services at 1-800-414-9025. Your can also call if the information on your card is wrong. Call your case worker at the County Assistance Office if your name, family size, address or phone number changes.





Choosing a PCP

There are several kinds of doctors who may be PCPs:

- Family practice and general practice doctors who treat adults and children.
- Internal medicine doctors who treat adults.
- Pediatricians who treat children and teens.
- Nurse practitioners who treat adults and children.

You can choose one doctor for the whole family, or you can pick a doctor for yourself and a pediatrician for your children. If you want, a benefit consultant at your County Assistance Office can help you choose a PCP who is accepting new patients. If you want more information about a doctor, call Member Services at 1-800-414-9025 (TTY: 711).

If you choose a group practice as your PCP, you may not always see the same PCP every time you visit. You may be scheduled with another doctor with that group practice. If this happens, your medical record will not change. This new doctor will have all of your medical records. Some clinics and doctor offices also have medical residents, nurse practitioners or physician assistants who care for members under the supervision of the PCP.

The provider directory lists all of the doctors who are in the UnitedHealthcare Community Plan provider network. If you already have a PCP, call Member Services at 1-800-414-9025 or visit the UnitedHealthcare Community Plan website at **www.uhccommunityplan.com** to see if your doctor is in the UnitedHealthcare Community Plan network.

Changing Your PCP

We want you to be happy with your PCP choice. You should stay with the same doctor so your PCP gets to know you and your health. But, you can change your PCP at any time. To change your PCP, call Member Services at 1-800-414-9025. Member Services can also tell you how UnitedHealthcare Community Plan chooses network providers and checks their credentials.

If your PCP leaves the UnitedHealthcare Community Plan network, we will notify you so that you can choose a new PCP. You will have at least 10 days to choose a new UnitedHealthcare Community Plan PCP. If you do not choose a new PCP in 10 days, we will choose a PCP for you. We will send you a letter with the name of your PCP. If you want a different PCP, you can change your PCP at any time by calling Member Services.

After you choose a new PCP, we will mail you a new ID card. This ID card will list your new PCP's name and phone number. Remember to have your medical records transferred to your new PCP.

Continuity of Care

UnitedHealthcare Community Plan wants to make sure all members undergoing a course of treatment can complete their treatments. New UnitedHealthcare Community Plan members can see their old doctor for up to 60 days, even if that doctor is not part of our network. We may extend the 60-day period if the treatment is clinically appropriate. UnitedHealthcare Community Plan will make arrangements with the treating physician and you can continue treatment if:

- You are a new member and have an ongoing course of treatment with a non-participating provider.
- UnitedHealthcare terminates a contract with a participating provider for reasons other than cause.

If you are already pregnant when you join UnitedHealthcare Community Plan, you can see the same obstetrics/gynecology (OB/GYN) specialist for all your pregnancy and postpartum care, even if that doctor is not in our network.

Visiting Your PCP

UnitedHealthcare Community Plan wants to help you stay healthy. As a new member, you should see your PCP as soon as possible. You and your PCP need to get to know each other. This way, when you get sick, your PCP will be able to give you better care. UnitedHealthcare Community Plan recommends that adults see the doctor at least once a year for a check-up. To make an appointment with a PCP, just call the phone number printed on your UnitedHealthcare Community Plan ID card and ask for an appointment.

Here are some things your doctor may do during your visit:

- Check your blood pressure, height and weight.
- Listen to your heart.
- Give you a physical exam.
- Check your body mass index (BMI) and talk to you about healthy eating habits.
- Complete health screenings based on your age and gender.
- Order lab tests to check your blood sugar and cholesterol levels.

Women:

- Perform a breast exam or Pap test.
- Give you a prescription for a mammogram (over age 40).
- Tell you how to do self-breast exam (starting at age 20).

Men:

- Give you a prostate exam.
- Tell you how to do a self-testicular exam.

Your PCP may also:

- Review the medicines you are taking.
- Recommend follow-up and specialist care.
- Review your immunizations.
- Talk to you about your family medical history.
- Recommend an exercise program.
- Remind you about vision screenings and dental exams.
- Talk to you about domestic violence.
- Discuss sun exposure.
- Give you tips to reduce stress.
- Discuss the use of seat belts.
- Give you information on family planning and sexually transmitted diseases.
- Advise you about substance abuse and mental health.
- Talk to you about quitting smoking.

Write down all your questions before your appointment. Follow all of the instructions that your PCP gives you. It is your responsibility to follow the treatment plan that you and your PCP agree on.

If you have an illness or injury, see your PCP as soon as possible. If you think you may be pregnant, see your PCP or an OB/GYN right away. If you have diabetes, asthma, heart disease, sickle cell disease or high blood pressure, you should see your doctor as often as he/she recommends. Your children also need to see the doctor regularly, too.

You may call your PCP's office any time. Your PCP can give you general health information and advise if you need medical care. If you feel very sick, call right away. If it is urgent, you may call your doctor 24 hours a day. If no one answers, leave a message and he/she will call you back quickly.

Second Opinions

At UnitedHealthcare Community Plan, you have the right to a second opinion about any medical service or non-emergency surgery you choose to have. To arrange for a second opinion, call your PCP. Through a second opinion, you may get the facts you need to make treatment decisions. This may give you the chance to learn about other options and possible problems if you do not get treatment.

Making Appointments

Your PCP does not know how long it will take to see each person, so be patient if you have to wait. If you feel you have to wait too long at your PCP's office or to get an appointment, call Member Services at 1-800-414-9025. For a regular check-up, you may have to wait two to three weeks. If you have an urgent problem, your doctor will see you within 24 hours. When you call, tell the doctor why you need to see him or her. Your doctor will decide how urgent your need is.

It is very important to arrive on time for your appointments. If you will be late or cannot make your appointment, call the doctor's office so you can set a new time or day. Some PCPs allow walk-in visits without appointments. Walk-ins may have to wait longer to see the PCP. Call your PCP to learn if s/he allows walk-ins.

New Member Appointment for Your First Examination:	We Will Make an Appointment for You:
Members with HIV/AIDS	with a PCP or specialist no later than 7 days after you become a member of UnitedHealthcare Community Plan, unless you are already being treated by a PCP or specialist
Members who receive supplemental security income (SSI)	with a PCP or specialist no later than 45 days after you become a member of UnitedHealthcare Community Plan, unless you are already being treated by a PCP or specialist
Members under age 21	with a PCP for an EPSDT screen no later than 45 days after you become a member of UnitedHealthcare Community Plan, unless you are already being treated by a PCP or specialist
All other members	with a PCP, no later than 3 weeks after you become a member of UnitedHealthcare Community Plan
Appointment With:	**By When You Must Be Seen:**
PCP — urgent medical condition	within 24 hours
PCP — routine appointment	within 10 business days
PCP — health assessment or general physical exam	within 3 weeks
Specialist — urgent medical condition	within 24 hours of referral
Specialist — routine appointment	within 10 business days of referral
Members Who Are Pregnant:	**We Will Make an Appointment for You:**
First trimester	with an OB/GYN provider within 10 business days of UnitedHealthcare learning you are pregnant
Second trimester	with an OB/GYN provider within 5 business days of UnitedHealthcare learning you are pregnant
Third trimester	with an OB/GYN provider within 4 business days of UnitedHealthcare learning you are pregnant
High-risk pregnancies	with an OB/GYN provider within 24 hours of UnitedHealthcare learning you are pregnant

Referrals and Specialists

Sometimes, your PCP may think that your health needs special medical care. Your PCP may send you to a specialist. A specialist is a doctor who has advanced training for certain illnesses or conditions. UnitedHealthcare Community Plan covers treatments by specialists as long as your PCP approves the care.

When your PCP sends you to see a specialist, it is called a referral. Your PCP will suggest a specialist and help you make an appointment with that specialist. Your PCP will give you a paper referral to show that the service is approved. There are some specialist services that your PCP does not need to give you a referral for, called self-referral services. If you think you need to see a specialist, talk to your PCP about it. If you think your PCP is not referring you to the specialist you need, call Member Services.

The specialists in the UnitedHealthcare Community Plan network are listed in our provider directory. If you need a provider directory, call Member Services at 1-800-414-9025. The provider directory is also on our website at **www.uhccommunityplan.com.**

Self-Referral Services

Most of the time, you must call your PCP for medical care. But there are some kinds of care that you can get without seeing your PCP. These are called self-referral services. If you have any questions about these self-referral services, call Member Services at 1-800-414-9025. UnitedHealthcare Community Plan self-referral services are listed below:

- AIDS waiver services
- Case management
- Dental exams and services
- Emergency care
- Emergency ambulance transportation
- EPSDT screenings and services
- Family planning services
- Healthy Beginnings Plus (first prenatal visit)
- Obstetrician/gynecologist visits
- PCP office visits
- Vision exams

You can use your Pennsylvania ACCESS card for family planning and birth control services. Call a self-referral provider who accepts Medical Assistance for an appointment. You must get all other self-referral services from UnitedHealthcare Community Plan providers who are listed in the provider directory.

Specialist as PCP

Some members with highly specialized health care needs can ask for their specialist to be their PCP. Members can request this by calling Member Services at 1-800-414-9025 or their case manager. UnitedHealthcare Community Plan will obtain written confirmation from the specialist that they will accept all of the responsibilities of a PCP for you. Once this is approved, UnitedHealthcare Community Plan will send you a new ID card with your new PCP's name and phone number on it.

Copayments and Billing

Copayments

Copayments (copays) are charges you pay to get certain services, but you cannot be denied a service if you cannot pay the copayment. Tell your provider if you cannot pay. Here are the copays that you may be asked to pay:

Covered Benefit	Medical Assistance	General Assistance
Chiropractor Services	$1	$2
Diabetic Supplies & Equipment	$1 limit to $3 max	$3, with no max limit
Durable Medical Equipment	$1 limit to $3 max	$3, with no max limit
Hearing Aids & Batteries	$1 limit to $3 max	$3, with no max limit
Hearing Exams	$1	$2
Inpatient Hospitalization (acute)	$3 per day, up to $21 maximum per stay	$6 per day, up to $42 maximum per stay
X-rays	$1	$2
Orthopedic Shoes	$1 limit to $3 max	$3, with no max limit
Outpatient Surgery (ambulatory surgical center or short procedure unit)	$3	$6
Pain Management Services	$1	$2
Pap Smears & Pelvic Exams	$1	$2
Podiatry Care (medically necessary)	$1	$2
Prescription Drugs	Brand: $3, Generic: $1	Brand: $3, Generic: $1
Prosthetics & Orthotics	$1 limit to $3 max	$3, with no max limit
Radiology Scans (MRI, MRA, PET)	$1	$2
Rehabilitation (inpatient hospital)	$3 per day, up to $21 maximum per stay	$6 per day, up to $42 maximum per stay
Rehabilitation (outpatient occupational, and physical and speech therapy)	$1	$2
Specialty Physician Services	$1	$2
Tobacco Cessation Products	Brand: $3, Generic: $1	Brand: $3, Generic: $1

There is a maximum limit to the amount you may have to pay in copays. If you paid more than the maximum in copays during the first 6 months of the year (January to June) or the last 6 months of the year (July to December), UnitedHealthcare Community Plan will return to you the amount over the maximum.

- Medical Assistance: maximum of $90 within the first 6 months or last 6 months of year.
- General Assistance: maximum of $180 within the first 6 months or last 6 months of year.

Copayments do not apply if you are under age 18, pregnant or in a nursing home. Pregnant women have no copays through the 60-day postpartum period. The following services are excluded from copayments:

- Services or items provided to a terminally ill individual who is receiving hospice care.
- Services provided to individuals of any age eligible under Titles IV-B and IV-E Foster Care and Adoption Assistance.
- Services provided in emergency situations.

If You Get a Bill

UnitedHealthcare Community Plan pays for all authorized covered services while you are a member of the plan. If UnitedHealthcare Community Plan does NOT cover a service, the provider must tell you this in advance, tell you the cost of the service and make sure you agree to pay this cost.

You never have to pay a bill for covered services by a doctor in our network. Sometimes, UnitedHealthcare Community Plan and the doctor will have a dispute over the payment. Even if we deny the doctor's claim, you will not have to pay. The doctor can appeal the payment denial with UnitedHealthcare Community Plan or ask your permission to file a grievance on your behalf. It is your decision to give the permission or not. The amount UnitedHealthcare Community Plan pays a provider is payment-in-full. A provider cannot bill you for any remaining charges if they receive payment from us.

If you choose to go to a provider who is not part of UnitedHealthcare Community Plan's network, you must get a prior authorization from UnitedHealthcare Community Plan unless it is an emergency. If there are enough doctors in our network near you who can treat your condition, you will need to see a network provider. If you still go to the non-network doctor, you will have to pay for the services.

If you receive a bill from a provider, call the provider and make sure they have all your insurance information. Call Member Services at 1-800-414-9025 if you are asked to pay for a service or if you have any questions about what is covered.

Making Health Decisions

Advance Directives

An advance directive is a written statement that narrates the types of health care you want to get. In case of serious illness when you can't make decisions, such as a coma, an advance directive will tell your doctor and your family what you want done. You can make your wishes known in two ways: a living will and a durable power of attorney for health care. You have the right to make an advance directive. UnitedHealthcare Community Plan will inform you, by letter, of any changes in Pennsylvania law within 90 days of the change.

Living Will

A living will usually state the type of care you want or do not want. For example, if you have a terminal disease and you need an operation, a living will can instruct the doctor not to go to any extremes to keep you alive. Examples of extreme treatments are machines that help you breathe or tubes that feed you. The living will or advance directive for health care declaration becomes operative when:

- Your doctor has a copy of it, and
- Your doctor has concluded that you are incompetent and you have a terminal condition or are in a state of permanent unconsciousness.

Pennsylvania's living will law states that you may revoke a living will at any time and in any manner. All that you must do is tell your doctor that you are revoking it. Someone who saw or heard you revoke your declaration may also tell your doctor.

Your doctor must inform you if they cannot, in good conscience, follow your wishes or if their policies prevent them from honoring your wishes. This is one reason why you should give a copy of your living will to your doctor or to those in charge of your medical care. The doctor who cannot honor your wishes must help transfer you to another health care provider willing to carry out your directions if they are the kind of directions that Pennsylvania recognizes as valid. A living will may not order a doctor to cut off your food supply.

Durable Power of Attorney for Health Care

A durable power of attorney for health care is a written statement naming an individual you trust (husband, wife, parent, adult child, sibling or friend) to make medical decisions if you are not physically or mentally able to make decisions.

To get a durable power of attorney, you need legal help. You can get help from a group called Legal Aid at 1-800-322-7572. If you are over age 60, you can call your Area Agency for Aging, or you can call the Senior Law Center (formerly Judicare) at 1-215-988-1244 (general information) or 1-215-988-1242 (intake line operates 9 a.m. to 1 p.m.) to ask for help. Your PCP also can give you information on your options. For more information go to **www.caringinfo.org** or call 1-800-658-8898.

You can also combine a living will and a durable power of attorney into one statement. This statement would name someone to make health decisions for you AND say what type of care you should or should not receive.

If you believe that a doctor or hospital has not followed the instructions in your advance directive, you may file a complaint or grievance with UnitedHealthcare Community Plan. Complaints concerning non-compliance with the advance directive requirements may also be filed with the Department of Health by calling 1-800-254-5164.

Medical Necessity

A service or benefit is medically necessary if it is compensable under the Medical Assistance program and if it meets any one of the following standards:

- The service or benefit will or is reasonably expected to prevent the onset of an illness, condition or disability,
- The service or benefit will or is reasonably expected to reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability, and
- The service or benefit will help the member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the member and those functional capacities that are appropriate for members of the same age.

Determination of medical necessity for covered care and services, whether made on a prior-authorization, retrospective-review or exception basis, must be in writing. This determination is based on medical information provided by the member, the member's family or caretaker, and the PCP, as well as any other providers, programs or agencies that have evaluated the member. All such determinations will be made by qualified and trained health care providers. A health care provider who makes such determinations of medical necessity is not considered to be providing a health care service.

Utilization Review Process

UnitedHealthcare Community Plan reviews the health care you get to make sure it is the right care for you and that it is covered by UnitedHealthcare Community Plan and Medicaid. UnitedHealthcare Community Plan has policies we follow when making decisions about which medical services you need. Our goal is to make sure you get medically necessary care and services in the right setting. No UnitedHealthcare Community Plan employee or provider is rewarded in any way for making decisions about what care you should or should not get. UnitedHealthcare Community Plan also makes sure our providers give you quality care. Your doctor can ask for our decision-making procedures by calling Provider Services. You can also request them by calling Member Services at 1-800-414-9025.

New Procedures

Requests for coverage for newly developed medical equipment or procedures are reviewed by the UnitedHealthcare Community Plan Technology Assessment Committee. This committee includes physicians and other health care professionals. The committee uses national guidelines and scientific evidence from medical literature to help decide whether UnitedHealthcare Community Plan should approve such equipment or procedures.

Quality Improvement Program

Our Quality Improvement (QI) program makes sure that we offer the highest-quality health care that we can. The Pennsylvania Department of Health (DOH), DPW and the National Committee for Quality Assurance (NCQA) set guidelines that we use to guide our QI program. We pay special attention to:

- Quality management and improvement.
- How we make sure our providers have the right education and qualifications.
- The types of services members are using.
- Member rights and responsibilities.
- Preventive health care.

If you would like more information about our practice guidelines, quality improvement goals, activities or outcomes, please write to:

UnitedHealthcare Community Plan
Quality Improvement Department
300 Oxford Drive
Monroeville, PA 15146

Healthy Living

Preventive Services

Preventive services can help keep you well. Preventive services include more than just seeing your PCP once a year for a check-up. They also include immunizations (shots), lab tests and other tests that tell your PCP if you have any health problems. Visit your PCP for preventive services. Women can also go to a participating OB/GYN for their yearly Pap test, pelvic exam and mammogram.

Physical Exam

See your PCP at least once a year. When you go for a physical exam, your PCP will ask you questions about your medical history and your family's medical history. This is important because you may have a greater risk of having a disease if someone in your family had it. Your PCP will also check your height and weight, measure your body mass index (BMI), discuss healthy eating habits, listen to your heart, perform a physical exam and take your blood pressure.

Routine physicals usually take longer to schedule. Be sure to call far enough in advance of when you would like an appointment.

Pregnancy

The care that a woman receives from a doctor, nurse or nurse-midwife before the birth of a baby is known as prenatal care. Prenatal care is very important! It checks how well the pregnancy is going and if there are any problems. Even if a woman has been pregnant before, it is important that she go to her doctor or other prenatal care provider regularly for each pregnancy. If you think you are pregnant and need a pregnancy test, see your PCP or a family planning provider. If you are pregnant, you can:

- Call or visit your PCP, who will help you find a prenatal care provider.
- Visit a UnitedHealthcare Community Plan OB/GYN or nurse-midwife on your own.
- Visit a participating health center that offers OB/GYN services.

Don't wait! You need to seek care as soon as you think you may be pregnant. You should also talk to your PCP when you learn you are pregnant. Your PCP may have information about your health that he/she must share with your prenatal care provider.

UnitedHealthcare Community Plan recommends that you see your prenatal care provider at least 10 times during your pregnancy and more often if your doctor requests it. Seeing the same provider for all of your prenatal visits is healthiest for your baby. Your UnitedHealthcare Community Plan prenatal care provider can also refer you for any other medically necessary health services related to your pregnancy. You will also need to go back to your prenatal care provider 21 to 56 days after your delivery for postpartum care.

Healthy First Steps

The UnitedHealthcare Community Plan Healthy First Steps program provides case management and support services for women who are going to have babies. Healthy First Steps maternity nurse case managers work with members and their doctors to make sure mothers and their babies get the care they need. Healthy First Steps also serves teen mothers-to-be. Call Healthy First Steps at 1-800-599-5985 for more information. Maternity nurse case managers can:

- Help you make appointments for prenatal care.
- Help you select a doctor for your new baby.
- Help you arrange visits and health care after your baby is born.
- Follow up on missed visits to see if you have any problems and help you solve them.
- Help to get special health care supplies or items if your doctor thinks you or your baby needs them.
- Keep in touch with you and your PCP if you have any health problems.
- Arrange for home health care, if ordered by your doctor.
- Send a nurse to visit you and your new baby at home if you choose. All new UnitedHealthcare Community Plan mothers are offered this service while they are in the hospital.
- Manage the high-risk pregnancy program.

Healthy Beginnings Plus

Many UnitedHealthcare Community Plan network obstetricians/gynecologists (OB/GYNs) also provide services covered by the Healthy Beginnings Plus program. Doctors in this program will offer you a wide range of special services during your pregnancy. There are many benefits to you when you get your care at a Healthy Beginnings Plus site. Your PCP can recommend a Healthy Beginnings Plus doctor to you, or you can call Member Services at 1-800-414-9025.

Covered Benefits

Services	Coverage
Abortions	Covered. Must meet current federal and state guidelines.
Allergy Testing	Covered. Referral required.
Audiology	Covered. Referral required.
Birth Control Services	Covered.
Blood & Blood Plasma	Covered.
Bone Mass Measurement (bone density)	Covered. Referral required.
Case Management	Covered.
Chemotherapy	Covered.
Chiropractor Services (manipulation/subluxation)	Covered. Prior authorization required. Maximum of 18 doctor visits combined per year, from July 1 through June 30.
Colorectal Screening Exams	Covered.
Cosmetic Services	Not covered. Depends on service.
Custodial Services	Not covered.
Dental Services (preventive and routine services, crowns, dentures, surgical extractions, orthodontia)	Covered. Prior authorization required for some services. Benefit limits may apply. Adult benefits may be dependent on category of assistance and geographic location. Please call member services for specific information about your dental coverage
Diabetic Education, Home Visits & Monitoring	Covered. Prior authorization required.
Diabetic Supplies and Equipment	Covered. Referral required.
Diapers for Disabled Children (over age 3)	Covered. Prior authorization required if greater than $200 per month.
Durable Medical Equipment	Covered. Prior authorization required if over $500.
ESPDT Services & Immunizations (under age 21)	Covered.
Emergency Room Care	Covered.

Services	Coverage
Emergency Transportation (ambulance)	Covered.
Family Planning Basic Services	Covered.
Hearing Exams	Covered. Referral required.
Hearing Aids & Batteries	Covered, if under age 21. Prior authorization required.
Hemodialysis	Covered. Referral required.
HIV/AIDS Testing	Covered.
Home Assessment	Covered. Prior authorization required.
Home Adaptation	Not covered.
Home Delivered Meals	Not covered.
Home Health Care & Infusion Therapy	Covered. Prior authorization required.
Hospice Care	Covered. Prior authorization required.
Immunizations (pneumococcal, flu, hepatitis A & B)	Covered.
Infertility	Not covered.
Inpatient Hospitalization (semi-private, unless medically necessary)	Covered. Prior authorization required.
Lab Tests & X-rays	Covered. Referral required.
Mammograms	Covered. Referral required.
Nutrition	Covered. Prior authorization required.
Obstetrical (Maternity) Care	Covered.
Occupational Therapy	Covered. Prior authorization required after 12 visits.
Organ Transplant Evaluation	Covered. Prior authorization required.
Orthodontia	Covered under 21 years old. Prior authorization required.
Orthopedic Shoes	Covered. Prior authorization required.
Outpatient Surgery, Same-Day Surgery, Ambulatory Surgical Center	Covered. Prior authorization required.

Services	Coverage
Pain Clinic Services	Covered. Prior authorization required. Maximum of 18 doctor visits combined per year, from July 1 through June 30.
Pap Smears & Pelvic Exams	Covered.
Parenting & Child Birth Education	Covered.
Personal Emergency Response System	Not covered.
Physical Therapy	Covered. Prior authorization required after 12 visits.
Podiatry Care: Medically Necessary, Routine, Preventive (office-based, non-surgical)	Covered. Referral required. Maximum of 18 doctor visits combined per year, from July 1 through June 30.
Prescription Drugs	Covered. Limits and copays may apply. See formulary.
Preventive Services	Covered.
PCP Visits	Covered.
Private Duty or Skilled Nursing Care	Covered. Prior authorization required.
Prostate Cancer Screening Exams	Covered.
Prosthetics & Orthotics (less than $500)	Covered. Referral required.
Prosthetics & Orthotics (more than $500)	Covered. Prior authorization required.
Radiation Therapy	Covered. Referral required.
Radiology Scans, MRI, MRA, PET	Covered. Prior authorization required.
Rehabilitation (occupational, physical & speech therapy; in-house therapy)	Covered. Prior authorization required after 12 visits.
Reproductive Health (procedures & devices)	Covered.
Second Opinions (Medical & Surgical)	Covered. Referral required.
Skilled Nursing Facility	Covered up to 30 days. Prior authorization required.
Sleep Apnea Studies	Covered. Prior authorization required.
Smoking Cessation Products & Classes	Covered. Limits may apply. See drug formulary.

Services	Coverage
Specialty Physician Services (except OB/GYN)	Covered. Referral required. Maximum of 18 doctor visits combined per year, from July 1 through June 30.
Speech Therapy	Covered. Prior authorization required after 12 visits.
Transportation: Non-Emergency Ambulance	Covered. Prior authorization required.
Transplants	Covered. Prior authorization required.
Urgent Care	Covered.
Behavioral Health (inpatient psychiatric, inpatient substance abuse, outpatient substance abuse and mental health, and partial hospitalization care, including testing)	Covered by HealthChoices behavioral health MCO.
Vision Care	Covered. Two exams per year. Daily-wear contacts or standard glasses (in-plan frames, 4 lenses and 2 frames per year). Members pay nothing if lenses & frames or daily-wear contacts cost less than $125. Member must pay cost over $125. If vision provider does not carry in-plan frames, a $20 allowance will apply. Medically necessary exceptions can be made.

Limitations and most exclusions do not apply to children under age 21, but some services do require a referral or prior authorization. If you have any questions about the benefit chart, call Member Services at 1-800-414-9025.

Benefit Limits

Benefit limits do not apply if you are under age 21, pregnant or in a nursing home.

Covered Benefit	Medical Assistance	General Assistance
Outpatient Visits (ex. doctor, podiatrist, chiropractor)	Up to 18 visits per year	Up to 18 visits per year
Inpatient Medical Rehabilitation Hospital	1 admission per year	1 admission per year
Prescription Coverage	No limits	Up to 6 prescriptions per month, including refills

The yearly limits on your medical care refer to services received between July 1 and June 30 of following year. The yearly limits will start again on July 1 of every year. You or your provider can ask UnitedHealthcare Community Plan to approve services above these limits for you. This is called an exception. An exception can be granted if:

- You have a serious chronic illness or other serious health condition, and without the additional services your life would be in danger or your health will get much worse,
- You would need more costly services if the exception is not granted, or
- You would have to go into a nursing home or institution if the exception is not granted.

To ask for an exception, call UnitedHealthcare Community Plan at 1-800-414-9025, or send your request to:

Member Services
UnitedHealthcare Community Plan
1001 Brinton Road
Pittsburgh, PA 15221

We will let you know whether or not the exception is granted within the time listed below.

- If you or your provider asks for an exception before you receive the service, you will get a response within 21 days of the date UnitedHealthcare Community Plan gets the request.
- If you or your provider asks for an exception before you receive the service, and your provider tells us you have an urgent need for a quick response, you will get a response within 48 hours of the date and time UnitedHealthcare Community Plan gets the request.
- If you or your provider asks for an exception after you received the service, you will get a response within 30 days of the date UnitedHealthcare Community Plan gets the request.
- If you disagree with the response you get from UnitedHealthcare Community Plan, you can file a complaint or a grievance.

You can file a complaint with UnitedHealthcare Community Plan if you think you were charged the wrong copay or if a service is denied and you think you have not reached the limit. You can file an appeal if you or your provider asks for an exception and the exception is denied. You can also ask for a DPW fair hearing.

Non-Covered Services

There are some things that UnitedHealthcare Community Plan does not cover. These include:

- Care for which you do not have a referral, except for self-referral services and emergency care.
- Care from out-of-network providers who are not prior-approved, except for emergency or family planning services.
- Services covered by other insurance, worker's compensation or programs like Veterans Administration.
- Boarding home expenses (residential care that is not medically necessary).
- Experimental procedures.
- Infertility services.
- Mental health or drug and alcohol treatment services (covered by your HealthChoices behavioral health plan).
- Skilled nursing or intermediate care facilities over 30 consecutive days. Members will be disenrolled from UnitedHealthcare Community Plan and placed into Fee-For-Service after 30 consecutive days in a skilled nursing facility.
- Personal convenience items (telephone, television, etc.) while in a hospital room, unless medically necessary.
- Plastic or cosmetic surgery, except in case of injury or surgery that causes disfigurement.
- Prescription drugs for members over age 21 who are eligible for only limited Medical Assistance benefits.
- Services that are not medically necessary.

ER Emergency Care

An emergency is a health problem that is life threatening or one that will seriously affect your health if not treated immediately. It can result from an accident or sudden illness and puts you in danger of death or severe injury. An emergency service is any health care service provided to a member after a sudden onset of a medical condition that manifests itself by such acute symptoms of sufficient severity or severe pain that a prudent lay person who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- Placing your health or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or
- Serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

If you have an emergency, you do not need a prior authorization. Call 911 or go to the nearest emergency room. Some emergencies are:

- Sudden loss of feeling or not being able to move.
- Woman in labor or having a miscarriage (when a pregnant woman loses her baby).
- Severe pain in your stomach/chest or throwing up blood.
- Poisoning.
- Fainting or a severe dizzy feeling.
- Serious accident.
- Severe shortness of breath.
- Severe burns, wounds or heavy bleeding.
- Damage to your eyes.
- Severe spasms/convulsions.
- Broken bones.
- Choking or being unable to breath properly.
- Strong feeling that you might kill yourself or another person.

In an emergency, the hospital will treat you to stabilize your condition. You cannot be transferred to another hospital without your consent and until your condition is stabilized. There are cases when the hospital you go to in an emergency cannot offer you the best care. Sometimes, the right specialist is not available. If getting the best treatment at another hospital outweighs the risk of transferring you before your condition is stabilized, the hospital may ask your permission to transfer you. They also must give you treatment to minimize any risk to your health (and the health of an unborn child if you are pregnant) and give you medically supervised transportation. UnitedHealthcare Community Plan does not deny any claims for emergencies. Members are not responsible for paying for emergency services.

If the hospital you go to is not in UnitedHealthcare Community Plan's network, we may ask that you be transferred to a network hospital after you are stabilized. When you are at a UnitedHealthcare Community Plan hospital, your care can be managed by your UnitedHealthcare Community Plan doctors.

You should call your PCP and ask for a follow-up visit as soon as you can after going to the emergency room.

Hospital Care

Unless you are admitted to the hospital directly from the emergency room, your PCP or specialist will decide if you need to go to the hospital. If you do, your PCP will arrange it for you. All covered services will be provided.

Transportation

UnitedHealthcare Community Plan will cover transportation if you are having a medical emergency. Call 911 if you are not able to go to the emergency room. If you need a ride to your doctor's appointment, your county Medical Assistance Transportation Program (MATP) can help arrange for and provide transportation. Just call the telephone number of the county MATP where you live. If you need assistance with this, or your county is not listed on this and the next page, just call Member Services at 1-800-414-9025.

County	Phone
Adams	1-800-830-6473
Allegheny	1-888-547-6287
Armstrong	1-800-468-7771
Beaver	1-800-262-0343
Berks	1-800-383-2278
Blair	1-800-245-3282
Bradford	1-800-242-3484
Bucks	1-215-794-5554
Butler	1-866-638-0598
Cambria	1-888-647-4814
Carbon	1-800-990-4287
Chester	1-877-873-8415
Clarion	1-800-672-7116
Columbia	1-866-936-6800
Crawford	1-800-210-6226
Cumberland	1-800-315-2546
Dauphin	1-800-309-8905

County	Phone
Delaware	1-610-490-3960
Erie	1-814-455-3330
Fayette	1-800-321-7433
Forest	1-800-222-1706
Franklin	1-800-548-5600
Greene	1-800-321-7433
Indiana	1-888-526-6060
Jefferson	1-814-938-3302
Lackawanna	1-570-963-6482
Lancaster	1-717-291-1243
Lawrence	1-888-252-5104
Lebanon	1-717-273-9328
Lehigh	1-610-253-8333
Luzerne	1-800-679-4135
Mercer	1-800-222-8797
Monroe	1-570-839-8210
Montgomery	1-215-542-7433

Transportation (cont.)

County	Phone
Montour	1-570-271-0833
Northampton	1-610-253-8333
Perry	1-877-800-7433
Philadelphia	1-877-835-7412
Pike	1-570-775-5550
Schuylkill	1-888-656-0700
Somerset	1-800-452-0241

County	Phone
Sullivan	1-800-242-3484
Susequehanna	1-800-323-2051
Warren	1-877-723-9456
Washington	1-800-331-5058
Westmoreland	1-800-242-2706
Wyoming	1-800-679-4135
York	1-800-632-9063

Sometimes, when you have a severe injury or illness, you will need special transportation to get to your medical treatments. If this is necessary, your PCP will work with UnitedHealthcare Community Plan to arrange transportation. UnitedHealthcare Community Plan also covers ambulance transportation when you have an emergency and need immediate medical attention. Please call Member Services at 1-800-414-9025 if you have any questions or concerns about getting to your scheduled appointments.

Out-of-Plan Specialty Services

Sometimes you will need to be referred for very specialized care. If UnitedHealthcare Community Plan cannot give you a choice of two specialists in our network, we may allow you to see an out-of-network provider. Your doctor must ask for a prior authorization by calling 1-800-366-7304. If an out-of-network authorization is denied, you may file a complaint or grievance.

Out-of-Area Services

If you are traveling out of the service area and need specialist care, UnitedHealthcare Community Plan will work with your PCP to find the right care for you. UnitedHealthcare Community Plan will cover the costs for any emergency care you get, even if you are out of the service area. You are also covered if you must be admitted to a hospital. Give the name and telephone number of your PCP to the emergency room staff. You must call your PCP or Member Services at 1-800-414-9025 within 24 hours of the emergency. Your PCP must approve follow-up care or any routine visits for UnitedHealthcare Community Plan to cover them, though.

Home Health Services

For some illnesses, you may need to get treatment at home after going to the hospital. This way, you can stay in the comfort of your own home and still get the medical care you need. If you need home health services, ask your PCP about home health care from UnitedHealthcare Community Plan.

Prescription Drugs

If you have prescription drug coverage through the Medical Assistance program, the table above lists the copays that you may be charged. If you are under 18 years of age, pregnant or in a nursing home, copays do not apply. If you are under 21 years of age, pregnant or in a nursing home, benefit limits do not apply.

Program/ Category	Copays	Benefits Limits
Medical Assistance	$1 Generic; $3 Brand	No limit.
General Assistance	$1 Generic; $3 Brand	Up to 6 prescriptions each month, including refills.

The following classes of drugs do not have copays for Medical Assistance members. Copays do apply to General Assistance members. If you are not sure of your category, call Member Services at 1-800-414-9025.

- AIDS drugs
- Anticonvulsants
- Antidiabetics
- Antiglaucoma drugs
- Antihypertensives
- Antineoplastics
- Antiparkison drugs
- Antipsychotics
- Cardiovascular preparations

You need a written prescription from your PCP or specialist to have your prescription filled. Many generic over-the-counter medicines are covered as long as you have a prescription. Just take your prescription to a UnitedHealthcare Community Plan participating pharmacy. Call Member Services at 1-800-414-9025 and someone will help you find a participating pharmacy near you.

UnitedHealthcare Community Plan uses a preferred drug list (PDL), also called a drug formulary, for your prescription coverage. A formulary is a list of medicines that UnitedHealthcare Community Plan will pay for when the medicine is prescribed by your provider. The formulary helps your doctor prescribe medicines for you. New drugs and forms of treatment are added every year. UnitedHealthcare Community Plan will add drugs to its formulary as needed. You can ask for a copy of the formulary by calling Member Services at 1-800-414-9025 or visiting **www.uhccommunityplan.com.**

Most medicines used by UnitedHealthcare Community Plan members are on our formulary. If you do not see your medicine on the list, have your doctor call the UnitedHealthcare Community Plan Pharmacy Department. You can call your doctor, pharmacist or Member Services to see if your medicine is covered. The formulary has brand name and generic drugs. Generic drugs will be used when possible.

If a drug is not listed on the formulary, your doctor may ask for a prior authorization for you to get it.

You can get up to a 96-hour temporary supply of a medicine that is not on our formulary, as long as it is covered by Pennsylvania Medical Assistance. If you have already been taking the medicine, you may receive up to a 15-day temporary supply of the medicine as long as it is covered by Pennsylvania Medical Assistance. Your doctor will have to request a prior authorization for the drug as soon as possible, though.

UnitedHealthcare Community Plan has 24 hours from the time the request is received to approve or deny the non-formulary drug. If you disagree with our decision, you can file a grievance. If you have questions about the drug formulary, call your doctor, pharmacist or Member Services at 1-800-414-9025.

Dental Care

UnitedHealthcare Community Plan will pay for dental care if it is a covered benefit for your Medical Assistance category. You do not need to choose a dentist in advance. You do not need a referral for dental services. Just schedule an appointment with a participating dentist. If you need help finding a dentist, call Member Services at 1-800-414-9025. UnitedHealthcare Community Plan covers the following dental services:

- Basic cleanings (preventive)
- Examinations
- X-rays
- Basic fillings
- Extractions (tooth removals)
- Root canals
- Dentures
- Sealants for members under age 21

Some dental services must be approved by UnitedHealthcare Community Plan before the procedure. Your dentist will handle getting the approvals for these procedures:

- Crowns
- Dentures eligible for replacement every 5 years, if necessary
- Orthodontia (braces) for members under age 21

Vision Services

Regular eye exams are important. Members are eligible for 2 routine eye exams per year. Call your doctor to schedule a routine eye exam. You can schedule an appointment with any participating vision care provider. If you need help finding an eye doctor, call Member Services. To see an eye specialist because of eye disease or injury, you will need a referral.

The following vision services are covered for members age 21 and younger:

- All medically necessary eye care is covered, including routine vision exams — no referral is necessary.
- Two pairs of prescription eyeglasses (2 frames, 4 lenses), every 12 months or more often if medically necessary.
- Replacement of glasses if broken or lost or if a prescription changes, if medically necessary.

The following vision services are covered for members age 21 and older:

- Routine vision exams — no referral is necessary.
- UnitedHealthcare Community Plan covers prescription eyeglasses or daily wear contacts (in-plan frames, 4 lenses / 2 frames per year). Members pay nothing if lenses/frames or daily-wear contacts cost less than $125. Member must pay cost over $125. If vision provider does not carry in-plan frames, a $20 allowance will apply. Medically necessary exceptions can be made.
- There are special provisions for members with aphakia. To learn more, call Member Services at 1-800-414-9025.

Women's Health

The specialists who take care of women's health care are known as obstetricians/gynecologists (OB/GYNs). These doctors, as well as nurse midwives, are trained in prenatal care, childbirth and women's health care needs. Members do not need a referral or prior authorization to visit participating OB/GYNs or midwives. These health care providers will give you:

- Prenatal care, including office visits and delivery.
- Postpartum care visit between the 21st and 56th day after delivery.
- Birth control services and counseling.
- Annual Pap test beginning at age 21 or earlier if sexually active (discuss frequency with your provider).
- Annual pelvic exam beginning at age 18 or earlier if sexually active (discuss frequency with your provider).
- STD testing beginning at age 16 or earlier if sexually active (discuss frequency with your provider).
- A referral for an annual mammogram at age 40 and older (discuss frequency with your provider).

Family Planning / Birth Control Services

UnitedHealthcare Community Plan provides family planning services and supplies, including counseling and birth control. You can choose to get this care from your PCP or a participating OB/GYN or family planning provider or any doctor or clinic that accepts Medical Assistance. You do not need a referral to get these services.

Women, Infants and Children

Women, Infants and Children (WIC) is a special program from the Pennsylvania Department of Health that helps you and your baby eat well. The program starts when you are pregnant and lasts for 12 months if you breastfeed or 6 months if you bottle-feed your baby. Your baby can receive WIC until age 5. Babies and young children must eat nutritious food so they grow up healthy and strong. WIC can teach you about good nutrition and provide you with food vouchers to use at grocery stores. For more information about WIC, see your case worker, ask your PCP, or call the WIC hotline at 1-800-942-9467.

Mental Health / Drug and Alcohol Treatment

Your PCP can help you get mental health or drug and alcohol treatment. If you want to know more about available services or are having problems with treatment, call your county HealthChoices behavioral health provider directly.

County	Organization	Mental Health	Substance Abuse
Adams	Community Care Behavioral Health	1-866-738-9849	1-866-738-9849
Allegheny	Community Care Behavioral Health	1-800-553-7499	1-800-553-7499
Armstrong	Value Behavioral Health	1-877-688-5969	1-877-688-5969
Beaver	Value Behavioral Health	1-877-688-5970	1-877-688-5970
Berks	Community Care Behavioral Health	1-866-292-7886	1-866-292-7886
Blair	ACCESS	1-814-946-2279	1-814-946-2279
Bradford	ACCESS	1-800-588-1828	1-800-588-1828
Bucks	Magellan Behavioral Health	1-877-769-9784	1-877-769-9784
Butler	Value Behavioral Health	1-877-688-5971	1-877-688-5971
Cambria	ACCESS	1-814-535-8531	1-814-536-5388
Carbon	ACCESS	1-610-377-0773	1-610-377-5177
Chester	Community Care Behavioral Health	1-866-622-4228	1-877-769-9784
Clarion	ACCESS	1-814-226-6252	1-814-226-6252
Columbia	ACCESS	1-570-287-6741	1-570-287-6741
Crawford	ACCESS	1-814-333-8793	1-814-724-4100
Cumberland	Community Behavioral Healthcare Network	1-877-722-8646	1-877-722-8646
Dauphin	Community Behavioral Healthcare Network	1-877-722-8646	1-877-722-8646
Delaware	Magellan Behavioral Health	1-888-207-2911	1-877-769-9784
Erie	ACCESS	1-814-451-6800	1-814-451-6870
Fayette	Value Behavioral Health	1-877-688-5972	1-877-688-5972
Forest	ACCESS	1-814-755-7995	1-814-755-7995
Franklin	ACCESS	1-717-264-2184	1-717-264-2184
Greene	Value Behavioral Health	1-877-688-5973	1-877-688-5973

County	Organization	Mental Health	Substance Abuse
Indiana	Value Behavioral Health	1-877-688-5974	1-877-688-5974
Jefferson	ACCESS	1-800-734-5139	1-800-734-5139
Lackawanna	ACCESS	1-570-346-5741	1-570-278-1000
Lancaster	Community Behavioral Healthcare Network	1-877-722-8646	1-877-722-8646
Lawrence	Value Behavioral Health	1-877-688-5975	1-877-688-5975
Lebanon	Community Behavioral Healthcare Network	1-877-722-8646	1-877-722-8646
Lehigh	Magellan Behavioral Health of PA	1-866-238-2312	1-866-238-2312
Luzerne	ACCESS	1-570-825-9441	1-570-826-8790
Mercer	ACCESS	1-724-981-2878	1-724-981-2878
Monroe	ACCESS	1-570-421-2901	1-570-421-1960
Montgomery	Magellan Behavioral Health	1-877-769-9782	1-877-769-9784
Montour	ACCESS	1-570-275-4692	1-570-275-4692
Northampton	Magellan Behavioral Health of PA	1-866-238-2312	1-866-238-2312
Perry	Community Behavioral Healthcare Network	1-877-722-8646	1-877-722-8646
Philadelphia	Community Behavioral Health	1-888-545-2600	1-877-769-9784
Pike	ACCESS	1-570-296-6484	1-570-296-1054
Schuylkill	ACCESS	1-570-628-1180	1-570-621-2890
Somerset	ACCESS	1-814-443-4891	1-814-443-3639
Sullivan	ACCESS	1-570-265-0100	1-570-265-0100
Susquehanna	ACCESS	1-570-278-3393	1-570-278-1000
Warren	ACCESS	1-814-726-2100	1-814-726-2100
Washington	Value Behavioral Health	1-877-688-5976	1-877-688-5976
Westmoreland	Value Behavioral Health	1-877-688-5977	1-877-688-5977
Wyoming	ACCESS	1-570-836-3118	1-570-836-1101
York	Community Care Behavioral Health	1-866-542-0299	1-866-542-0299

Mental health or drug and alcohol treatment services are not included in your UnitedHealthcare Community Plan benefits. You will need to take your Pennsylvania ACCESS Card when you visit the behavioral health provider.

Children's Health Services

Dental Services for Members Under 21

Children under age 21 are eligible to receive all medically necessary dental services. Your child can go to any dentist in the UnitedHealthcare Community Plan network. You can find a dentist in your area by using our online provider directory at **www.uhccommunityplan.com** or by calling Member Services. Your child does not need a referral for a dental visit. However, your child's PCP may refer children age 2 and older to a dental home as part of their regular EPSDT well-child screenings. Dental services covered for children under age 21 include the following, when medically necessary:

- Anesthesia
- Orthodontics (braces)*
- Check-ups
- Periodontal services
- Cleanings
- Fluoride treatments
- Root canals
- Crowns
- Sealants
- Dentures
- Dental surgical procedures
- Dental emergencies
- X-rays
- Extractions (tooth removals)
- Topical fluoride varnish
- Fillings

*If braces were put on before age 21, services will be covered until they are completed or until age 23, whichever comes first, as long as the patient remains eligible for Medical Assistance.

For more information on your child's dental benefits, please call Member Services at 1-800-414-9025.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

UnitedHealthcare Community Plan wants to help you keep your children healthy. During the first years of your child's life, you should take your child to his or her PCP every few months for a well-child check-up. These visits include:

- Immunizations, or shots, that protect your child from diseases.
- Full physical exam that includes vision, dental and hearing screenings; height and weight; and body mass index (BMI).
- Age-appropriate laboratory services, including tests for lead and iron levels.
- Age-appropriate health education and counseling.

These preventive visits are mandatory for day care, school and sports programs. These visits should be continued throughout the adolescent years as well. Children between age 11 and 21 still need immunizations and yearly check-ups. These visits will also include health education and counseling about STDs, nutrition, substance abuse and car safety. When an EPSDT (preventive) screening finds a problem, your doctor may do more tests.

Children are covered for these EPSDT services:

- Vision care. Vision check-ups are recommended every year, beginning at age 1.
- Hearing services, including exams and hearing aids for hearing loss.
- Dental care, including routine dental exams, preventive care and treatment for pain, infections, cavities and tooth loss. Dental check-ups are suggested every 6 months, beginning at age 2. Sealants to protect against tooth decay are also recommended by age 8 and again by age 14.

UnitedHealthcare Community Plan members under age 21 with special needs can get expanded EPSDT services. When medically necessary, EPSDT provides a wide range of medical, behavioral health and social services that are not normally covered by Medicaid or have limits. A PCP, other provider or member can call UnitedHealthcare Community Plan's pediatric case manager to ask for these extra services. You can call Member Services at 1-800-414-9025 for help with EPSDT services.

Early Intervention Program

The early intervention program is for children from birth to age 5 who have or are at risk for developmental delays. This program helps children grow and develop by helping parents, service providers and others work together. It is important to talk to your child's PCP if you think your child may have a physical or emotional development problem. Examples of children who could be helped by early intervention services are:

- Babies who are born small or early and need special care.
- A child up to age 3 who is not growing as quickly as he or she should.
- Children who have high levels of lead in their blood.

The program can:

- Answer questions about your child's development.
- Help you interact with your child through daily routines at home and in the community.
- Support your child's developmental and educational growth.
- Help your child become more independent.
- Prevent the need for more costly services in the future.
- Let communities know about the gifts and abilities of all children.

Talk to your child's PCP about any questions or concerns about your child's development. For more information on the early intervention program, call DPW's CONNECT Information and Referral line at 1-800-692-7288.

Additional Services

COMPASS Community Partner

UnitedHealthcare Community Plan is now a registered COMPASS (Commonwealth of Pennsylvania Access to Social Services) community partner. Through this partnership, we can help you learn more about, apply for and renew social service programs. For more information about COMPASS, call Member Services at 1-800-414-9025.

Health Education Programs

UnitedHealthcare Community Plan offers many special health education and outreach programs. Call Member Services at 1-800-414-9025 for a full list and more information. We may offer educational classes in your neighborhood about topics like smoking prevention and cessation, asthma, healthy lifestyles, wellness events, screenings, nutrition, HIV/AIDS and STDs.

Domestic Violence

If you or someone you know is being abused, there is help. Free information and private help from a domestic violence program is available in your area. Domestic violence programs can help you develop a safety plan. Services include:

- 24-hour operator available to talk with you
- Shelter / safe home
- Children's counseling services and programs
- Individual and group counseling
- Court and emergency help
- Help with welfare application

For more information about free counseling, go to www.ndvh.org or call 1-800-799-7233 (TTY: 711).

Legal/Advocacy Help

AIDS Health Information Hotline
Client Services 1-800-929-5602

Domestic Violence Hotline. . .1-800-799-7233

Child Abuse Hotline 1-717-783-1964

Pennsylvania Elder
Abuse Hotline 1-800-490-8505

Smoking Quitline 1-800-784-8669
(managed by the PA Health Department and the American Cancer Society)

Disease Management Programs

Personal Care Unit / Special Needs Services

UnitedHealthcare Community Plan Special Needs Services helps members who have physical or behavioral disabilities, complex or chronic illnesses or other special needs. The special needs case managers work with UnitedHealthcare Community Plan and outside agencies to help members get the care they need. To talk to a case manager or to receive educational information about your disease, call UnitedHealthcare Community Plan Special Needs Services at 1-877-844-8844.

Asthma

Asthma is a chronic inflammatory disease that affects 15 million people. It is the most common chronic disease of children, affecting 5 million children, and that number is growing steadily. UnitedHealthcare Community Plan has developed an asthma program designed to help members with asthma care. To learn how to manage asthma or to receive educational material, call Special Needs Services at 1-877-844-8844.

Chronic Obstructive Pulmonary Disease (COPD)

COPD happens when the airways in the lungs are swollen and do not allow air to enter or exit. You may have a cough and become short of breath with very little exertion. People with COPD are often smokers or people who have lived or worked in environments with fumes, smoke or other lung irritants. COPD cannot be cured, but it can be managed with help from your PCP or pulmonary (lung) specialist. If you are a smoker, it is important to stop smoking. You should also avoid smoky areas and irritating fumes. To learn how to manage COPD or to receive educational material, call Special Needs Services at 1-877-844-8844.

Congestive Heart Failure (CHF)

CHF is when the heart does not pump blood as well as it should. When this happens, fluid builds up in the lungs and you may have swelling in your legs and feet. Often, you are easily out of breath with very little activity. You may have a cough, need to rest more than usual, or be unable to lie flat when you sleep. Many people need extra pillows or find sleeping in a chair more comfortable. CHF can be caused by many things, like a heart attack, obesity, high blood pressure, diabetes and viruses that attack the heart. People who get care from their PCP or a cardiologist (heart specialist) can lead productive lives with CHF. To learn how to manage CHF or to receive educational material, call Special Needs Services at 1-877-844-8844.

Coronary Artery Disease (CAD)

CAD is the most common type of heart disease. It is the leading cause of death in the United States in both men and women. CAD occurs when the coronary arteries that supply blood to the heart muscle narrow due to a build-up of a material called plaque on their inner walls. The build-up of plaque is known as atherosclerosis. As the plaque increases in size, the insides of the coronary arteries get narrower and less blood can flow through them. Eventually, the heart muscle does not

get the oxygen it needs. Reduced blood flow and the oxygen supply to the heart muscle can cause chest pain or a heart attack.

Over time, CAD can weaken the heart muscle and contribute to:

- Heart failure (when the heart cannot pump blood effectively to the rest of the body). Heart failure does not mean that the heart has stopped or is about to stop. It means that the heart is failing to pump blood the way it should.
- Arrhythmias, or changes in the normal beating rhythm of the heart. Some can be quite serious.

To learn how to manage CAD or to receive educational material, call Special Needs Services at 1-877-844-8844.

Diabetes

Diabetes is a disease that affects the way your body uses food. Your body changes the food you eat into sugar. Body cells use sugar for energy. With diabetes, sugar builds up in the blood. The build-up of blood sugar can cause blindness, kidney disease and heart attacks. 16 million Americans have diabetes. One-third of people with diabetes don't know they have it. Some of the signs of diabetes are frequent urination, extreme thirst, tiredness and hunger.

Diabetes is manageable. Maintaining a healthy weight, eating low-fat foods, monitoring carbohydrate intake and getting plenty of exercise can control diabetes. In some cases, your doctor may also prescribe medicine to control your blood sugar. To learn how to manage diabetes or to receive educational material, call Special Needs Services at 1-877-844-8844.

HIV/AIDS

HIV (human immunodeficiency virus) is a virus that invades a person's body. AIDS is caused by HIV. The term AIDS applies to the most difficult stages of HIV infection. By killing or damaging cells of the body's immune system, HIV destroys the body's ability to fight infections and certain cancers. People diagnosed with AIDS may get life-threatening diseases called opportunistic infections, which are caused by viruses or bacteria that usually do not make healthy people sick.

If you have AIDS or an HIV-related disease, a UnitedHealthcare Community Plan case manager will help you get medical and social services. Your case manager will know the resources available for housing, support groups and other community services. To learn more about these special services, call Special Needs Services at 1-877-844-8844.

When you are at home, you may get services from home health nurses and nurse aides, if medically necessary. You can also get homemaker services to help you with daily household chores. UnitedHealthcare Community Plan can also give you nutritional and other supplemental services to help you stay healthy. You will still need to see your UnitedHealthcare Community Plan PCP for medical care, though.

Complaints and Grievances

If a provider or UnitedHealthcare Community Plan does something that you are unhappy about or do not agree with, you can tell UnitedHealthcare Community Plan or the Department of Public Welfare what you are unhappy about or that you disagree with what the provider or UnitedHealthcare Community Plan has done. This section describes what you can do and what will happen.

Complaints

What is a complaint? A complaint is when you tell us you are unhappy with UnitedHealthcare Community Plan or your provider or do not agree with a decision by UnitedHealthcare Community Plan. Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service or item you want because it is not a covered service or item.
- You have not gotten services that UnitedHealthcare Community Plan has approved.

What Should I Do If I Have a Complaint?

First-Level Complaint

To file a complaint, you can:

- Call us at 1-800-414-9025 (TTY 711) and tell us your complaint, or
- Write down your complaint and send it to us at:

  Grievance and Appeals
  UnitedHealthcare Community Plan for Families
  1001 Brinton Road
  Pittsburgh, PA 15221
- Your provider can file a complaint for you if you give him or her your consent in writing to do so.

This is called a first-level complaint. For more information on how to authorize a member representative, please refer to the Personal Representative Authorization form at the end of this guide.

When Should I File a First-Level Complaint?

You must file a complaint within 45 days of getting a letter telling you that:

- UnitedHealthcare Community Plan has decided you cannot get a service or item you want because it is not a covered service or item,
- UnitedHealthcare Community Plan will not pay a provider for a service or item you got, or
- UnitedHealthcare Community Plan did not decide a complaint or grievance you told us about before within 30 days.

You must file a complaint within 45 days of the date you should have gotten a service or item if you did not get a service or item. The time by which you should have received a service or item is listed on page 16. You may file all other complaints at any time.

What Happens After I File a First-Level Complaint?

After you file your complaint, you will get a letter from UnitedHealthcare Community Plan telling you that we have received your complaint, and about the first-level complaint review process. You may ask UnitedHealthcare Community Plan for copies of information we have about your complaint. You may also send information that may help with your complaint to UnitedHealthcare Community Plan.

You may attend the complaint review if you want to. You may come to our offices or be included by phone or by videoconference, if available. We will send you a letter notifying you of the date of your complaint review. If you decide that you do not want to attend the complaint review, it will not affect our decision.

A committee of one or more UnitedHealthcare Community Plan staff who has not been involved in the issue you filed your complaint about will review your complaint and make a decision. Your complaint will be decided no later than 30 days after we receive your complaint. A decision letter will be mailed to you within 5 business days after the decision is made. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

If you need more information about help during the complaint process, see page 50 of this handbook.

What To Do To Continue Getting Services

If you have been receiving services or items that are being reduced, changed or stopped and you file a complaint that is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that the services or items you have been receiving are not covered services or items for you, the service or items will continue until a decision is made.

What If I Don't Like UnitedHealthcare's Decision?

Second-Level Complaint

If you do not agree without first-level complaint decision, you may file a second-level complaint with UnitedHealthcare Community Plan.

When Should I File a Second-Level Complaint?

You must file your second-level complaint within 45 days of the date you receive the first-level complaint decision letter. To file a second-level complaint, you can:

- Call UnitedHealthcare Community Plan at 1-800-414-9025 (TTY 711) and tell us your second-level complaint, or
- Write down your second-level complaint and send it to us at:

Grievance and Appeals
UnitedHealthcare Community Plan for Families
1001 Brinton Road
Pittsburgh, PA 15221

What Happens After I File a Second-Level Complaint?

You will receive a letter from UnitedHealthcare Community Plan telling you that we have received your complaint, and telling you about the second-level complaint review process. You may ask UnitedHealthcare Community Plan for copies of any information we have about your complaint. You may also send information that may help with your complaint to UnitedHealthcare Community Plan.

You may attend the complaint review if you want to. You may come to our offices or be included by phone or by videoconference, if available. If you decide that you do not want to attend the complaint review, it will not affect our decision. A committee made up of three or more people, including at least one UnitedHealthcare Community Plan member, who have not been involved in the issue you filed your complaint about, will review your complaint and make a decision.

Your complaint will be decided no later than 45 days after we receive your complaint. A decision letter will be mailed to you within 5 business days after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you don't like the decision. If you need more information about help during the complaint process, see page 50 of this handbook.

What To Do To Continue Getting Services

If you have been receiving services or items that are being reduced, changed or stopped because they are not covered services or items for you and you file a second-level complaint that is hand-delivered or postmarked within 10 days of the date on the first-level complaint decision letter, the services or items will continue until a decision is made.

What Can I Do If I Still Don't Like UnitedHealthcare's Decision?

External Complaint Review

If you do not agree with UnitedHealthcare Community Plan's second-level complaint decision, you may ask for an external review by either the Department of Health or the Insurance Department. The Department of Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve UnitedHealthcare Community Plan's policies and procedures.

You must ask for an external review within 15 days of the date you received the second-level complaint decision letter. If you ask, the Department of Health will help you put your complaint in writing. You must send your request for external review in writing to either:

Pennsylvania Department of Health
Bureau of Managed Care
Attention: Complaint Appeals
Room 912 Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
Phone: 1-888-466-2787

Pennsylvania Insurance Department
Bureau of Consumer Services
1209 Strawberry Square
Harrisburg, PA 17120
Phone: 1-877-881-6388

If you send your request for external review to the wrong department, it will be sent to the correct department.

The Department of Health or the Insurance Department will get your file from UnitedHealthcare Community Plan. You may also send them any other information that may help with the external review of your complaint.

You may be represented by an attorney or another person during the external review. A decision letter will be sent to you after the decision is made. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

What To Do To Continue Getting Services

If you have been receiving services or items that are being reduced, changed or stopped because they are not covered services or items for you and you file a request for an external complaint review that is hand-delivered or postmarked within 10 days of the date on the second-level complaint decision letter, the services or items will continue until a decision is made.

Grievances

What is a grievance? When UnitedHealthcare Community Plan denies, decreases or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a letter (notice) telling you UnitedHealthcare Community Plan's decision. A grievance is when you tell us you disagree with UnitedHealthcare Community Plan's decision.

What Should I Do If I Have a Grievance?

First-Level Grievance

To file a grievance, you can:

- Call UnitedHealthcare Community Plan at 1-800-414-9025 (TTY: 711) and tell us your grievance,
- Your provider can file a grievance for you if you give your PCP your consent in writing to do so, or
- Write down your grievance and send it to us at:

  Grievance and Appeals
  UnitedHealthcare Community Plan for Families
  1001 Brinton Road
  Pittsburgh, PA 15221

Note: If your provider files a grievance for you, you cannot file a separate grievance on your own.

When Should I File a First-Level Grievance?

You have 45 days from the date you receive the letter (notice) that tells you about the denial, decrease or approval of a different service or item to file your grievance.

What Happens After I File a First-Level Grievance?

After you file your grievance, you will get a letter from UnitedHealthcare Community Plan telling you that we have received your grievance, and about the first-level grievance review process. You may ask UnitedHealthcare Community Plan for copies of any information we have about your grievance.

You may also send information that may help with your grievance to UnitedHealthcare Community Plan.

You may attend the grievance review if you want to. You may come to our offices or be included by phone or by videoconference, if available. If you decide that you do not want to attend the grievance review, it will not affect our decision. A committee of one or more UnitedHealthcare Community Plan staff, including a licensed doctor or dentist, who have not been involved in the issue you filed your grievance about, will review your grievance and make a decision. Your grievance will be decided no later than 30 days after we received your grievance.

A decision letter will be mailed to you within 5 business days after the decision is made. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

If you need more information about help during the grievance process, see page 50 of this handbook.

What To Do To Continue Getting Services

If you have been receiving services or items that are being reduced, changed or stopped, and you file a grievance that is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that the services or items you have been receiving are being reduced, changed or stopped, the services or items will continue until a decision is made.

What If I Don't Like UnitedHealthcare's Decision?

Second-Level Grievance

If you do not agree with our first-level grievance decision, you may file a second-level grievance with UnitedHealthcare Community Plan.

When Should I File a Second-Level Grievance?

You must file your second-level grievance within 45 days of the date you receive the first-level grievance decision letter. To file a second-level grievance, you can:

- Call UnitedHealthcare Community Plan at 1-800-414-9025 (TTY: 711) and tell us your grievance,
- Write down your grievance and send it to us at:

  Grievance and Appeals
  UnitedHealthcare Community Plan for Families
  1001 Brinton Road
  Pittsburgh, PA 15221

What Happens After I File a Second-Level Grievance?

You will receive a letter from UnitedHealthcare Community Plan telling you that we have received your grievance and telling you about the second-level grievance review process. You may ask UnitedHealthcare Community Plan for copies of any information we have about your grievance. You may also send information that may help with your grievance to UnitedHealthcare Community Plan.

You may attend the grievance review if you want to. You may come to our offices or be included by phone or by videoconference, if available. If you decide that you do not want to attend the grievance review, it will not affect our decision. A committee of three or more people including a doctor or dentist who have not been involved in the issue you filed your grievance about, will review your grievance and make a decision. Your grievance will be decided no later than 45 days after we receive your grievance

A decision letter will be mailed to you within 5 business days after the decision is made. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

What To Do To Continue Getting Services

If you have been receiving services or items that are being reduced, changed or stopped and you file a second-level grievance that is hand-delivered or postmarked within 10 days of the date on the first-level grievance decision letter, the services or items will continue until a decision is made.

What Can I Do If I Still Don't Like UnitedHealthcare's Decision?

External Grievance Review

If you do not agree with UnitedHealthcare Community Plan's second-level grievance decision, you may ask for an external grievance review. You must call or send a letter to UnitedHealthcare Community Plan asking for an external grievance review within 15 days of the date you received our grievance decision letter. The address is:

Grievance and Appeals
UnitedHealthcare Community Plan for Families
1001 Brinton Road
Pittsburgh, PA 15221
Telephone: 1-800-414-9025

We will then send your request to the Department of Health. The Department of Health will notify you of the external grievance reviewer's name, address and phone number. You will also be given information about the external review process.

UnitedHealthcare Community Plan will send your grievance file to the reviewer. You may provide additional information that may help with the external review of your grievance to the reviewer, within 15 days of filing the request for an external grievance review.

You will receive a decision letter within 60 days of the date you asked for an external grievance review. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

You may call UnitedHealthcare Community Plan's toll-free telephone number at 1-800-414-9025 if you need help or have questions about complaints and grievances, you can contact your local legal aid office at 1-800-322-7572; or call the Pennsylvania Health Law Project at 1-800-274-3258 if you need help or have questions about complaints and grievances.

What To Do To Continue Services

If you have been receiving services or items that are being reduced, changed or stopped and you request an external grievance review that is hand-delivered or postmarked within 10 days of the date on the second-level grievance decision letter, the services or items will continue until a decision is made.

What Can I Do If My Health Is At Immediate Risk?

Expedited Complaints and Grievances

If your doctor or dentist believes that the usual time frames for deciding your complaint or grievance will harm your health, you or your doctor or dentist can call UnitedHealthcare Community Plan at 1-800-414-9025 and ask that your complaint or grievance be decided faster. You will need to have a letter from your doctor or dentist faxed to 1-877-866-8120 explaining how the usual time frame for deciding your complaint or grievance will harm your health.

If your doctor or dentist does not fax UnitedHealthcare Community Plan this letter, your complaint or grievance will be decided within the usual time frames.

Expedited Complaints

The expedited complaint will be decided by a licensed doctor who has not been involved in the issue you filed your complaint about.

UnitedHealthcare Community Plan will call you with our decision within 48 hours of when we receive the letter from your doctor explaining how the usual time frame for deciding your complaint will harm your health or within 3 business days of your request for an expedited (faster) complaint review, whichever is sooner. You will also receive a letter telling you the reasons for the decision and how to file a second-level complaint, if you don't like the decision. An expedited complaint decision may not be requested after a second-level complaint decision has been made on the same issue.

For information on how to file a second-level complaint see page 44 of this handbook.

Expedited Grievances and Expedited External Grievances

A committee of three or more people, including a licensed doctor and at least one UnitedHealthcare Community Plan member, will review your grievance. The licensed doctor or dentist will decide your expedited grievance with help from the other people on the committee. No one on the committee will have been involved in the issue you filed your grievance about.

UnitedHealthcare Community Plan will call you with our decision within 48 hours of when we receive the letter from your doctor explaining how the usual time frame for deciding your complaint will harm your health or within 3 business days of your request for an expedited (faster) complaint review, whichever is sooner. You will also receive a letter telling you the reasons for the decision and that you can ask for an expedited external grievance review, if you don't like the decision.

If you want to ask for an expedited external grievance review by the Department of Health, you must call UnitedHealthcare Community Plan at 1-800-414-9025 within 2 business days from the date you

get the expedited grievance decision letter. UnitedHealthcare Community Plan will send your request to the Department of Health within 24 hours after receiving it. An expedited grievance decision may not be requested after a second-level grievance decision has been made on the same issue.

Help With the Complaint and Grievance Processes

If you need help filing your complaint or grievance, a staff member of UnitedHealthcare Community Plan will help you. This person can also represent you during the complaint or grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your complaint or grievance.

You may also have a family member, friend, lawyer or other person help you file your complaint or grievance. This person can also help you if you decide you want to appear at the complaint or grievance review. For legal assistance you can contact Legal Aid at 1-800-322-7572.

At any time during the complaint or grievance process, you can have someone you know represent you or act on your behalf. If you decide to have someone represent or act for you, tell UnitedHealthcare Community Plan, in writing, the name of that person and how we can reach him or her.

You or the person you choose to represent you may ask UnitedHealthcare Community Plan to see any information we have about your complaint or grievance.

Persons whose primary language is not English: If you ask for language interpreter services, UnitedHealthcare Community Plan will provide the services at no cost to you.

Persons with disabilities: UnitedHealthcare Community Plan will provide persons with disabilities with the following help in presenting complaints or grievances at no cost, if needed. This help includes:

- providing sign language interpreters;
- providing information submitted by UnitedHealthcare Community Plan at the complaint or grievance review in an alternative format. The alternative format version will be given to you before the review; and
- providing someone to help copy and present information.

Note: For some issues you can request a fair hearing from the Department of Public Welfare in addition to or instead of filing a complaint or grievance with UnitedHealthcare Community Plan. See below for the reasons you can request a fair hearing.

Department of Public Welfare Fair Hearings

In some cases you can ask the Department of Public Welfare to hold a hearing because you are unhappy about or do not agree with something UnitedHealthcare Community Plan did or did not do. These hearings are called fair hearings. You can ask for a fair hearing at the same time you file a complaint or grievance or you can ask for a fair hearing after UnitedHealthcare Community Plan decides your first- or second-level complaint or grievance.

What kinds of things can I request a fair hearing about and by when do I have to ask for your fair hearing?

If You Are Unhappy Because:	You Must Ask for a Fair Hearing:
UnitedHealthcare Community Plan decided to deny a service or item because it is not a covered service or item	within 30 days of getting a letter from UnitedHealthcare Community Plan telling you of this decision
UnitedHealthcare Community Plan decided to not pay a provider for a service or item you got and the provider can bill you for the service or item	within 30 days of getting a letter from UnitedHealthcare Community Plan telling you of this decision
UnitedHealthcare Community Plan did not decide within 30 days a complaint or grievance you told UnitedHealthcare Community Plan about before	within 30 days of getting a letter from UnitedHealthcare Community Plan telling you that we did not decide your complaint or grievance within the time we were supposed to
UnitedHealthcare Community Plan decided to deny, decrease or approve a service or item different than the service or item you requested because it was not medically necessary	within 30 days of getting a letter from UnitedHealthcare Community Plan telling you of this decision or within 30 days of getting a letter from UnitedHealthcare Community Plan telling you of its decision after you filed a complaint or grievance about this issue
UnitedHealthcare Community Plan did not provide a service or item by the time you should have received it (the time by which you should have received it is listed on page 16)	within 30 days from the date you should have received the service or item

How Do I Ask For a Fair Hearing?

You must ask for a fair hearing in writing and send it to:

Department of Public Welfare
Office of Medical Assistance Programs - HealthChoices Program
Complaint, Grievance and Fair Hearings
PO Box 2675
Harrisburg, PA 17105-2675

Your request for a fair hearing should include:

- Member name, social security number and date of birth.
- Telephone number where you can be reached during the day.
- If you want to have the fair hearing in person or by telephone.
- Any letter you may have received about the issue you are requesting your fair hearing for.

What Happens After I Ask For a Fair Hearing?

You will get a letter from the Department of Public Welfare's Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing. You may come to where the fair hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the fair hearing. UnitedHealthcare Community Plan will also go to your fair hearing to explain why we made the decision or explain what happened.

If you ask, UnitedHealthcare Community Plan must give you (at no cost to you) any records, reports and other information we have that is relevant to what you requested your fair hearing about.

When Will the Fair Hearing Be Decided?

If you ask for a fair hearing after a first-level complaint or grievance decision, the fair hearing will be decided no more than 60 days after the Department of Public Welfare gets your request. If your appeal is not decided within 90 days from the date that the Department of Public Welfare receives your request, you may be able to get interim assistance from the Department of Public Welfare until the decision is made. If you ask for a fair hearing and did not file a first-level complaint or grievance, or if you ask for a fair hearing after a second-level complaint or grievance decision, the fair hearing will be decided within 90 days from when the Department of Public Welfare gets your request.

What To Do To Continue Getting Services

If you have been receiving services or items that are being reduced, changed or stopped and your request for a fair hearing is hand-delivered or postmarked within 10 days of the date on the letter (notice) telling you that UnitedHealthcare Community Plan has reduced, changed or denied your services or items or telling you UnitedHealthcare Community Plan's decision about your first or second-level complaint or grievance, your services or items will continue until a decision is made.

What Can I Do If My Health Is At Immediate Risk?

Expedited Fair Hearing

If your doctor or dentist believes that using the usual time frames to decide your fair hearing will harm your health, you or your doctor or dentist can call the Department of Public Welfare at 1-800-798-2339 and ask that your fair hearing be decided faster. This is called an expedited fair hearing. You will need to have a letter from your doctor or dentist faxed to 1-717-772-6328 explaining why using the usual time frames to decide your fair hearing will harm your health. If your doctor or dentist does not send a written statement, your doctor or dentist may testify at the fair hearing to explain why using the usual time frames to decide your fair hearing will harm your health.

The Bureau of Hearings and Appeals will contact you to schedule the expedited fair hearing. The expedited fair hearing will be held by telephone within 3 business days after you ask for the fair hearing.

If your doctor does not send a written statement and does not testify at the fair hearing, the fair hearing decision will not be expedited. Another hearing will be scheduled, and the time frame for the fair hearing decision will be based on the date you asked for the fair hearing. If your doctor sent a written statement or testifies at the hearing, the decision will be made within 3 business days after you asked for the fair hearing.

You may call UnitedHealthcare Community Plan's toll-free telephone number at 1-800-414-9025 if you need help or have questions about fair hearings, you can contact Legal Aid at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258 if you need help or have questions about complaints and grievances.

Fraud and Abuse

UnitedHealthcare Community Plan has a hotline if you want to report a medical provider (for example, a doctor, dentist, therapist or hospital) or business (for example, a medical supplier) for suspected fraud or abuse. You can call the UnitedHealthcare Community Plan fraud and abuse hotline at 1-877-401-9430. Some examples of fraud and abuse are:

- Billing or charging you for services that your health plan covers.
- Offering you gifts or money to receive treatment or services.
- Members loaning their ACCESS or UnitedHealthcare Community Plan ID cards to another person to get services using the member's name.
- Offering you free services, equipment or supplies in exchange for your ACCESS number.
- Giving you treatment or services that you do not need.
- Physical, mental or sexual abuse by medical staff.
- Being offered prescription or prescription medications without being seen or treated by the prescribing doctor.
- A member who visits an unusually high number of doctors to obtain narcotic drugs.

DPW also has a fraud and abuse hotline that you can reach by dialing 1-866-DPW-TIPS (1-866-379-8477), Monday through Friday, 8:30 a.m. to 3:30 p.m. You may leave a voice-mail message at other times. You can also report suspected fraud and abuse by visiting http://www.dpw.state.pa.us/learnaboutdpw/fraudandabuse or emailing omaptips@state.pa.us. You don't have to give your name. If you do, the provider won't be told that you called. If you don't speak English, an interpreter will be made available. If you are hearing-impaired, you can call the hotline using your TTY device.

Privacy Notice

Medical Information

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

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

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

How We Use or Share Information

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

- You or your legal representative.
- The Secretary of the Department of Health and Human Services to make sure your privacy is protected.

We have the right to use and share health information for your treatment, to pay for care and to run our business. For example, we may use and share it:

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

We may use or share your health information as follows:

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

Privacy Notice (cont.)

- For public health activities. This may be to prevent disease outbreaks.
- For reporting abuse, neglect or domestic violence. We may only share with entities allowed by law to get this health information. This may be a social or protective service agency.
- For health oversight activities to an agency allowed by the law to get the health information. This may be for licensure, audits and fraud and abuse investigations.
- For judicial or administrative proceedings. Such as to answer a court order or subpoena.
- For law enforcement. Such as to find a missing person or report a crime.
- For threats to health or safety. This may be to public health agencies or law enforcement. Such as in an emergency or disaster.
- For government functions. This may be for military and veteran use, national security, or the protective services.
- For workers' compensation. To comply with labor laws.
- For research. Such as to study disease or disability, as allowed by law.
- To give information on descendants. This may be to a coroner or medical examiner. Such as to identify the deceased, find a cause of death or as stated by law. We may give health information to funeral directors.
- For organ transplant. To help get bank or transplant organs, eyes or tissue.
- To correctional institutions or law enforcement. For persons in custody: (1) To give health care. (2) To protect your health and the health of others. (3) For the security of the institution.
- To our business associates if needed to give you services. Our associates agree to protect your health information. They are not allowed to use health information other than as per our contract with them. As of February 17, 2010, our associates will be subject to federal privacy laws.
- To notify of a data breach. To give notice of unauthorized access to your health information. We may send notice to you.
- Other restrictions. Federal and state laws may limit the use and sharing of highly confidential health information. This may include state laws on HIV/AIDS, mental health, genetic tests, alcohol and drug abuse, sexually transmitted diseases and reproductive health, or child/adult abuse, neglect or sexual assault.

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

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

Your Privacy Rights

You have a right:

- To ask us to limit use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others involved in your care or payment for it. We may allow dependents to ask for limits. We will try to honor your request, but we do not have to do so.
- To ask a provider not to send health information to us if you paid for the care in full.
- To ask to get confidential communications in a different way or place (for example, at a P.O. box instead of your home). We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- To see or get a copy of health information that we use to make decisions about you. You must ask in writing. Mail it to the address below. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed. As of February 17, 2010, if we keep an electronic record, you may ask for an electronic copy to be sent to you or a third party. We may charge a fee for this.
- To ask to amend. If you think your health information is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your health information.
- To get an accounting of health information shared in the six years prior to your request. This will not include any health information shared: (i) Prior to April 14, 2003. (ii) For treatment, payment, and health care operations. (iii) With you or with your consent. (iv) With correctional institutions or law enforcement. This will not list disclosures if federal law does not make us keep track of them.
- To get a paper copy of this notice. You may ask for a copy at any time. Even if you agreed to get this notice electronically, you have a right to a paper copy. You may also get a copy at our website, **www.uhccommunityplan.com.**

Using Your Rights

- To contact UnitedHealthcare Community Plan's Privacy Department: call the phone number on the back of your ID card. Or you may call Member Services at 1-800-414-9025.
- To submit a written request: mail to:

  UnitedHealthcare Community Plan of Pennsylvania
  PSMG Privacy Office
  MN006-W800
  P.O. Box 1459
  Minneapolis, MN 55440
- To file a complaint: if you think your privacy rights have been violated, you may send a complaint at the address 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.

Financial Information

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

Information We Collect

We get financial information about you from:

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

Sharing of Financial Information

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

Confidentiality and Security

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

Your Right to Access and Correct Information

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

- For the source of the financial information.
- For a list of disclosures made in the two years before your request.
- To view and copy your financial information in person.
- For a copy to be sent. We may charge a fee.
- For corrections, amendments or deletions.

Follow these directions:

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

Send requests to:

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

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

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

Personal Representative Authorization

Instructions: Please complete and sign this form to appoint a personal representative. A separate form is required for each member. Return in the self-addressed stamped envelope. UnitedHealthcare Community Plan will grant your personal representative the same rights to your protected health information (PHI) that is provided to you.

Member Information: (individual whose information will be released)

Full Name _____ID #_____

Address _____

Social Security # (last 4 digits) _____ Date of Birth _____ Phone # _____

Authorization: I hereby authorize the request and release of my PHI held by UnitedHealthcare Community Plan to my personal representative. By appointing the person named on this form as my personal representative, I understand that I am authorizing UnitedHealthcare Community Plan to give this person access to my PHI and medical records and the right to talk to UnitedHealthcare Community Plan about my account.

I understand that my authorization will remain in effect for the length of time specified below. I have had full opportunity to read and consider the contents of this authorization. I understand that by signing this form, I am confirming my authorization for the request and release of my PHI, as described in this form.

I _____ appoint _____ to be my personal representative.

(Member Name) **(Personal Representative)**

Time Period for Representation: From _____ To _____

Note: If no time period is provided, this request will remain in effect until the member or his/her legal representative notifies UnitedHealthcare Community Plan in writing requesting a change.

Your Right to Revoke: You may revoke this authorization at any time by giving written notice to UnitedHealthcare Community Plan. Cancellation of this authorization will not affect any action we took prior to receiving your written notification. Please call UnitedHealthcare Community Plan for more information if you desire to cancel this authorization.

Personal Representative Information: (required for privacy verification purposes)

Full Name _____Date of Birth_____

Address _____ Phone #_____

Social Security # (last 4 digits) _____ Relationship to Member_____

Important: Guardians, court appointed representatives or other responsible parties must send a copy of legal documents. If you have questions or need help, call Member Services at the number listed on the back of the member card.

_____

Signature of Member/Requestor Date

_____

Printed Name


UnitedHealthcare®
Community Plan