



Michigan

Three thick, dark blue wavy lines that originate from the left edge of the page and curve downwards and to the right, meeting at a point before curving back to the right edge.

# Welcome to the community

2023 Medicaid Member Handbook

# Important toll-free telephone numbers

**UnitedHealthcare Community Plan Member Services ..... 1-800-903-5253**

## Call us to:

- Change your Primary Care Provider (PCP)
- Ask about UnitedHealthcare Community Plan doctors or other health care providers
- Ask about covered medications or other pharmacy questions
- Ask about covered outpatient mental health services
- Ask about covered benefits
- Ask for a list of UnitedHealthcare Community Plan doctors and hospitals, a Provider Directory
- Obtain an audio reading of UnitedHealthcare Community Plan materials for the visually impaired
- Use the AT&T Language Line, interpretation services. We can help you in over 130 languages
- Get UnitedHealthcare Community Plan information or written materials
- Ask about Utilization Management decisions

**Visit: [UHCommunityPlan.com/mi](http://UHCommunityPlan.com/mi)**

**Transportation or Gas Reimbursement ..... 1-877-892-3995**

\* \* It is best to call four days in advance to set up your ride or ask for gas reimbursement.\* \*

To arrange non-emergency transportation to go to and from:

- Doctor's visits
- Medical equipment companies for supplies
- Mental health clinics
- Health departments
- Vision clinics
- Urgent visits to your doctor's office or Urgent Care centers
  - If you need an urgent ride to your doctor's office or an Urgent Care center sooner than the four-day advance notice, call us and we will help you
  - Maternal Infant Health Program (MIHP)

To arrange emergency transportation or emergency ambulance services, call 911.

**Vision Services** ..... **1-800-903-5253**

To set up your **free** routine vision exams, frames, and lens services.

**Dental Services** ..... **1-800-642-3195**

The State of Michigan Medicaid program, not UnitedHealthcare Community Plan, covers dental services. You can go to any dentist that accepts Medicaid and present your green mihealth card. Ask your doctor or call your DHS Case Worker for more details.

**Dental Services for Pregnant Members** ..... **1-800-903-5253**

**Medicaid Help Line** ..... **1-800-642-3195**

**Michigan Enrolls** ..... **1-888-367-6557** or **1-800-975-7630**

**Michigan Relay (Hearing Impaired)** ..... **711**

The Michigan Relay Center makes it possible for hearing-impaired and/or speech-impaired persons to make calls. They can be reached 24 hours a day, 7 days a week.

**These are all toll-free phone numbers!**

# Getting started

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

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

Regular checkups are important for good health. Your PCP's phone number should be listed on the member ID card that you recently received in the mail. If you don't know your PCP's number, or if you'd like help scheduling a checkup, call Member Services at **1-800-903-5253**, TTY **711**. We're here to help.

**2. When you see your PCP, talk about all your health care needs.**

Let your PCP know about any recent conditions or medicines you are taking. Ask questions. Set up a health plan with your PCP. Make sure you understand what you need to do next. You may need follow-up tests. Be sure to see your PCP every year for a checkup, even if you are not sick.

**3. Take your Health Assessment.**

You will soon receive a welcome phone call from us to help you complete a survey about your health. This survey helps us understand your needs so that we can serve you better. You can also fill out the survey online. See page 16 for details.

**4. Get to know your health plan.**

Start with the Health Plan Highlights section on page 12 for a quick overview of your new plan. And be sure to keep this booklet handy, for future reference.

**5. Check your member ID card.**

You should have received a member ID card in the mail. The card has the UnitedHealthcare Community Plan logo on it. You should have a separate ID card for each member of your family who is enrolled with us. If you did not get an ID card, or if the information on it is not correct, call Member Services at **1-800-903-5253**.

**6. Transition to UnitedHealthcare Community Plan.**

UnitedHealthcare Community plan assists members who are transitioning to the health plan. As soon as you become an active member, you will have access to all of the services we offer. Members will be provided with continued access to services the entire time they are a part of UnitedHealthcare Community Plan. If you need assistance in accessing care you can call Member Services at **1-800-903-5253**, TTY **711**. If you would like to receive a copy of our transition of care policy you can call Member Services or view online at [UHCCommunityPlan.com/mi](https://www.uhc.com/mi).

4 **Questions?** Visit [UHCCommunityPlan.com/mi](https://www.uhc.com/mi), or call Member Services at **1-800-903-5253**, TTY **711**.



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

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

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

[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

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

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY **711**, 8:30 a.m.–5:30 p.m., Monday–Friday.

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

**Online:**

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

**Phone:**

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

**Mail:**

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

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

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY **711**, 8:30 a.m.–5:30 p.m. Monday–Friday.

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**Questions?** Visit [UHCCommunityPlan.com/mi](https://UHCCommunityPlan.com/mi), 5  
or call Member Services at **1-800-903-5253**, TTY **711**.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-903-5253, TTY 711**.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-903-5253, TTY 711**.

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم **1-800-903-5253** ، الهاتف النصي **711**.

注意：如果您說中文，您可獲得免費語言協助服務。請致電 **1-800-903-5253** ，  
或聽障專線 (TTY) 711

MADETA: en maswtat lishana Aturaya, eten tishmiishta d lishana qa hayarta quray. Makhber **1-800-903-5253, TTY 711**.

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi số, **1-800-903-5352, TTY 711**.

VËMENDJE: Nëse flisni shqip, keni në dispozicion shërbime asistence gjuhësore pa gagesë. Telefono **1-800-903-5253, TTY 711**.

참고: 한국어를 하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. **1-800-903-5253, TTY 711**로 전화하십시오.

মনোযোগ: যদি আপনি বাঙ্গালী ভাষায় কথা বলেন, তবে আপনার জন্য ভাষা সহায়তা পরিসেবা বিনামূল্যে লভ্য হবে। ফোন করুন **1-800-903-5253** নম্বরে **TTY 711**.

UWAGA: jeżeli mówisz po polsku, możesz skorzystać z usługi bezpłatnej pomocy językowej pod numerem telefonu **1-800-903-5253, TTY 711**.

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachendienste zur Verfügung. Wählen Sie **1-800-903-5253, TTY 711**.

ATTENZIONE: se parla italiano, Le vengono messi gratuitamente a disposizione servizi di assistenza linguistica. Chiami il numero **1-800-903-5253, TTY 711**.

ご注意：日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。電話番号**1-800-903-5253**、または**TTY 711**（聴覚障害者・難聴者の方用）までご連絡ください。

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами переводчика. Звоните по тел. **1-800-903-5253, TTY 711**.

6 **Questions?** Visit [UHCCommunityPlan.com/mi](https://www.uhccommunityplan.com/mi),  
or call Member Services at **1-800-903-5253, TTY 711**.

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**PAŽNJA:** Ako govorite srpsko-hrvatski, možete dobiti besplatnu pomoć za usluge jezika. Pozovite **1-800-903-5253, TTY 711.**

**ATENSYON:** Kung nagsasalita ka ng Tagalog, may magagamit kang mag serbisyo ng pantulong sa wika, nang walang bayad. Tumawag sa **1-800-903-5253, TTY 711.**

# Thank you for choosing UnitedHealthcare Community Plan for your health plan

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

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

Remember, answers to any questions you have are just a click away at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). Or, you can call Member Services at **1-800-903-5253**, TTY **711**.

You may also request a Member Services Advocate for assistance understanding your handbook. They are trained to assist members with mental conditions or illnesses who may require additional help. Materials can also be provided in Braille, large print or voice recorded CD formats for sight-impaired individuals, upon request. Member Services Advocates can also read member materials aloud if a member requires it. Call **1-800-903-5253**, TTY **711** to request any of these services.

Any changes in phone number, email, or address should be reported to the Michigan Department of Health and Human Services (MDHHS). You can do this by going to the MIBridges website at [www.michigan.gov/mibridges](https://www.michigan.gov/mibridges). If you do not have an account, you will need to create an account by selecting "Register". Once in your account, when reporting changes, please make sure you do so in both the profile section and the Report Changes area. The Report Changes area is what the local office will use to update the address for your case.



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10 **Questions?** Visit [UHCCommunityPlan.com/mi](https://UHCCommunityPlan.com/mi),  
or call Member Services at **1-800-903-5253**, TTY **711**.

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# Health plan highlights

## Member ID card

The diagram shows two member ID cards. The left card is a UnitedHealthcare Michigan MA Community Plan card. It includes the following information: Health Plan (80840) 911-95467-00, Member ID: 001901398, Group Number: MIPHCP, Member: REISSUE B ENGLISHMED, State Assigned ID: 9999991398, PCP Name: DOUGLAS GETWELL, PCP Phone: (269)969-6123, Effective Date: 08/01/2013, Payer ID: 95467, and an OPTUMRx logo with Rx Bin: 610494, Rx Grp: ACUMI, and Rx PCN: 4242. The right card is a backside card with emergency instructions, a disclaimer, and contact information for members, providers, and pharmacy claims.

Callouts from the right side of the image point to specific information on the cards:

- Your plan ID number (points to 911-95467-00)
- Your member ID number (points to 001901398)
- Member Services phone number (points to 800-903-5253 TTY 711)
- Name and phone number of your Primary Care Provider (points to DOUGLAS GETWELL, (269)969-6123)
- Information for your pharmacist (points to the OPTUMRx logo and Rx information)
- Mental/Behavioral Health/Vision Services (points to 800-903-5253)

Your member ID card holds a lot of important information. It gives you access to your covered benefits. You should have received your member ID card in the mail within 10 days of joining UnitedHealthcare Community Plan. Each family member will have their own card. Check to make sure that all the information is correct. If any information is wrong, call Member Services at **1-800-903-5253, TTY 711**.

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

**Show both cards.** Always show your UnitedHealthcare ID card **and** your state **mihealth** card when you get care. This helps ensure that you get all the benefits available. It also prevents billing mistakes.

### Lost your member ID card?

If you or a family member loses a card, you can print a new one at [myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan).

12 **Questions?** Visit [UHCCommunityPlan.com/mi](http://UHCCommunityPlan.com/mi), or call Member Services at **1-800-903-5253, TTY 711**.

## Discover your plan online

### Manage your health care information 24/7 on [myuhc.com](https://myuhc.com)

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

### Great reasons to use [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)

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

### Register on [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) today

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

### UnitedHealthcare® app

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

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

Download the free UnitedHealthcare app today. Use it to connect with your health plan wherever you are, whenever you want. To download the app, go to the app store.

# Interpreter services and language assistance

Many of our Member Services employees speak more than one language. If you can't connect with one who speaks your language, you can use an interpreter to help you speak with Member Services.

Many of our network providers also speak more than one language. If you see one who doesn't speak your language, you can use our interpreter or sign language services to help you during your appointment. Arrange for your translation services at least 72 hours before your appointment. Sign language services require two weeks' notice.

You can also have any printed materials that we have translated in your language of choice and sent to you. The materials and services are free of charge and the organization complies with all applicable federal and state laws including: Title VI of the Civil Right Act of 1964, The Age Discrimination Act of 1975, The Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972 regarding programs and activities, Titles II and III of the Americans with Disabilities Act, and section 1557 of the Patient Protection and Affordable Care Act. To arrange for an interpreter or translation services, call Member Services at **1-800-903-5253**, TTY **711**.

### Assistance for members who are blind or hearing impaired

For members who are sight-impaired, materials are available in Braille, large print or voice recorded CD formats, upon request. Member Service Advocates can also read member materials aloud. Members who are hearing impaired can contact us using the 711 National Telecommunications Relay Service (TRS) TTY line. Call **1-800-903-5253**, TTY **711** to request any of these services.

### Written materials for members with special needs

You may also request a Member Service Advocate for assistance understanding your handbook. They are trained to assist members with mental conditions or illnesses who may require additional help. Call **1-800-903-5253**, TTY **711** to request a Member Service Advocate.

English:

If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at **1-800-903-5253** (TTY: 711).

Spanish:

Si la información adjunta no está en su lengua materna, llame a UnitedHealthcare Community Plan al **1-800-903-5253** (TTY: 711).

Arabic:

إن لم تكن المعلومات المرفقة بلغتك الأساسية، يُرجى الاتصال بـ UnitedHealthcare Community Plan على رقم **1-800-903-5253** (الهاتف النصي: 711).

14 **Questions?** Visit [UHCCommunityPlan.com/mi](https://UHCCommunityPlan.com/mi), or call Member Services at **1-800-903-5253**, TTY **711**.

# Benefits at a glance

As a UnitedHealthcare Community Plan member, you have a variety of health care benefits and services available to you. Here is a brief overview. You'll find a complete listing in the Benefits section. UnitedHealthcare Community Plan does not deny reimbursement or coverage for services on any moral or religious grounds.

### Primary Care services

You are covered for all visits to your Primary Care Provider (PCP). Your PCP is the main doctor you will see for most of your health care. This includes checkups, treatment for colds and flu, health concerns and health screenings.

### Large provider network

You can choose any PCP from our large network of providers and if needed, a specialist can be your PCP. Our network also includes specialists, hospitals and pharmacies — giving you many options for your health care. Find a complete list of network providers at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan), or the UnitedHealthcare app, or call **1-800-903-5253**, TTY **711**.

### Specialist services

Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. You may need a referral from your PCP first. See page 35.

### Medicines

Your plan covers prescription drugs with no copays for members of all ages. Also covered: insulin, needles and syringes, birth control, coated aspirin for arthritis, iron pills and chewable vitamins.

### Hospital services

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

### Laboratory services

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

### Hospice services

You're covered for hospice services. Hospice provides end of life care. For more information, please call your PCP or Member Services at **1-800-903-5253**, TTY **711**.

## Health plan highlights

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### Your Health Assessment

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

You may have or will receive a welcome call to complete your HRA. You can always call Member Services at **1-800-903-5253**, TTY **711**, to complete it by phone. It only takes a few minutes.

### Transportation services or gas reimbursement

If you do not have a ride to get medical care and services, we may provide transportation or gas reimbursement for you.

### Well-child visits

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

### Maternity and pregnancy care

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

### Family planning

You are covered for services that help you manage the timing of pregnancies. These include birth control products and procedures. You may use any Family Planning Center for these services. You do not need to be sent by your PCP.

### Vision care

Your vision benefits include routine eye exams and glasses.

### Preventive health

Preventive health is about making the right choices for good health habits. Seeing your doctor for routine care is a good preventive health habit that keeps you healthy.

Getting needed yearly preventive care is the first step!

### Telehealth/Telemedicine services

24/7 access to doctors by phone or video. This is just like seeing your doctor in the office. They can diagnose, treat and prescribe medicine, if needed. Call your provider to see if they offer telehealth services.

# Member support

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

### Website offers 24/7 access to plan details

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

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

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

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

### Member Services is available

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

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

Call **1-800-903-5253**, TTY **711**.

### Care Management program

If you have a chronic health condition, special care needs, like asthma or diabetes, or just need help coordinating your medical care you may benefit from our Care Management program. We can help with a number of things, like scheduling doctor appointments and keeping all your providers informed about the care you get. To learn more, call **1-800-903-5253**, TTY **711**.

## Health plan highlights

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### Important information about MIChild premiums

The MIChild premium payment is \$10 per family, per month. MIChild will send you a letter if you have to pay a premium. If you have questions regarding the premium, please call MIChild at **1-888-988-6300** or TTY **1-888-263-5897**. If you have any questions, please call Member Services at **1-800-903-5253**, TTY **711**.

### If you get a bill

As a UnitedHealthcare Community Plan member, you do not have any copays or deductibles for covered services. If you receive a bill, do not throw it away. First, call the doctor, hospital or other health care provider and make sure they know you are a UnitedHealthcare Community Plan member. Tell them to send the bill to us or to call us. Do not pay for covered medical services yourself. If you need more help, call us at **1-800-903-5253**.

### We speak your language

If you speak a language other than English, we can help you. Or we can provide an interpreter who can help you understand printed materials. You'll find more information about Interpretive Services and Language Assistance on page 14. Or call Member Services at **1-800-903-5253**, TTY **711**.

### Emergencies

In case of emergency, call ..... **911**

### Important UnitedHealthcare Community Plan sponsored phone numbers:

**Hours of operation: 8:00 a.m. to 7:00 p.m.**

UnitedHealthcare Community Plan Member Services ..... **1-800-903-5253**, TTY **711**

Vision Services ..... **1-800-903-5253**

Dental Services for pregnant members ..... **1-800-903-5253**

Transportation or gas reimbursement; Hours of operation: 8:00 a.m. to 5:00 p.m. . . . **1-877-892-3995**

### Other important state sponsored phone numbers

Medicaid Help Line ..... **1-800-642-3195**

Michigan Enrolls ..... **1-888-367-6557**  
or **1-800-975-7630**

Michigan Relay (hearing impaired) ..... **711**

Dental Services ..... **1-800-642-3195**

18 **Questions?** Visit [UHCCommunityPlan.com/mi](http://UHCCommunityPlan.com/mi),  
or call Member Services at **1-800-903-5253**, TTY **711**.

**Dental services**

The State of Michigan Medicaid program, not UnitedHealthcare Community Plan, covers dental services. You can go to any dentist that accepts Medicaid and present your green mihealth card. Ask your doctor or call your DHS Case Worker for more details.

The Healthy Kids Dental program is offered statewide to those who get Medicaid and are ages 0 through 20 years. You will be enrolled automatically. The two plans available are Blue Cross Blue Shield of Michigan and Delta Dental of Michigan. You will get an identification card from the dental plan. It will have the phone number for your plan. You can call your dental plan for help in finding a dentist.

<b>Blue Cross Blue Shield</b> .....	<b>1-800-936-0935</b>
<b>Delta Dental</b> .....	<b>1-866-696-7441</b>

**Are you pregnant?**

Dental services will be covered under UnitedHealthcare Community Plan for members who are or become pregnant, during their pregnancy and postpartum period. Please contact UnitedHealthcare Community Plan along with your case worker to notify the State of your pregnancy. For more information about your dental coverage or to find a dentist, sign in to [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) or the UnitedHealthcare app. You can also call Member Services at **1-800-903-5253**.

# You can start using your pharmacy benefit right away

Your plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan's Preferred Drug List. Your doctor uses this list to make sure the medicines you need are covered by your plan. You can find the Preferred Drug List online at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). You can also search by a medicine name on the website. It's easy to start getting your prescriptions filled. Here's how:

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

### Yes

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

### No

If your prescriptions are not on the Preferred Drug List, schedule an appointment with your doctor within the next 30 days. They may be able to help you switch to a drug that is on the Preferred Drug List. Your doctor can also help you ask for an exception if they think you need a medicine that is not on the list.

### Not sure

View the Preferred Drug List online at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) (click on Find A Drug on the left side of the screen). You can also call Member Services. We're here to help.

## 2. Do you have a prescription?

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

## 3. Do you need to refill a drug that's not on the Preferred Drug List?

If you need refills of medicines that are not on the Preferred Drug List, you may be able to get a temporary 5-day supply. To do so, visit a network pharmacy and show your member ID card. If you don't have your member ID card, you can show the pharmacist the information below. Talk to your doctor about your prescription options.

### Attention Pharmacist

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

**BIN:** 610494

**Processor Control Number:** 4242

**Group:** ACUMI

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

# Going to the doctor

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## Your Primary Care Provider (PCP)

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

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

### What is a Network Provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our members. Sometimes members need to see a very specialized type of doctor. We will work with your PCP to make sure you get the specialist or service when you need it, for as long as you need it, even if the provider is not currently a network provider. There is no cost to you when we authorize the care or service in advance, before you see the non-network provider.

**If you see a specialist without being sent by your PCP and without UnitedHealthcare Community Plan authorization in advance, you may have to pay the bill. Always work with your PCP first for any services you need.**

### You have options

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

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

If you have certain health care needs, you may be able to have a specialist as your PCP. Members with special health care needs may have direct access to a specialist as appropriate for their conditions and identified needs. You can speak to your PCP or refer to the provider directory for a list of specialists.

22 **Questions?** Visit [UHCCommunityPlan.com/mi](https://UHCCommunityPlan.com/mi),  
or call Member Services at **1-800-903-5253**, TTY **711**.

### Choosing your PCP

If you've been seeing a doctor before becoming a UnitedHealthcare member, check to see if your doctor is in our network. If you're looking for a new PCP, consider choosing one who's close to your home or work. This may make it easier to get to appointments.

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

If you need help finding a provider, you can call Member Services at **1-800-903-5253**, TTY **711**. We're happy to help you find a network PCP that works for you. Let your Member Services Advocate know if you have any location, language, or cultural preferences. A free paper copy of the provider directory can also be sent to you by calling Member Services.

Once you choose a PCP, call Member Services and let us know. We will make sure your records are updated.

### Changing your PCP

It's important that you like and trust your PCP. You can change PCPs at any time. To find a new one, sign in to [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) or the UnitedHealthcare app. You can search by your ZIP code and sort the results by distance to see providers near you. You can also call Member Services. We're happy to help you find a network PCP that works for you. You can also submit a written request to:

UnitedHealthcare Community Plan  
Uniprise C&S Project  
3315 Central Avenue  
Hot Springs, AR 71913-9950

Or request a change online at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

It is important that you, your PCP and other network providers have a good relationship. You will need to work with each other well so you can get the medical care that you need. You'll set up your medical plan together. **If you do not follow the medical plan with your network providers, we can: ask you to select a new PCP, select a new PCP for you or ask your PCP to find a new network provider for you. If you are non-compliant with your medical plan and inappropriate behaviors are noted, we may ask the State to disenroll you from our plan.**

## Going to the doctor

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### Learn more about network doctors

You can learn information about network doctors, such as board certifications, and languages they speak, at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan), or the UnitedHealthcare app, or by calling Member Services.

We can tell you the following information:

- Name, address, telephone numbers
- Professional qualifications
- Specialty
- Medical school attended
- Residency completion
- Board certification status

## Annual checkups

### The importance of your annual checkup

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

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

Have tests on time to find health problems early. You have more care options when problems are found early. Be sure to have these checked:

- Blood pressure
- Cholesterol
- Diabetes
- Body Mass Index (BMI)
- Blood sugar
- Flu shots and immunizations: Covered as needed. You need a flu shot each year. Your doctor may also suggest the pneumonia shot.
- Smoking cessation: To help you quit smoking!
- STI testing (such as chlamydia): This is recommended for those who are sexually active.

### For women (self-referral services)

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

Women age 50–74 should have a mammogram to screen for breast cancer once every one to two years.

Women who are sexually active should have a Pap smear every three years to screen for cervical cancer.

Young women, ages 16–24, who are sexually active should have a Chlamydia test every year to screen for this sexually transmitted disease.

Women’s Health and Cancer Rights Act: Women’s health benefits include breast reconstruction services if elected after a mastectomy.

### For men

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

## Family planning

Family planning is an important part of staying healthy. Your PCP or a Family Planning Center can help you plan when to have children. You can also get information and prescriptions for birth control like condoms and birth control pills. Family Planning Centers or the Health Department can teach you about sexually transmitted diseases and give you other tips for staying healthy. You may go to any out-of-network provider or Family Planning Center for services or supplies without being sent by your PCP.

# For moms-to-be and children

### Care during and after pregnancy

The health services that a mom receives from a doctor, nurse or midwife before her baby is born is called “prenatal care.” The health services that a mom and infant receive after her baby is born is called “postpartum care.”

Prenatal care is important. It is a way to see how well the pregnancy is going. It is also a way to know if there are any problems. Even if a woman has been pregnant before, it is important that she get care for each pregnancy. If you think you are going to have a baby, you need a pregnancy test.

Postpartum care is important. It improves health results for moms and babies. It ensures you and your baby stay healthy after delivery.

Over-the-counter pregnancy tests are **free** to UnitedHealthcare Community Plan members. If you are going to do a test yourself, you need a doctor’s prescription. Take the prescription to a UnitedHealthcare Community Plan pharmacy to get your **FREE** pregnancy test.

If you are pregnant, you can:

- Call or visit your primary care doctor. He or she will care for you or help you find an OB/GYN; or
- Visit an OB/GYN or nurse-midwife on your own; or
- Visit a clinic that offers OB/GYN services.
- Access dental services through UnitedHealthcare Community Plan during your pregnancy and postpartum period, starting July 1, 2018

### Having a baby?

When you think you are pregnant, call your local Department of Human Services (DHS) office and Member Services at **1-800-903-5253**, TTY **711**. This will help ensure you get all the services available to you.

### **Doula services**

A doula is a non-clinical person who typically provides physical, emotional, and educational support services to pregnant individuals during the prenatal, labor and delivery, and postpartum periods. Services must be provided by a State of Michigan certified Doula.

Doula support during the perinatal period may include, but is not limited to:

- Prenatal services, which include:
  - Promoting health literacy and knowledge;
  - Assisting with the development of a birth plan;
  - Supporting personal and cultural preferences around childbirth;
  - Providing emotional support and encouraging self-advocacy;
  - Reinforcing practices known to promote positive outcomes such as breastfeeding;
  - Identifying and addressing social determinants of health; and
  - Coordinating referrals to community-based support services (e.g., Women, Infants and Children [WIC] program, behavioral health services, transportation, home visiting services).
- Labor and delivery services, which include:
  - Providing continual physical comfort measures, information, and emotional support;
  - Advocating for beneficiary needs; and
  - Being an active member of the birth team.
- Postpartum services, which include:
  - Educating regarding newborn care, nutrition, and safety;
  - Supporting breastfeeding;
  - Providing emotional support and encouraging self-care measures;
  - Supporting beneficiary in attending recommended medical appointments;
  - Identifying and addressing social determinants of health;
  - Coordinating referrals to community-based support services (e.g., WIC, behavioral health services, transportation, home visiting services); and
  - Grief support services.

## Going to the doctor

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### Newborn enrollment

Call your caseworker as soon as you can if you have a baby. Your caseworker will add your baby to your case. This starts the process of signing your baby up for healthcare services

Your baby is covered by UnitedHealthcare Community Plan plan at the time of birth. Call us and tell us when you give birth. We will send you an ID card and info within 30 days of getting this info:

- The day you gave birth
- Your baby's name
- Your baby's Medicaid ID number that you get from your caseworker
- Call Member Services if you need help choosing a doctor for your baby
- Call your caseworker to change your records if your name changes

Getting regular prenatal care from the same provider all through your pregnancy is best. You should see your prenatal care provider **at least 10 times** during your pregnancy.

For the first 3 months	Visit your doctor every 4 weeks
4th–6th month	Visit your doctor every 4 weeks
7th–9th month	Visit your doctor every 2 weeks from the 32nd to the 36th week  Visit your doctor every week from the 37th week until delivery
3–5 weeks after your baby is born	Visit your doctor to complete all of your care

### UnitedHealthcare Community Plan providers

To find an OB/GYN, nurse-midwife or family planning center, go to our website at [UHCCommunityPlan.com/mi](https://UHCCommunityPlan.com/mi). Or call Member Services at **1-800-903-5253**, TTY **711**. You really need to visit a prenatal care provider as soon as you think you are pregnant.

### Women, Infants, and Children (WIC) — 1-800-262-4784

WIC offers healthy foods. WIC is for children up to age 5, pregnant women, and women who have just given birth and are breastfeeding. WIC will teach you about healthy eating for you, your baby and your other children.

28 **Questions?** Visit [UHCCommunityPlan.com/mi](https://UHCCommunityPlan.com/mi), or call Member Services at **1-800-903-5253**, TTY **711**.

### **Maternal Infant Health Program (MIHP) — 1-800-903-5253, TTY 711**

Early prenatal care is important to you and your baby. Childbirth classes and other pregnancy education classes are covered too. The Maternal Infant Health Program (MIHP) can help you with health care, community services and other needs. If we know you are pregnant you are automatically referred to an MIHP. Your provider may also refer you or you can make an appointment with any MIHP you choose. Call **1-800-903-5253** for more information on receiving MIHP services.

They give you one-on-one education and support. MIHP services include:

- Nurses who teach you about:
  - Your pregnancy, labor and delivery
  - Your baby’s care and needs
- Dietitians who teach you:
  - To eat healthy while you are pregnant
  - What to feed your new baby
- Social workers who help you with housing, baby supplies, money matters and family concerns
- Childbirth education classes that teach you how to make labor and delivery easier
- Parent education classes that are fun, give you group support

### **Free rides — 1-877-892-3995**

If you do not have a ride to get medical care and services, UnitedHealthcare Community Plan may provide free rides for you to go to:

- The doctor’s office
- The X-ray center
- The pharmacy
- The lab for blood tests

It is best to call at least 4 days in advance.

### **Where’s my ride?**

Call 1-866-535-0155 if transportation is late. Do not call any other number for assistance with a late ride.

### **Stop Smoking Program — 1-800-784-8669**

Smoking is a health hazard for everyone! If you are pregnant or think you may become pregnant and are ready to quit smoking, call the number listed above.

## Going to the doctor

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### **Mental Health Care — 1-800-903-5253**

It is very important for expecting and new mothers to get rest, eat well and exercise. It is also important to talk about your feelings or thoughts. Babies need a healthy mother to take care of them. If you need a mental health care professional, call us or visit [UHCCommunityPlan.com/mi](https://www.uhccommunityplan.com/mi) to find a UnitedHealthcare Community Plan mental health provider to schedule your **free** outpatient mental health visits.

### **Get free gifts with Healthy First Steps**

UnitedHealthcare Community Plan members can earn great rewards with our Healthy First Steps program. It is for pregnant moms and infants.

Your health is important. Staying healthy starts by going to the doctor. Your doctor can make sure your baby is growing well. After baby is born, their doctor can help you keep them safe and healthy.

### **Healthy First Steps is easy**

1. Enroll. Sign up at [uhhealthyfirststeps.com](https://www.uhhealthyfirststeps.com) or call 1-800-599-5985. You will get appointment reminders by text or email.
2. Earn. Go to your appointments and record new ones.
3. Enjoy. Choose your rewards. Get gift cards, books or infant toys for going to the doctor.

### **Online answers, advice and fun with KidsHealth®**

You and your family can now get answers to your health questions online through a partnership between UnitedHealthcare and KidsHealth. Visit the website at [KidsHealth.org](https://www.kidshealth.org). Search by topic, read articles or watch videos. Parents can find answers they need. Teens can find straight talk and personal stories. Younger children can learn through health quizzes, games and videos.

### **Children's Special Health Care Services (CSHCS)**

If your child is chronically ill, they may qualify to become a Children's Special Health Care Services (CSHCS) Member and get special services and transportation through our plan.

We offer high-quality health care services and care management with a coordinated care plan to those eligible for Michigan Medicaid – Children's Special Health Care Services (CSHCS). Your child's PCP works together with UnitedHealthcare Community Plan, you as the family support caregiver and other community agencies to make sure your child gets the best care.

CSHCS is a state of Michigan program that serves children, and some adults, with special health care needs. CSHCS covers more than 2,700 medical diagnoses.

### Health care transition

We have resources and staff to help CSHCS members transition into young adulthood. The goal is to help you manage your own health and how to use health services. Some examples of what you should know as a young adult include:

- Explaining your health needs to others
- Knowing what medications you are taking
- Visiting the doctor on your own
- Where to get care when your doctor office is closed
- Scheduling your own appointments
- Knowing your family medical history
- How to fill out medical forms
- Remembering to take medications on your own

This process can be initiated between ages of 12–14. Contact our member call center at **800-903-5253** and request to have a CSHCS case manager contact you to complete the Pediatric to Adult Transition assessment.

In addition to our support, there are assessment tools at <https://www.michigan.gov/mdhhs/assistance-programs/cshcs/transition-to-adulthood> Transition to Adulthood ([michigan.gov](https://www.michigan.gov)).

### Additional benefits for Medicaid health plan enrollees with Children’s Special Health Care Services

#### 1. Help from your local health department with:

- Community resources – schools, community mental health, financial support, childcare, Early On, and the Women, Infants and Children (WIC) program
- Transitioning to adulthood
- Orthodontia
  - Only for specific CSHCS qualifying diagnosis, such as cleft palate/cleft lip
  - Medically necessary, related to condition
  - Not for cosmetic purposes
- Respite
  - CSHCS covers 180 hours of respite care annually when a beneficiary requires skilled nursing and a CSHCS nurse consultant determines appropriate

## Going to the doctor

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### 2. Help from the Family Center for Children and Youth with Special Health Care Needs:

- CSHCS Family Phone Line — a toll-free phone number (1-800-359-3722) available 8:00 a.m.–5:00 p.m., Monday–Friday
- Parent-to-parent support network
- Parent/Professional training programs

### 3. Help from the Children’s Special Needs (CSN) Fund:

The CSN Fund helps CSHCS families get items not covered by Medicaid or CSHCS. To see if you qualify for help from the CSN Fund, call 517-241-7420.

Examples include:

- Wheelchair ramps
- Van lifts and tie downs
- Therapeutic tricycles
- Air conditioners
- Adaptive recreational equipment
- Electrical service upgrades for eligible equipment

## Blood lead poisoning

Lead poisoning is dangerous to your child’s health. If you live in an older home (built before 1978), your child may have a higher chance of lead poisoning. Blood lead tests can be part of regular care by your child’s PCP. The test may only require a simple finger stick and one or two drops of blood.

Michigan law requires that doctors test Medicaid children for blood lead poisoning before age 1 and again before age 2 or between ages 3 and 6 years if not tested at age 1 and 2. Ask your child’s PCP for more information about lead poisoning and lead tests.

## Well-child visits

Well-child visits are a time for your PCP to see how your child is growing and developing. They will also give the needed screenings, like speech and hearing tests, and immunizations during these visits. These visits are called Early and Periodic Screening, Diagnosis and Treatment or EPSDT. EPSDT visits occur for members under the age of 21. These routine visits are also a great time for you to ask any questions you have about your child's behavior and overall well-being, including:

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

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

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

When your child is young, they should have shots at birth, 2, 4, 6, and 12–15 months for well-child care. Talk to your child's PCP to learn when older children need shots.

It is up to you to schedule and take your child to the visits to get these shots. Your child's PCP can help you set up regular visits to make sure they get all their shots when they need them.

### Checkup schedule

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

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

# Making an appointment with your PCP

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

How long it should take to see your PCP:	
Emergency	Same day or sent to an emergency facility
Urgent (but not an emergency)	Within 3 days
Routine	Within 30 days
Preventive, well-child and regular	Within 30 days

# Preparing for your PCP appointment

## Before the visit

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

## During the visit

When you are with the doctor, feel free to:

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

## If you need care and your provider's office is closed

Call your PCP if you need care that is not an emergency. Your provider's phone is answered 24 hours a day, 7 days a week. Your provider or someone from the office will help you make the right choice for your care.

You may be told to:

- Go to an after-hours clinic or urgent care center
- Go to the office in the morning
- Go to the emergency room (ER)
- Get medicine from your pharmacy

## Referrals and specialists

A referral is when your PCP says you need to go to another doctor who focuses on caring for a certain part of the body or treating a specific condition. This doctor is called a specialist. Your PCP is in charge of all your covered health care needs. If you need specialty care, your PCP may refer you to a specialist or another doctor. If your doctor wants you to see a specialist that you do not want to see, you can ask your PCP to give you another name. Members with special health care needs have direct access to specialist as appropriate for conditions and identified needs. You can speak to your PCP or refer to the provider directory for a list of specialists.

A couple of examples of specialists include:

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

### Self-referral services

Most of the time you will work with your PCP first when you need medical care. But there are some kinds of care you can set up for yourself without being sent by your PCP. These are called “self-referral” services.

**You do not need a referral from your PCP for:**

- Emergency services
- OB/GYN
- Optometry (vision services)
- Behavioral
- Health/substance abuse professionals
- Chiropractors
- Pediatric services
- Pregnancy services

## Going to the doctor

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### Out-of-plan specialty services

Sometimes members need to see a very specialized type of doctor. We will work with your PCP to make sure you get the specialist or service when you need it, for as long as you need it, even if the provider is not currently a network provider. There is no cost to you when we authorize the care or service in advance, before you see the provider.

If you see a specialist without being sent by your PCP and without our authorization in advance, you may have to pay the bill. Always work with your PCP first for any services you need.

## Getting a second opinion

A second opinion is when you want to see a second doctor for the same health concern. You can get a second opinion from a network provider or you can work with us to obtain a second opinion from an out-of-network provider for any of your covered benefits at no more cost to you. This is your choice. You are not required to get a second opinion.

## Prior authorizations

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

You do not need a prior authorization for emergencies. You also do not need prior authorization to see a women's health care provider for women's health services or if you are pregnant or for orthopedic services.

### A prior authorization may be needed

Some services that need prior authorization include:

- Hospital admissions
- Most services provided in the home
- Certain outpatient imaging procedures, including MRIs, MRAs, CT scans and PET scans
- Sleep studies

## Continued care if your PCP leaves the network

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

## If you need care when out of town, out of state, or out of country

If you have a health emergency when you are out of town or out of state, we will cover the costs. Give the name and phone number of your PCP to the emergency room staff.

### Emergency

If you have a medical emergency while you are not in Michigan, go to the nearest emergency room.

### Non-emergency/urgent

If you need non-emergency care while traveling outside the service area or when you are not in the state of Michigan, call your PCP or our Member Services department first.

Routine medical care while you are outside the service area or when you are not in Michigan, unless you get it with a network provider, is not covered.

You must get authorization in advance from your PCP and UnitedHealthcare Community Plan for care with any non-network provider.

# Transportation services or gas reimbursement

## 1-877-892-3995

If you do not have a ride to get medical care and services, UnitedHealthcare Community Plan may provide transportation at no cost or gas reimbursement for you to go to:

- Doctor's visits
- Medical supply companies
- Dialysis clinics
- Health departments
- Any family planning clinic
- Hospitals for non-emergency care
- Network behavioral mental health providers or clinics
- Have lab, X-ray or other medical testing
- Network vision providers to have a vision exam or pick up glasses
- Urgent visits to your doctor's office or Urgent Care centers — if you need an urgent ride to your doctor's office or an Urgent Care center sooner than the four-day advance notice, call us and we will help you

**It is best to call 4 days in advance to arrange routine transportation or gas reimbursement.**

Tell them about any special needs you have, like a wheelchair van, special lift or if you need help from your door to the car. If there is a bus service near you, you may be asked to use it unless there is a medical reason you cannot do so.

### Members can request a ride online

UnitedHealthcare Community Plan has been working with ModivCare, formerly known as LogistiCare, to improve transportation services for members. Members can now reserve transportation online by visiting [member.logisticare.com](http://member.logisticare.com) and requesting trips when it's convenient for them. Online trips are accepted 24/7, 365 days of the year. Members can also download the LogistiCare Trip Manager app to request trips and notify ModivCare when they are ready for their ride home. The app is available on iTunes and the Google Play store.

### Where's my ride?

Call 1-866-535-0155 if transportation is late. Do not call any other number for assistance with a late ride.

### Drive yourself?

You can get reimbursed for gas. Visit [www.uhccommunityplan.com/mi](http://www.uhccommunityplan.com/mi). Click on See More Benefits and Features under Transportation to get more information and a form to complete.

# Hospitals and emergencies

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## Emergency care

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

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

### Don't wait

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

UnitedHealthcare Community Plan covers any emergency care at any hospital throughout the United States and its territories without prior authorization. You should also call your PCP and let them know about your visit so they can provide follow-up care if needed.

## Urgent Care

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

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

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

### Planning ahead

It's good to know what urgent care clinic is nearest to you. You can find an urgent care clinic in the Find-A-Doctor search tool at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). Or you can call Member Services at **1-800-903-5253**, TTY **711**.

## Hospitals and emergencies

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### Hospital services

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

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

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

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

#### Going to the hospital

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

### Emergency dental care

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

### Post-stabilization services

Post-stabilization services are covered and provided without prior authorization. These are services that are medically necessary after an emergency medical condition has been stabilized.

### No medical coverage outside of the United States

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

# Pharmacy

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## Prescription drugs

### Your benefits include prescription drugs

Your plan covers a long list of prescription medicines, or drugs. Medicines that are covered are shown on the Preferred Drug List (PDL). Your doctor uses the PDL to make sure the medicines you need are covered by your plan. UnitedHealthcare Community Plan may cover other medicines with prior approval. If your drug does need prior approval, your care provider can request it for you. You can find the PDL for your plan on our website at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). There, you can also search for a medicine by name.

#### What is the Preferred Drug List?

This is a list of drugs covered under your plan. You can find the complete list in your Preferred Drug List, or online at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

### Generic and brand-name drugs

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

In some cases, a limited number of brand-name drugs are covered or preferred. These are limited to certain classes (or types) of drugs. Some of these may require prior authorization by UnitedHealthcare Community Plan.

### Prior approval of prescription drugs

If your prescription drug is not listed on the PDL, or is listed but requires prior approval, your care provider can request prior approval for you, so you can still get that drug. We will approve or deny the request within 24 hours. If a request is approved, you and your care provider will be informed of the decision including the drug approval length of time. If a request is denied, you and your care provider will be informed of the decision in writing. The written decision notice will tell you how and when to appeal this decision and how to file a complaint or grievance with UnitedHealthcare Community Plan.

## Pharmacy

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### Changes to the Preferred Drug List

The list of covered drugs is reviewed by the Michigan Department of Community Health on a regular basis and may change when new generic drugs are available.

Some medicines are covered by the State and not UnitedHealthcare Community Plan. You may have a copay for those medicines. The pharmacist will tell you if the medicine you need is covered by the State. To see the list of medicines covered by the State, go to: <https://michigan.fhsc.com/Providers/DrugInfo.asp>. You will use your mihealth card to get the medicine.

## Important pharmacy information

There is no copay when your Primary Care Provider (PCP) or UnitedHealthcare Community Plan Specialist writes you a covered prescription. **But you can get many over-the-counter (OTC) medicines free when you have a prescription.** You can get the medications listed on the following pages when they are medically necessary and you get a written prescription from your UnitedHealthcare Community Plan doctor and take it to a UnitedHealthcare Community Plan pharmacy.

### To get your medicine:

- Take your prescription to a UnitedHealthcare Community Plan pharmacy. To find a pharmacy, call **1-800-903-5253** or go to [myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan).
- For your safety, we urge you to select a single pharmacy from which to get your drugs
- Get to know the pharmacist and build a relationship
- Ask your pharmacist if your prescription is available for a 90 day refill

**If the UnitedHealthcare Community Plan pharmacy says they cannot fill your covered prescription:**

Do **not** leave the pharmacy.

Do **not** pay for it yourself.

Ask the pharmacy why they cannot fill your prescription.

Response	Your solution
Not covered	<ul style="list-style-type: none"> <li>• Ask them to call OptumRx right away to find out which medicine is covered</li> <li>• Ask them to call your doctor to see if you can get the covered medicine instead</li> </ul>
Prior authorization needed	<ul style="list-style-type: none"> <li>• Ask them to call your doctor for a prior authorization</li> <li>• You can call your doctor and ask that a prior authorization be sent to: <b>UnitedHealthcare Pharmacy Prior Notification Service</b> <b>Fax 1-866-940-7328</b> <b>Phone 1-800-310-6826</b></li> </ul>
Refill too soon	<ul style="list-style-type: none"> <li>• Ask what day it can be filled</li> <li>• Pick your prescription up the day it can be filled</li> </ul>

You can get FDA (Food and Drug Administration)-approved generic (not brand-name) drugs or brand-name drugs (if generic drugs are not available).

UnitedHealthcare Community Plan uses a formulary. A formulary is a list of approved medicines. It helps your doctor when prescribing medicines for you. New drugs are introduced every year. UnitedHealthcare Community Plan will add drugs to its formulary as needed.

Most medicines you take (brand-name and generic drugs) are in our formulary.

UnitedHealthcare Community Plan requires generic drugs to be used when available. If a specific medicine is not listed on the formulary, your doctor or pharmacy may request a prior authorization from:

**UnitedHealthcare Pharmacy Prior Notification Service**  
**Fax 1-866-940-7328, Phone 1-800-310-6826**

UnitedHealthcare Community Plan is responsible for most pharmacy services. Some medicines are not covered by Medicaid plans. Instead, the State of Michigan may pay your pharmacy directly for these medicines through its Fee-For-Service (FFS) program. These medicines would include drugs to treat behavioral health, Epilepsy, and antivirals for Hepatitis C and HIV. So, it is important to present your UnitedHealthcare Community Plan member ID card and MIHealth card when filling a prescription.

## Pharmacy

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### Over-the-Counter (OTC) medicines

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. A network provider must write you a prescription for the OTC medication you need. The supply is limited to 30 days. Then all you have to do is take your prescription and member ID card into any network pharmacy to fill the prescription at no cost to you. OTC medications include:

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

For a complete list of covered OTC medicines, go to [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). Or call Member Services at **1-800-903-5253**, TTY **711**.

### Injectable medicines

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

### Pharmacy home

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

Members of this program will be sent a letter with the name of the pharmacy they are required to use. If you get this letter, you have 30 days from the date of the letter to request a change of pharmacy. To change pharmacies during this time, call Member Services at **1-800-903-5253**, TTY **711**. After 30 days from the date of the letter, you will need to make your request in writing. Send your request to:

UnitedHealthcare Community Plan  
PO Box 30991  
Salt Lake City, UT 84130-0991

44 **Questions?** Visit [UHCCommunityPlan.com/mi](https://UHCCommunityPlan.com/mi), or call Member Services at **1-800-903-5253**, TTY **711**.

# Benefits

## Benefits covered by UnitedHealthcare Community Plan

As member of UnitedHealthcare Community Plan, you are covered for the following services when you set them up with your PCP. (Remember to always show your current member ID card when getting services.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. Hospitals and doctors cannot bill members for covered services. Sometimes you will get a bill that should have been sent to us. If you get a bill you believe we should pay, call Member Services at **1-800-903-5253**, TTY **711**.

You may have to pay medical bills if you receive treatment from providers who are not part of UnitedHealthcare Community Plan's network.

If you have any questions about your benefits, please talk to your PCP or call Member Services at **1-800-903-5253**, TTY **711**. You can also sign in to [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) and search under "Benefits" or use the UnitedHealthcare app to learn more about your benefits.

Benefit	Coverage
Bariatric surgery*	Covered
Dental Services for pregnant members, during and after pregnancy	Covered
<b>Do</b> Doula Services	Covered
Durable Medical Equipment (DME) items like walkers, wheelchairs and customized equipment*	Covered
Emergency transportation and hospital billed ambulance services to and from the nursing facility or enrollees' homes	Covered
End Stage Renal Disease services*	Covered
Hearing and speech services	Covered
Home Health services*	Covered

Questions? Visit [UHCommunityPlan.com/mi](https://UHCommunityPlan.com/mi), 45  
or call Member Services at **1-800-903-5253**, TTY **711**.

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## Benefits

Benefit	Coverage
Hospice care	Covered
Hospitalization in a semi-private room (when medically necessary)*	Covered
Intermittent or short-term restorative or rehabilitative services in a nursing facility up to 45 days	Covered
Lab tests and X-rays	Covered
Medical supplies*	Covered
Office visits — including physical exams and preventive health screening	Covered
Outpatient surgery*	Covered
Physical, speech, language and occupational therapy	Covered
Podiatry services	Covered
Prescription drugs	Covered
Prosthetics and orthotics*	Covered
Restorative or rehabilitative services not in a nursing facility	Covered
Services by a chiropractor	Covered
Services by a hearing aid dealer	Covered
Surgery, anesthesia and related services*	Covered
Telehealth/Telemedicine	Covered
Transplants*	Covered
Visits to specialists (when your PCP sends you)	Covered
Weight reduction care*	Covered
Well-baby and well-child visits — including immunizations or shots	Covered

46 **Questions?** Visit [UHCCCommunityPlan.com/mi](https://UHCCCommunityPlan.com/mi),  
or call Member Services at **1-800-903-5253**, TTY **711**.

Benefit	Coverage
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\* Your provider may need to work with UnitedHealthcare Community Plan to obtain approval in advance to receiving the item and/or service.

You are covered for these “Self-Referral” services without being sent by your PCP.

Benefit	Coverage
Certified nurse-midwife services	Covered
Certified pediatric and family nurse practitioner services	Covered
Eye exams, certain frames and lenses (every 24 months)	Covered
Family planning services at any Family Planning Clinic	Covered
Immunizations or treatment of a communicable disease at any Health Department	Covered
Maternal Infant Health Program (MIHP) services at any Health Department, or MIHP Provider	Covered
Obstetrical care with any UnitedHealthcare Community Plan OB/GYN (prenatal and postnatal care) or certified nurse midwife	Covered
Pediatrician visits by children under the age of 18 to any UnitedHealthcare Community Plan pediatrician	Covered
Replacement frames and lenses (every 12 months – children may have two replacement pairs if lost or broken)	Covered
Services at any Adolescent Health Center	Covered
Outpatient mental health services	Covered
Transportation services	Covered
Well-woman care from any UnitedHealthcare Community Plan OB/GYN	Covered

# These services are not covered through UnitedHealthcare Community Plan because Michigan Medicaid does not cover them:

- Elective abortions (as defined by Medicaid)
- Experimental procedures, treatment plans or medications
- Elective or cosmetic surgery, unless medically necessary
- Services for treatment of infertility

## Services that may be covered by Michigan Medicaid

These services may be covered through Michigan Medicaid. Call the Beneficiary Help Line at **1-800-642-3195** to inquire about any of the services listed below.

- Dental Services. Pregnant members are now covered by UnitedHealthcare Community Plan
- Services available through the intermediate school district
- Inpatient hospital psychiatric services
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility) after 45 days
- Custodial care in a nursing facility
- Outpatient partial hospitalization psychiatric services
- Long-term outpatient mental health services
- Substance-abuse services including:
  - Screening and assessment
  - Detoxification
  - Intense outpatient counseling and other outpatient services
  - Methadone treatment
- Services including therapies provided to persons with developmental disabilities which are billed through Community Mental Health Service Program (CMHSP) providers or Intermediate School Districts
- Home and community-based waiver program services
- Personal care or home help services
- Traumatic Brain Injury Program services

- Transportation for services not covered by UnitedHealthcare Community Plan
  - If you live in Wayne, Oakland or Macomb County and need a ride for dental, substance abuse and some mental health services, call 1-866-569-1902, 8:00 a.m.–5:00 p.m., Monday–Friday
  - If you live in any other county, call your local DHS office to get a ride for dental, substance abuse and some mental health services

## Important information about MIChild premiums

The MIChild premium payment is \$10 per family, per month. MIChild will send you a letter if you have to pay a premium. If you have questions regarding the premium, please call MIChild at 1-888-988-6300 or TTY 1-888-263-5897. If you have any questions, please call Member Services at **1-800-903-5253**, TTY **711**.

## Outreach services

The outreach services listed below are not covered by UnitedHealthcare Community Plan. They may be available to you through the State of Michigan or another agency. For more information about the services below, call the phone number listed or the UnitedHealthcare Community Plan Member Services department.

These services are covered by the State of Michigan Medicaid program. Talk with your doctor or Department of Human Services, DHS caseworker for more details:

- Dental care
- Home and Community-Based waiver program services
- Personal care or home help service
- Custodial care in the home or nursing facility

### **Chore services (1-800-642-3195 or your DHS office)**

If you need a Chore Services Worker, contact your local DHS office or visit [www.michigan.gov/dhs](http://www.michigan.gov/dhs). A Chore Services Worker can help to prepare meals or do household chores for people who are ill and unable to do these tasks.

### **Developmental disabilities**

There are a lot of services available to you. Some services for persons with developmental disabilities are available through UnitedHealthcare Community Plan. Other services are available through your local school or Community Mental Health department.

## Benefits

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### Domestic violence — 1-800-799-7233

If you are in an abusive relationship, get help. You can get help 24 hours a day, 7 days a week. Even if you want to speak in another language, someone is there to help you. You can get information about domestic violence and referrals to shelters.

### Long-term behavioral health

If you have a serious problem that needs long-term treatment, UnitedHealthcare Community Plan will work with Community Mental Health to set up your care. Sometimes UnitedHealthcare Community Plan may refer you directly to the Community Mental Health provider in your area.

### Long-term nursing home care and alternatives

If you need long-term nursing home care longer than 45 days, it may be covered by Michigan Medicaid.

The Waiver Program offers an alternative to nursing home care. This service is for people who need nursing home care but do not want to leave their home. For more information and to see if you qualify, call the local Area Agency on Aging at 1-800-852-7795 or visit [www.aaa1b.com](http://www.aaa1b.com). Or you can call the Michigan Office of Services to the Aging (OSA) at 1-517-373-8230.

### Substance abuse and gambling addictions

For help call:

- Prescription medication (medical detoxification):  
517-373-4700 or [www.michigan.gov/bhrecovery](http://www.michigan.gov/bhrecovery)
- Street drugs or alcohol addictions:  
[www.michigan.gov/bhrecovery](http://www.michigan.gov/bhrecovery)
- Gambling:  
1-855-2CALLGA (1-855-222-5542) or [www.gamblersanonymous.org](http://www.gamblersanonymous.org)

Sometimes it's hard to tell if you or someone you care about has an addiction. Addiction to drugs, alcohol, prescription medications or gambling can cause trouble: at work, at home and with your health. Some symptoms of addiction include:

- Violence or fighting with family and friends
- Using drugs, alcohol or gambling to deal with day-to-day problems
- Lying about alcohol, drugs and gambling use
- Using more and more alcohol, drugs or gambling
- Feeling guilty
- Don't feel healthy

50 **Questions?** Visit [UHCCCommunityPlan.com/mi](http://UHCCCommunityPlan.com/mi), or call Member Services at **1-800-903-5253**, TTY **711**.

### **WIC (Women, Infants and Children) — 1-800-26-BIRTH or 1-800-262-4784**

WIC is a program offered by the Michigan Department of Community Health. WIC offers healthy foods and nutritional education for children up to age 5, pregnant women, and women who have just given birth and are breastfeeding.

## **Vision Services – 1-800-903-5253**

You do not need to be sent by your PCP for routine eye services.

Eye exams, frames and prescription lenses are covered when you see a participating provider.

UnitedHealthcare Community Plan covers routine vision services that include:

- Routine eye exams; certain frames and lenses are covered every 24 months
- Replacement frames and lenses are covered once every 12 months for adults and twice every 12 months for children
- Frame repairs are covered (aligning temples, insertion of screws or adjusting frames)
- If you select a frame not covered by UnitedHealthcare Community Plan, you are liable for the difference in cost
- Some special features on frames or lenses may not be covered

Non-routine eye exams for the treatment of a medical eye condition are covered.

If you are diabetic, it is important to have a dilated eye exam every year to screen for conditions that could cause blindness. UnitedHealthcare Community Plan covers an eye exam every year for our members with diabetes.

# **Mental Health – Optum Behavioral Health Services (OBHS) – 1-800-903-5253**

You do not need to be sent by your PCP to see a UnitedHealthcare Community Plan behavioral health provider.

If you are having a personal or family problem, you can get help at no cost to you. Just call the phone number above. If you are suffering from a problem, get care right away.

People who have chronic illnesses often have depression. Sometimes after women have babies, they suffer from depression. Optum Behavioral Health Services (OBHS) can help you if you feel depressed.

If you need long-term treatment, UnitedHealthcare Community Plan will work with Community Mental Health to get you the care you need. UnitedHealthcare Community Plan does not cover long-term behavioral health care.

UnitedHealthcare Community Plan contracts with OBHS so you can get your behavioral health services.

# **Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Child and Adolescent Health Centers (CAHCs), Tribal Health Centers (THCs)**

You can go to any FQHC, RHC, CAHC or THC without being sent by your PCP even if it is not a UnitedHealthcare Community Plan provider. You can get your behavioral health services here, too. You do not need prior authorization for these services.

## **Home Health Services**

Home Health Services are for members who need follow-up medical care after being discharged from the hospital or who have a serious ongoing medical condition. Visiting nurses perform the medical services in the home. Your PCP or specialist can get this kind of care set up for you.

## **New technology**

Requests to cover new medical procedures, devices, or drugs are reviewed by the UnitedHealthcare Community Plan Technology Assessment Committee. This group includes doctors and other health care experts. The team uses national guidelines and scientific evidence from medical studies to help decide whether UnitedHealthcare Community Plan should approve such equipment, procedures, or drugs.

## **New medical ideas**

We regularly review new technology. We cover new medical treatments and medicines after we review information about their safety and effectiveness. UnitedHealthcare Community Plan doctors and pharmacists review requests for new medical treatment and medicines. We review scientific evidence from medical literature to help decide whether we should approve the use of the equipment, procedure or medicine.

## **Disease and care management**

If you have a chronic health condition like asthma or diabetes, UnitedHealthcare Community Plan has a program to help you live with your condition and improve the quality of your life. These programs are voluntary and available at no cost to you. The programs give you important information about your health condition, medications, treatments and the importance of follow-up visits with your physician.

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

You or your doctor can call us to ask if our care management or disease management programs could help you. If you or your doctor thinks a Care Manager could help you, or if you want more information about our care management or disease management programs, call us at **1-800-903-5253**.

## Benefits

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### Wellness programs

UnitedHealthcare Community Plan has programs and tools to help keep you and your family healthy, including:

- Classes to help you quit smoking
- Pregnancy care and parenting classes

Your provider may suggest one of these programs for you. If you want to know more, or to find a program near you, talk to your PCP or call Member Services at **1-800-903-5253**, TTY **711**.

### Community based support

UnitedHealthcare Community Plan will advocate and assist you with overcoming barriers to health care services. This includes connecting you with community resources. These services can be accessed by calling Member Services at **1-800-903-5253**, TTY **711**.

### Stop smoking programs – 1-800-784-8669

UnitedHealthcare Community Plan has a Smoking Cessation Program for you. This program is for everyone, including women who may be pregnant. If you are ready to quit, call for help.

UnitedHealthcare Community Plan covers smoking cessation medication (pills, patches, inhalers, nasal spray and gum). A personal Health Coach is also available to help you stop smoking. To learn more, and to get your toolkit, call today. You, your personal Health Coach and your PCP can all work together to help you quit smoking.

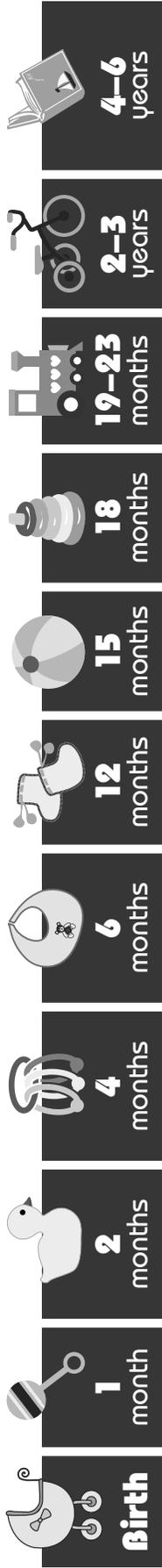
### Recommended health screenings

We use preventive care guidelines from the U.S. Preventive Services Task Force. Coverage and reimbursement may vary depending on state or federal law. It may vary depending on your coverage plan. Call Member Services at the number shown on your ID card if you have any questions.

## Clinical Laboratory Improvement Amendments (CLIA)

The Clinical Laboratory Improvement Amendments (CLIA) of 1988 are United States federal regulatory standards that apply to all clinical laboratory testing performed on humans in the United States, except clinical trials and basic research. CLIA defines a clinical laboratory as any facility which performs laboratory testing on specimens derived from humans for the purpose of providing information for diagnosis, prevention, or treatment of disease or impairment, and for health assessments. The laboratory's certification level is assigned by the Centers for Medicare and Medicaid Services (CMS) based on their level of expertise. For example, a laboratory that is certified to perform a white blood count might not be certified to conduct DNA testing. UnitedHealthcare wants to ensure that the laboratory your doctor is utilizing for your tests is certified to perform those tests. If a claim is rejected or denied as a result of UnitedHealthcare CLIA claims processing edits, the member will not be held responsible for the laboratory claim(s) billing.

# 2020 Recommended Immunizations for Children from Birth Through 6 Years Old



<b>Birth</b>	<b>HepB</b>								
<b>1 month</b>	<b>Hib</b>								
<b>2 months</b>	<b>PCV13</b>	<b>IPV</b>							
<b>4 months</b>	<b>DTaP</b>	<b>Hib</b>	<b>PCV13</b>	<b>IPV</b>					
<b>6 months</b>	<b>DTaP</b>	<b>Hib</b>	<b>PCV13</b>	<b>IPV</b>					
<b>12 months</b>	<b>Hib</b>	<b>PCV13</b>	<b>IPV</b>						
<b>15 months</b>	<b>Hib</b>	<b>PCV13</b>	<b>IPV</b>						
<b>18 months</b>	<b>Hib</b>	<b>PCV13</b>	<b>IPV</b>						
<b>19-23 months</b>	<b>Hib</b>	<b>PCV13</b>	<b>IPV</b>						
<b>2-3 years</b>	<b>Hib</b>	<b>PCV13</b>	<b>IPV</b>						
<b>4-6 years</b>	<b>Hib</b>	<b>PCV13</b>	<b>IPV</b>						

**Is your family growing?** To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:** If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**  
 \* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.  
 † Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.  
 ‡ If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free  
**1-800-CDC-INFO** (1-800-232-4636)  
 or visit  
**www.cdc.gov/vaccines/parents**



**U.S. Department of Health and Human Services**  
 Centers for Disease Control and Prevention

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.

Talk to your child’s doctor or nurse about the vaccines recommended for their age.

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB						
<b>7-8 Years</b>	Black	Black	White	Black	White	Black	Black	Black	Black	Black	Black
<b>9-10 Years</b>	Black	Black	Light Gray	Black	White	Black	Black	Black	Black	Black	Black
<b>11-12 Years</b>	Black	Black	Black	Black	White	Black	Black	Black	Black	Black	Black
<b>13-15 Years</b>	Black	Black	Black	Black	White	Black	Black	Black	Black	Black	Black
<b>16-18 Years</b>	Black	Black	Black	Black	White	Black	Black	Black	Black	Black	Black

**More information:** Everyone 6 months and older should get a flu vaccine every year.  
 All 11- through 12- year olds should get one shot of Tdap.  
 All 11- through 12- year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.  
 All 11- through 12- year olds should get one shot of meningococcal conjugate (MenACWY). A booster shot is recommended at age 16.  
 Teens 16–18 years old **may** be vaccinated with a serogroup B meningococcal (MenB) vaccine.

 These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

 These shaded boxes indicate the vaccine should be given if a child is catching up on missed vaccines.

 These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/](http://www.cdc.gov/vaccines/hcp/acip-recs/).

 This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.



U.S. Department of Health and Human Services  
 Centers for Disease Control and Prevention

## Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
<b>Diphtheria</b>	Tdap* and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
<b>Human Papillomavirus</b>	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
<b>Measles</b>	MMR*** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Meningococcal Disease</b>	MenACWY and MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
<b>Mumps</b>	MMR*** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
<b>Pertussis</b>	Tdap* vaccine protects against pertussis.	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Pneumococcal Disease</b>	Pneumococcal vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Polio</b>	Polio vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Rubella</b>	MMR*** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	Tdap* and Td** vaccines protect against tetanus.	Exposure through cuts on skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

\*Tdap combines protection against diphtheria, tetanus, and pertussis.

\*\*Td combines protection against diphtheria and tetanus.

\*\*\*MMR combines protection against measles, mumps, and rubella.

If you have any questions about your child's vaccines, talk to your child's doctor or nurse.

# Other plan details

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## Finding a network provider

We make finding a network provider easy. You have the freedom to choose any network provider. To find a network provider or a pharmacy close to you:

Visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) or the UnitedHealthcare app for the most up-to-date information. Click on “Find a Provider.”

Call Member Services at **1-800-903-5253**, TTY **711**. We can look up network providers for you. Or, if you’d like, we can send you a Provider Directory in the mail.

## Provider Directory

You have a directory of providers available to you in your area. The directory lists addresses and phone numbers of our network providers.

Provider information changes often. Visit our website for the most up-to-date listing at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) or the UnitedHealthcare app. You can view or print the provider directory from the website, or click on “Find a Provider” to use our online searchable directory.

If you would like a printed copy of our directory, please call Member Services at **1-800-903-5253**, TTY **711**, and we will mail one to you.

## Your eligibility

- You must be eligible for Medicaid to be enrolled with UnitedHealthcare Community Plan
- If you enrolled with UnitedHealthcare Community Plan within the past 90 days, you can change to a new health plan when you call Michigan ENROLLS at 1-888-367-6557 or 1-800-975-7630
- If you have been enrolled with UnitedHealthcare Community Plan for more than 90 days, the State will not let you change to a new health plan for a year. When you can make a change, the State will send you information in the mail.

- UnitedHealthcare Community Plan cannot enroll, disenroll or change your health plan. You must contact Michigan ENROLLS at 1-888-367-6557 or 1-800-975-7630 to make a change.
- If you have an HMO as your primary insurance, you will not be able to enroll with UnitedHealthcare Community Plan
- Your UnitedHealthcare Community Plan benefits cannot be cancelled if you become sick

## Ways to participate in UnitedHealthcare Community Plan

UnitedHealthcare Community Plan has a Board of Directors. This Board looks at the way we do business and makes suggestions. Some people who serve on the board are members just like you. If you would like to become a board member, give us a call. Members vote on a new board member when a seat opens up or when a term is up. If you can't be on the board but have some ideas, we would still like to hear from you. Call us so we can get your suggestions.

## Utilization Review policy and procedures

UnitedHealthcare Community Plan has policies and steps we follow in decision making about approving medical services. We want to make sure that the health care services provided are medically necessary, right for your condition and are provided in the best care facility. We make sure that quality care is delivered. The criteria used in our decision-making are available to you and your doctor if you ask for it.

Our employees or providers are not rewarded in any way for not giving you the care or services you need or for saying that you should not get them.

There are also some treatments and procedures we need to review before you can get them. Your providers know what they are, and they take care of letting us know to review them. The review we do is called a Utilization Review. We do not reward anyone for saying no to needed care. If you have questions about Utilization Management, you can talk to our staff. Our staff is available 8:30 a.m.–5:30 p.m., Monday–Friday at **1-800-903-5253**, TTY **711**. Language assistance is available.

# How UnitedHealthcare Community Plan pays our providers

UnitedHealthcare Community Plan pays our PCPs one of two ways. We pay them an agreed-upon fee every month to give our members all the primary care they need no matter how much it costs. This is called capitation. We also pay some of our PCPs and specialists every time they see one of our members. This is known as fee-for-service. We pay our hospitals and all other types of providers in our network the same way. They get paid each time they care for one of our members. We never hold back any payment to any of our providers for giving too much service. We do not reward providers for giving too little care. If you have any questions about these arrangements, call us.

## Updating your information

You should tell DHS if you have any changes, including the following:

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

Please call MIEnrolls at **1-888-367-6557** or **1-800-975-7630**, TTY **711**, if any of this information changes. UnitedHealthcare Community Plan needs up-to-date records to tell you about new programs, to send you reminders about healthy checkups, and to mail you member newsletters, ID cards and other important information.

### Other insurance

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

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

## Benefits monitoring program

This program helps ensure you're using the correct benefits and services to manage your care. If the services you use aren't needed for your health condition, we'll enroll you in this program. We'll teach you the proper use of medical services and help you get services from appropriate providers. Examples of things that could get you enrolled in this program include:

- Going to the emergency room when it's not an emergency
- Seeing too many different doctors instead of your primary care doctor
- Getting more medicines than may be safe
- Or, activity that may indicate fraud

Using the right health services in the right amount helps us make sure you're getting the very best care.

## Community Health Workers (CHW)

Community Health Workers (CHWs) are health workers within the community that assist members with navigating health care. CHWs bridge the gap between health care and social services for people within the community. CHW services include:

- Visits to member homes, including follow-up after hospitalization and emergency room
- Advocating for members with providers
- Arranging for social support services (i.e. locating food and housing assistance)
- Help boost member morale, sense of self-worth and encourage self-management skills
- Advocating and assisting with members to connect with healthcare services and community resources and reminders of the importance of scheduled visits

UnitedHealthcare Community Plan has CHWs that may reach out and work with you.

# Fraud and abuse

Abuse includes actions that may result in: unnecessary cost to the health care system, improper payment, or payment for services that are medically unnecessary. An example of abuse is going to more than one doctor to get a prescription.

Fraud is the intentional misrepresentation or concealing of facts to obtain something of value. An example of fraud would be using someone else's UnitedHealthcare ID card to obtain medical care or changing a prescription written by a doctor.

Waste is the over utilization of services or other practices that, directly or indirectly that result in unnecessary costs to the health care system. This is typically not a violation of the law but it uses health care system money inappropriately. An example of waste is a provider orders lab tests for every member regardless if the test is medically indicated.

Help prevent fraud, waste and abuse. As a Medicaid HMO in Michigan, UnitedHealthcare Community Plan needs to make sure that funds are used in an ethical way. UnitedHealthcare Community Plan has steps in place to prevent, identify and deal with fraud, waste and abuse within our membership, our provider network and our internal business. We fully look into each incident. If we find that fraud, waste or abuse took place, our policies state that action will be taken.

### **Additional examples of fraud, waste and abuse may be when:**

#### **A member:**

- Shares their UnitedHealthcare Community Plan ID card
- Shares their Medicaid ID card
- Overstates an illness or condition
- Alters a prescription or gets medication to resell it
- Alters a referral or medical record
- Uses transportation services for something other than getting medical care

### A provider:

- Bills for services never provided
- Bills for the same services twice or uses improper coding
- Overstates a member's illness or condition
- Receives payment for making patient referrals
- Gives false information about credentials such as a college degree

### You can report when you suspect there has been fraud, waste or abuse

You may remain anonymous. You will need to identify what you observed, when you observed it, who was present and any further information that may be of assistance. UnitedHealthcare Community Plan employees must report when they suspect a policy or the law has been broken. We have a “no retaliation” policy. We look into suspected fraud, waste and abuse when we are told about it. We report it to the right authorities as required by law.

If you suspect fraud, waste or abuse with a member or provider, you may report it to the following:

- Compliance Officer  
UnitedHealthcare Community Plan  
3000 Town Center, Suite 1400  
Southfield, MI 48075  
Or call toll-free: **1-800-903-5253**
- Office of Inspector General  
P.O. Box 30062  
Lansing, MI 48909  
Online at [www.michigan.gov/fraud](http://www.michigan.gov/fraud),  
or toll-free 1-855-MI-FRAUD (643-7283)

## Your opinion matters

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

- Call Member Services at **1-800-903-5253**, TTY **711**
- Write to us at:

UnitedHealthcare Community Plan  
Member Advocate  
3000 Town Center, Suite 1400  
Southfield, MI 48075

# Advance Directives

### The patient's right to decide

You have a right to file an “Advance Directive” under Michigan law. This document says, in advance, what kind of treatment you want or do not want if you have a serious medical condition that prevents you from telling your provider how you want to be treated. For example, if you were taken to a health care facility in a coma, an Advance Directive would let the facility’s staff know how you want your health care to be handled.

UnitedHealthcare Community Plan policy supports your rights to an Advance Directive according to Michigan Law. If you have concerns, questions or if you want to learn more about Advance Directives, call the State of Michigan or UnitedHealthcare Community Plan Member Services.

<http://legislature.mi.gov/doc.aspx?mcl-700-5506>

### If you have a complaint concerning an Advance Directive:

For complaints about how your provider follows your wishes, write or call:

**Bureau of Health Professions (BHP)**  
**Complaint and Allegation Division**  
P.O. Box 30670  
Lansing, MI 48909-8170  
517-373-9196 or [bphelp@michigan.gov](mailto:bphelp@michigan.gov)

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) (click on “filing a complaint”)

For complaints about how your health plan follows your wishes, write or contact:

**Department of Insurance and Financial Services (DIFS)**  
Toll-free at 1-877-999-6442  
or [www.michigan.gov/difs](http://www.michigan.gov/difs)

### Living Will

A Living Will usually states 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 tell the doctor not to go to any extremes to keep you alive. Examples of extreme care are machines that help you breathe or tubes that feed you. The Living Will, or advance directive for health care, begins when:

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

Michigan'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 or other health care provider that you are revoking it. Someone who saw or heard you revoke your statement may also tell your doctor or other health care provider.

### Durable Power of Attorney for health care

This is a written statement naming a person you trust — a husband, wife, parent, adult child, sibling or friend — to make medical decisions if you are not physically or mentally able to.

You may also be able to combine both a Living Will and Durable Power of Attorney for Health Care 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.

### Patient safety

Help improve your safety and take responsibility when it comes to your medical care:

- Tell your doctor all your health history
- Be part of every decision about your health care — talk with your doctor, ask questions
- Don't wait to hear — call your doctor, ask for test results
- Tell your doctor about any changes in your health
- Take your doctor's advice and follow instructions you both agreed to
- If you don't understand — ask again

Be an active part of your health care. Know how you can make a difference.

# Member rights and responsibilities

### Your rights

- To be treated with respect, consideration, and recognition of your dignity and right to privacy no matter what your race, religion, color, age, sex, health condition, familial status, height, weight, disability or veteran's status
- To receive information about all health services including a clear explanation of how to obtain services
- To choose a personal doctor from our list of UnitedHealthcare Community Plan Primary Care Providers (PCPs)
- To file a grievance, to request a State Fair Hearing, or have an external review, under the Patient's Right to Independent Review Act
- To voice grievances or appeals about UnitedHealthcare Community Plan or the care it provides
- To make recommendations regarding UnitedHealthcare Community Plan member rights and responsibilities policies
- To expect that your medical records and communications will be treated in a confidential manner as required by law
- To expect UnitedHealthcare Community Plan staff and providers to comply with all enrollee rights requirements
- To receive full information from your PCP or health care provider as to the nature and consequence of any treatment, test, or procedure that may be involved in your health care
- To participate in decisions involving your health care and make decisions to accept or refuse medical treatment or surgical treatment from your health care provider
- To candid discussions of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- To ask for and receive information about UnitedHealthcare Community Plan, its services, its structure, its operations, its providers and practitioners of who provide health care services
- To ask if UnitedHealthcare Community plan has incentive arrangements including those that cover referral services that place the physician at significant financial risk (more than 25%), other types of incentive arrangements, and whether stop-loss coverage is provided. To get information call UnitedHealthcare Community Plan and ask for information about our physician payment arrangements.
- To see any UnitedHealthcare Community Plan OB/GYN for well-woman exams or obstetrical care without a referral from your PCP

- To see any UnitedHealthcare Community Plan Pediatrician if you are under the age of 18 without a referral from your PCP
- To get a copy of these rights and responsibilities or have them explained to you if you have any questions

### Your responsibilities

- To be an informed member. Read your handbook and call UnitedHealthcare Community Plan if you have any questions.
- To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible
- To call UnitedHealthcare Community Plan for approval of all hospitalizations, except for emergencies or for urgently needed services
- To inform UnitedHealthcare Community Plan of any other health insurance coverage, so that your medical bills may be considered appropriately
- To tell your PCP your complete health history. To tell the truth about any changes in your health. To supply information (to the extent possible) that UnitedHealthcare Community Plan and its providers need in order to provide care.
- To listen to and follow your PCP's advice for care you have agreed on. To help them plan what treatment will work best for you.
- To know the name(s) of your medication(s), to know what they are for, and how to use them
- To report any emergency treatment within 48 hours to your PCP. Report an emergency stay at a hospital soon after.
- To always carry your UnitedHealthcare Community Plan ID card
- To respect the rights of other patients, doctors, office staff and staff at UnitedHealthcare Community Plan
- To tell UnitedHealthcare Community Plan if you move or change phone numbers. Tell us about changes that affect your health, like childbirth. Call Member Services at **1-800-903-5253**, TTY **711**, and keep us informed.

## Your rights – Complaint (grievance) and appeal

We hope being a UnitedHealthcare Community Plan member will be trouble-free and easy for you. We realize sometimes you may want to tell us about a problem or concern.

### Examples of grievances:

- You are unhappy with the care or service your doctor is giving you
- You are unhappy about service you receive from UnitedHealthcare Community Plan staff
- The doctor you want to see is not a UnitedHealthcare Community Plan doctor
- You are receiving a bill for a service that should be covered by UnitedHealthcare Community Plan

To tell us about a grievance, call or write our Customer Service department. You may file a grievance at any time. You will get a response within 90 days.

It is possible that you might have a more serious concern that requires medical review. This type of concern is called a “Formal Appeal.”

### Examples of Formal Appeals:

- The denial or limited approval of a service that was approved in the past
- The reduction, suspension or termination of a service that was approved in the past
- The failure to give services in a timely manner
- The failure of UnitedHealthcare Community Plan to act within the established time frames for a grievance and appeal to be completed
- Benefits or claims payment, handling or reimbursement of health care services
- The denial, in whole or in part, of payment for a properly approved and covered service

The following information explains your Formal Appeal rights in the order that these rights should be followed.

### First Step – Formal Appeal with UnitedHealthcare Community Plan

#### Formal Appeals

If UnitedHealthcare Community Plan denies, reduces or terminates a medical service, a denial letter is created. The letter is sent to you and the provider who is asking for the service. It includes the following information:

- The specific reason(s) for the denial
- The benefit, guideline, rule or other measure used to make the denial decision
- Your right to ask for a copy of the benefit, guideline, rule or other measure used to make the denial decision; including access to records and other information used in the denial decision. You can request a copy at no cost to you.
- A description of the appeal process. This should include the right to have someone represent you. It should also include the right to send written comments, documents or other information about the appeal. This should also have the time frames for deciding appeals. The provider is also sent this notice of appeal rights.
- Your right to have benefits continue until the appeal is resolved. The denial letter will explain how to request continuation of your benefits and that you may be required to pay the costs of those services if the result of the appeal is adverse to you.
- A description of a fast appeal process if the denial is an urgent pre-service or urgent concurrent denial
- A plan physician advisor is available to discuss the denial determination with the provider. The plan advisor is chosen based on the type of review (e.g., physician or chiropractor).

#### Receipt of services

If you file any type of Formal Appeal for services that were discontinued, reduced or changed, you may continue to receive those services/items during your appeal. The Formal Appeal must be hand-delivered or postmarked within 10 days from the date on the written notice of decision. You will continue to receive the service/items at the previously authorized level until the Formal Appeal is resolved. If the appeal decision is not in your favor, you may be required to pay for services received during the appeal process.

## Other plan details

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### You can file a Formal Standard or Expedited Appeal by calling or writing:

UnitedHealthcare Community Plan  
Grievance and Appeals Department  
P.O. Box 30991  
Salt Lake City, Utah 84130-0991  
**1-800-903-5253**

- You or your representative, including an attorney may submit a Formal Appeal up to 60 days after the date on the notice of the adverse action
- You or your representative may submit a Formal Expedited Appeal within 10 days of the adverse action
- If you need help filing a Formal Appeal, our UnitedHealthcare Community Plan Appeal Coordinator will help you
- The appeal coordinator will send you an Appeal Acknowledgment Letter
- If someone else asks for a Formal Appeal on your behalf, we will need your written approval to conduct the Formal Appeal

### You must give us the following information:

- Your name
- The number on your UnitedHealthcare Community Plan card
- The kind of care you want
- The reason you want to appeal
- Your mailing address
- The name of the person we should call if we have questions about your appeal
- A daytime phone number

### If you have not gotten the service yet:

- We will review your Formal Appeal
- You will get an answer in writing within 30 calendar days
- If more time is needed and it will benefit you, UnitedHealthcare Community Plan may ask you for 14 more calendar days
  - We can only ask you for more days one time

### Expedited Formal Appeal

If your problem is so urgent that you need a decision about your care very quickly you or your representative must file an Expedited Appeal within 10 days of the adverse action. If the usual 30-day time frame for a Formal Appeal would cause serious harm to your life or health, your doctor must support this. You can ask for an Expedited Appeal 24 hours a day, 7 days a week. This can be either orally or in writing. You will have a decision about your care within 72 hours.

#### If you already got the service:

- We will review your Formal Appeal
- You will get an answer in writing within 30 calendar days
- If more time is needed and it will benefit you, UnitedHealthcare Community Plan may ask you for 14 more calendar days. This is if more time is needed and it will benefit you.
- We can only ask you for more days one time

In some cases, a UnitedHealthcare Community Plan Member Appeal Committee hearing will be held.

- You or your representative have the right to appear before the Appeal Committee to present the appeal
- The Appeal Committee completes its review of the appeal as fast as possible. This will be done no more than 30 days from receiving of the appeal request.
- If UnitedHealthcare Community Plan sees a need for more information and it is in your best interest the time frame to resolve the appeal will be extended up to 14 calendar days. UnitedHealthcare Community Plan will notify you in writing to explain the reason for the delay.
- The Committee resolves the appeal and makes a final written decision. Forms will be included should you want to request a State Fair Hearing or External Review. The process for these reviews is outlined later in this notice.

## Other plan details

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### UnitedHealthcare Community Plan assistance

UnitedHealthcare Community Plan provides the following assistance:

- If you have disabilities UnitedHealthcare Community Plan will provide assistive services to assist with presenting your case when requested. This is at no cost to you.
- Qualified sign language interpreters, TTY/TDD for telephone inquiries or other commonly accepted alternative forms of communication
- Information to support UnitedHealthcare Community Plan's stance in a format that you can understand to discuss and/or refute
- Assistance in copying and presenting documents and other evidence for review by UnitedHealthcare Community Plan
- UnitedHealthcare Community Plan appropriate plan staff to represent you
- Provide you language interpreter service when requested. This is at no cost to you.
- Provide reasonable opportunity for you to present evidence and allegations of fact or law in person as well as on the telephone and/or in writing with accommodations provided by UnitedHealthcare Community Plan

## Second Step – State Fair Hearing and/or External Review

### State Fair Hearing

In addition to other rights, you may request a State Fair Hearing. This may be done only after you have filed a Formal Appeal of an adverse action and the decision has been upheld. You have 120 days from the date on the Formal Appeal final resolution notice to request a State Fair Hearing with the Department of Health and Human Services Administrative Law Tribunal. You can continue to receive services during the time of the State Fair Hearing, however, if the decision of the State Fair Hearing is adverse to you, you may have to pay the cost of the services received. You may mail the request form sent with the denial notice to:

**Michigan Administrative Hearings  
System for the Department of Health and Human Services  
P.O. Box 30763  
Lansing, MI 48909-7695**

A form to make a Fair Hearing request will be included with a final adverse determination letter. For questions about requesting a Fair Hearing you may call **1-877-833-0870**.

### External Review

In addition to other rights, you may request an External Review from the Department of Insurance and Financial Services (DIFS). This is only after you have filed a Formal Appeal of an adverse action and the decision has been upheld. You have 127 days from the date on the final adverse determination letter to request an External Review under the Patient's Right to Independent Review Act (PRIRA).

You, your personal representative or your doctor can also request an Expedited External Review decision, from the (DIFS) at the same address below. This can be done immediately after filing with UnitedHealthcare Community Plan. You will have a decision about your care within 72 hours.

1. A form to make an External Review request will be included with a final adverse determination letter.
2. All requests for an External Review, expedited or otherwise, may be mailed to the address below:

**DIFS – Office of General Counsel – Appeals Section**

(by mail)

**P.O. Box 30220**

**Lansing, MI 48909-7720**

(by courier/delivery)

**530 W. Allegan Street, 7th Floor**

**Lansing, MI 48933**

Fax: 517-284-8838

External review requests, expedited or otherwise, may also be called in at the phone number below:  
Phone: **1-877-999-6442**

External review requests, expedited or otherwise, may also be called submitted online.

This can be done at the web address below:

<https://difs.state.mi.us/Complaints/ExternalReview.aspx>



# Request for State Fair Hearing

Michigan Department of Health and Human Services  
 Michigan Administrative Hearing System  
 P.O. Box 30763  
 Lansing, MI 48909

Telephone number: **1-800-648-3397**, Fax: **517-763-0146**

This form is for enrollees in a Managed Care Health Plan, MI Health Link\* Plan, Community Mental Health Services Program (CMHSP)/Prepaid Inpatient Health Plan (PIHP), Healthy Kids Dental Health Plan or MI Choice Waiver Program.

## Section 1 – To be completed by the person requesting a State Fair Hearing

Enrollee name		
Enrollee telephone number	Enrollee Social Security Number	
Address (No. & Street, Apt. No.)		
City	State	ZIP code
Enrollee or legal guardian signature	Enrollee Medicaid ID number	Date signed
<input type="checkbox"/> Managed Care Health Plan <input type="checkbox"/> MI Choice Waiver <input type="checkbox"/> Healthy Kids Dental Health Plan <input type="checkbox"/> CMHSP/PIHP <input type="checkbox"/> MI Health Link (*for Medicaid benefits only)		
Name of Health Plan, CMHSP/PIHP or Waiver Agency that took the action:		
Date of Notice of Appeal Decision (please include a copy of the notice):		
As of today's date, I have not received a Notice of Appeal Decision. I sent in an Internal Appeal on: _____		

MDHHS-5617-MAHS (Rev. 7-18) Previous edition obsolete.

**Questions?** Visit [UHCCommunityPlan.com/mi](http://UHCCommunityPlan.com/mi), 77  
 or call Member Services at **1-800-903-5253**, TTY **711**.

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I am asking for a State Fair Hearing because: Use additional paper if needed.

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Do you have physical or other conditions requiring special arrangements for you to attend or participate in a hearing?

- No
- Yes (If yes, please explain here.)

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**Section 2 – Have you chosen someone to represent you at the hearing?**

Has someone agreed to represent you at a hearing?

- No
- Yes (If Yes, have the representative complete and sign Section 3.)

MDHHS-5617-MAHS (Rev. 7-18) Previous edition obsolete.

78 **Questions?** Visit [UHCCCommunityPlan.com/mi](http://UHCCCommunityPlan.com/mi),  
or call Member Services at **1-800-903-5253**, TTY **711**.

### Section 3 – Authorized hearing Representative information

Name of representative (Please print)		
Representative telephone number	Relationship to enrollee	
Address (No. & Street, Apt. No.)		
City	State	ZIP code
Representative signature		Date signed

### Section 4 – To be completed by the Agency involved in the action being disputed by the enrollee

Name of agency UnitedHealthCare Community Plan	Agency contact person name Taylor Gregory, Senior Legal Service Specialist	
Agency address (No. & Street, Apt. No.) 26957 Northwestern Highway, Suite 400	Agency telephone number 952-202-3972	
City Southfield	State MI	ZIP code 48033
MIState program or service being provided to enrollee MI Medicaid		

This form is also available online at: [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) >> Assistance Programs >> Medicaid >> Program Resources >> Michigan Administrative Hearing System for the Department of Health and Human Services

Or [www.michigan.gov/LARA](http://www.michigan.gov/LARA) >> MI Administrative Hearing System >> Benefit Services

MDHHS-5617-MAHS (Rev. 7-18) Previous edition obsolete.

**Questions?** Visit [UHCCommunityPlan.com/mi](http://UHCCommunityPlan.com/mi), 79  
or call Member Services at **1-800-903-5253**, TTY **711**.

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# Request for State Fair Hearing

This form is for enrollees in a Managed Care Health Plan, MI Health Link Plan (\*for Medicaid benefits only), Community Mental Health Services Program (CMHSP)/Prepaid Inpatient Health Plan (PIHP), Healthy Kids Dental Health Plan or MI Choice Waiver Program.

## Instructions

A State Fair Hearing is an impartial review of a decision made by the Michigan Department of Health and Human Services, or one of its contract agencies, that an enrollee believes is wrong.

If you are enrolled in a Managed Care Health Plan, MI Health Link, CMHSP/PIHP, Healthy Kids Dental Health Plan or MI Choice Waiver program you **MUST** finish their internal appeal process before you can ask for a State Fair Hearing. If you do not receive a Notice of Appeal Decision within the mandated timeframe, you may also ask for a State Fair Hearing. You may also send in your signed hearing request in writing on any paper. This form is also available online at: [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) >> Assistance Programs >> Medicaid >> Program Resources >> Michigan Administrative Hearing System for the Department of Health and Human Services or [www.michigan.gov/LARA](http://www.michigan.gov/LARA) >> MI Administrative Hearing System >> Benefit Services.

If you asked for your benefit(s) to continue during the internal appeal process and you want them to continue during the State Fair Hearing process, you must ask for the State Fair Hearing and the Michigan Administrative Hearing System (MAHS) must receive your request within 10 calendar days of the date on the Notice of Appeal Decision.

## General instructions

- Read ALL instructions before completing the attached form
- This form should not be used for a request for a hearing related to:
  - Public Assistance (Medicaid eligibility, cash assistance, food assistance, or other assistance programs). For these hearing types, you must use form DHS-18, Request for Hearing available online at [http://www.michigan.gov/documents/FIA-Pub18\\_14356\\_7.pdf](http://www.michigan.gov/documents/FIA-Pub18_14356_7.pdf).
  - A decision that does not involve a managed care entity on a Medicaid service or your application for a MI Choice Waiver program. For these hearing types you must use form DCH-0092, Request for Hearing for Medicaid Enrollees or Waiver Applicants available online at: [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) >> Assistance Programs >> Medicaid >> Program Resources >> Michigan Administrative Hearing System for the Department of Health and Human Services or [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_4860-16825-,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-16825-,00.html).
- Please attach a copy of the Notice of Appeal Decision that you received from your managed care organization
- Complete **Section 1** using the name of the enrollee (even if the enrollee has a guardian or is a minor)

MDHHS-5617-MAHS (Rev. 7-18) Previous edition obsolete.

80 **Questions?** Visit [UHCCCommunityPlan.com/mi](http://UHCCCommunityPlan.com/mi), or call Member Services at **1-800-903-5253**, TTY **711**.

- Complete **Section 2 and 3** only if you want someone to represent you at the hearing
- Complete **Section 4** if the agency who took the action you are appealing did not fill this out
- Please make a copy of this completed form for your records
- If you have any questions, call: **517-335-7519** or toll free at **1-800-648-3397**
- After you complete this form, mail or fax (no email) to:

**Michigan Department of Health and Human Services**  
**Michigan Administrative Hearing System**  
**P.O. Box 30763**  
**Lansing, MI 48909**  
**Fax: 517-763-0146**

- You may choose to have another person represent you at a hearing
  - This person can be anyone you choose but he/she must be at least 18 years of age
  - You **MUST** give this person written and signed permission to represent you
  - You may give written permission by checking **Yes in Section 2** and having the person who is representing you complete **Section 3**. You **MUST** still complete and sign **Section 1**.
  - Your guardian or conservator may represent you. **A copy of the court order naming the guardian must be included with this request or it cannot be processed.**

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

If you do not understand this, call the Michigan Department of Health and Human Services at 877-833-0870.

Si no entiende esta información comuníquese al Michigan Department of Health and Human Services al 877-833-0870.

**877-833-0870**

إذا كنت لا تفهم هذا، فاطلبك الاتصال بـ Michigan Department of Health and Human Services (وزارة الصحة والخدمات الإنسانية) على رقم الهاتف 877-833-0870.

Completion: Is voluntary



# Health Care Appeals – Request for External Review

You are eligible to request an External Review if ALL the following apply:

- You have exhausted the health carrier’s internal grievance process (unless waived because the health carrier did not complete their review within the required time)
- The request is within 127 days of receipt of a final adverse determination
- The patient was covered on the date of service
- The health care service appears to be a covered benefit

The following types of policies are NOT eligible for review: Medicare supplement, disability income, hospital indemnity, specified accident, credit, long term care, and non-governmental self-funded plans.

**You are responsible for submitting:**

- A copy of the final adverse determination from the health carrier
- Pertinent documentation, such as bills, explanations of benefits, medical records, correspondence, statements from doctors, research material that supports your position, etc.

**Note: It is your responsibility to submit medical records. The Department of Insurance and Financial Services does not contact medical sources.**

**Always send copies. Never send original documents.**

<b>1. Patient name</b>		Name of INSURED person	
Name of Health Carrier (HMO, BCBSM, Health Insurer)			
Policy number	Group number (if applicable)	Claim number (if applicable)	
Dates service was received or requested		If service was received, enter date received. If not, enter date service was requested.	
Physician and medical facility involved			

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## 2. Statement of request

Provide a brief explanation of the problem and the resolution you are seeking. Describe the medical services requested or received.\*

\* Form FIS 2326 ([http://www.michigan.gov/documents/difs/FIS\\_2326\\_600931\\_7.pdf](http://www.michigan.gov/documents/difs/FIS_2326_600931_7.pdf)) should be included with requests involving experimental or investigational denials. Please return the form completed and signed by your treating provider to DIFS within 30 days.

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## 3. EXPEDITED External Review requirements

(If you are not requesting an expedited external review, or your request doesn't meet the conditions below, skip to Part 4.)

The following conditions must be met:

- An expedited INTERNAL review has been requested AND
- The request is filed within 10 days of receipt of adverse determination AND
- A physician substantiates the medical condition involved in the adverse determination is serious enough to jeopardize the life or health of the covered person.

My request meets these requirements. By completing items (3a.) and (3b.) below, I am requesting an Expedited External Review.

(3a.) Date you requested an expedited INTERNAL review \_\_\_\_\_

(3b.) Name and phone number of substantiating physician \_\_\_\_\_

I have included a letter from my physician.

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**4. This request is being filed by** (choose one)

- The patient** – Provide patient’s contact information in part 5.
  - The patient’s parent (if patient is a minor child); or the patient’s legal guardian** – Provide parent or legal guardian’s contact information in part 5.
  - A representative authorized by the patient** – Provide authorized representative’s contact information in part 5.
- 

**5. Contact information for person filing this form**

Name of patient, parent, legal guardian or authorized representative

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Address

City	State	ZIP
Daytime phone number	Evening phone number	

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If you are not the patient, what is your relationship to the patient?

If person filing is NOT the patient or the patient’s parent or the patient’s legal guardian, the patient must designate the representative by reading and signing statement in part 6 below:

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**6. Patient authorization statement**

I authorize the person named in Part 5 to act as my authorized representative in this External Review.

Signature of patient

Date

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### 7. Authorization to review medical information

I authorize the Department of Insurance and Financial Services (DIFS), the Independent Review Organization, the health carrier involved, and any other health care provider needed to review protected health information and records pertaining to this external review.

Signature of patient

Date

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### 8. Send your Request for External Review to

DIFS – Office of General Counsel – Appeals Section

(by mail)

P.O. Box 30220  
Lansing, MI 48909-7720

Fax: 517-284-8838

(by courier/delivery)

530 W. Allegan Street, 7th Floor  
Lansing, MI 48933

Phone: 877-999-6442

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(by email) [DIFS-HealthAppeal@michigan.gov](mailto:DIFS-HealthAppeal@michigan.gov)

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P.A. 251 of 2000 as amended, authorizes the Director to review requests for external review. Submission of this form is required to request an external review by the Director of the Department of Insurance and Financial Services.



**Michigan Department of Insurance and Financial Services**

DIFS is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: [www.michigan.gov/difs](http://www.michigan.gov/difs) Phone DIFS toll-free at: 877-999-6442

## Common terms

### What does it mean?

Terms	Description
Action or Denial	A UnitedHealthcare Community Plan decision to deny or limit authorizations, services or payment.
Beneficiary	A person determined eligible by the State of Michigan for the Medical Assistance Program.
Benefits	Health care services provided for by Michigan Medicaid.
Formal Appeal	A request to review a UnitedHealthcare Community Plan adverse determination or denial of payment.
Grievance	A complaint submitted on behalf of a member.
Covered Services	Medically necessary health care services and benefits.
Family Practice and General Practice Doctors	Doctors trained to treat adults and children.
UnitedHealthcare Community Plan Provider or Specialist	Doctors, hospitals, pharmacies or other medical service providers you must use for your health care.
HMO	Health Maintenance Organization. A health plan where a PCP manages all your health care needs.
Internal Medicine Doctors	Doctors trained to treat adults.
Medically Necessary	The services, equipment or supplies necessary for the diagnosis, care or treatment of a member's physical or mental condition according to accepted medical practices and standards.
Member	A Medicaid Program recipient enrolled with UnitedHealthcare Community Plan.

## Other plan details

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Terms	Description
Nurse Practitioner	A registered nurse who has advanced training and certification.
OB/GYN	Doctors trained to treat women.
PCP	Primary Care Provider (your personal doctor).
Pediatricians	Doctors trained to treat children and teens.
Physician Assistant	A health professional who works as part of a team with a doctor.
Referral	When your PCP sends you to a specialist for a covered service.
Utilization Management (UM) Decision	UnitedHealthcare Community Plan decisions made against set criteria. * See Utilization Review Policy and Procedures for more detail.

See your Certificate of Coverage for more definitions and details.

# Health Plan Notices of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Effective January 1, 2023

By law, we<sup>1</sup> must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

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

By law, we must follow the terms of this notice.

HI is information about your health or health care services. We have the right to change our privacy practices for handling HI. If we change them, we will notify you by mail or e-mail. We will also post the new notice at this website ([www.uhccommunityplan.com](http://www.uhccommunityplan.com)). We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

## How we collect, use, and share your information

### We collect, use, and share your HI with:

- You or your legal representative.
- Government agencies.

**We have the right to collect, use and share your HI for certain purposes.** This must be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** We may collect, use, and share your HI to process premium payments and claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may collect, use, and share your HI with your providers to help with your care.
- **For Health Care Operations.** We may suggest a disease management or wellness program. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.

## Other plan details

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- **For Plan Sponsors.** We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** We may collect, use, and share your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may collect, use and share your HI to send you appointment reminders and information about your health benefits.
- **For Communications to You.** We may use the phone number or email you gave us to contact you about your benefits, healthcare or payments.

### We may collect, use, and share your HI as follows:

- **As Required by Law.**
- **To Persons Involved with Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to object, we will use our best judgment. If permitted, after you pass away, we may share HI with family members or friends who helped with your care.
- **For Public Health Activities.** This may be to prevent disease outbreaks.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.
- **For Workers' Compensation.** To comply with labor laws.
- **For Research.** To study disease or disability.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law. We may give HI to funeral directors.
- **For Organ Transplant.** To help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates** if needed to give you services. Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.

- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
  1. Alcohol and Substance Abuse
  2. Biometric Information
  3. Child or Adult Abuse or Neglect, including Sexual Assault
  4. Communicable Diseases
  5. Genetic Information
  6. HIV/AIDS
  7. Mental Health
  8. Minors' Information
  9. Prescriptions
  10. Reproductive Health
  11. Sexually Transmitted Diseases

We will only use your HI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain promotional mailings. If you let us share your HI, the recipient may further share it. You may take back your consent. To find out how, call the phone number on your ID card.

### Your rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.

## Other plan details

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- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website ([www.uhccommunityplan.com](http://www.uhccommunityplan.com)).
- **To ask that we correct or amend** your HI. Depending on where you live, you can also ask us to delete your HI. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

### Using your rights

- **To Contact your Health Plan. Call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at **1-866-633-2446**, or TTY/RTT **711**.
- **To Submit a Written Request.** Mail to:  
UnitedHealthcare Privacy Office  
MN017-E300, P.O. Box 1459, Minneapolis MN 55440
- **Timing.** We will respond to your phone or written request within 30 days.
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

**You may also notify the Secretary of the U.S. Department of Health and Human Services.** We will not take any action against you for filing a complaint.

<sup>1</sup> This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus Wisconsin Insurance; Health Plan of Nevada, Inc.; Optimum Choice, Inc.; Oxford Health Plans (NJ), Inc.; Physicians Health Choice of Texas, LLC; Preferred Care Partners, Inc.; Rocky Mountain Health Maintenance Organization, Incorporated; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Community Plan of Georgia, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of America; UnitedHealthcare Insurance Company of River Valley; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; and UnitedHealthcare Plan of the River Valley, Inc. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.

92 **Questions?** Visit [UHCCCommunityPlan.com/mi](http://UHCCCommunityPlan.com/mi), or call Member Services at **1-800-903-5253**, TTY **711**.

# Financial Information Privacy Notice

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

Effective January 1, 2023

We<sup>2</sup> protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

## Information we collect

- We get FI from your applications or forms. This may be name, address, age and social security number.
- We get FI from your transactions with us or others. This may be premium payment data.

## Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

## Confidentiality and security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

## Other plan details

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### Questions about this notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center at **1-866-633-2446**, or TTY/RTT **711**.

<sup>2</sup> For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: ACN Group of California, Inc.; AmeriChoice Corporation.; Benefitter Insurance Solutions, Inc.; Claims Management Systems, Inc.; Dental Benefit Providers, Inc.; Ear Professional International Corporation; Excelsior Insurance Brokerage, Inc.; gethealthinsurance.com Agency, Inc. Golden Outlook, Inc.; Golden Rule Insurance Company; HealthMarkets Insurance Agency; Healthplex of CT, Inc.; Healthplex of ME, Inc.; Healthplex of NC, Inc.; Healthplex, Inc.; HealthSCOPE Benefits, Inc.; International Healthcare Services, Inc.; Level2 Health IPA, LLC; Level2 Health Management, LLC; Life Print Health, Inc.; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Global Solutions (India) Private Limited; Optum Health Care Solutions, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Physician Alliance of the Rockies, LLC; POMCO Network, Inc.; POMCO, Inc.; Real Appeal, LLC; Solstice Administrators of Alabama, Inc.; Solstice Administrators of Arizona, Inc.; Solstice Administrators of Missouri, Inc.; Solstice Administrators of North Carolina, Inc.; Solstice Administrators of Texas, Inc.; Solstice Administrators, Inc.; Solstice Benefit Services, Inc.; Solstice of Minnesota, Inc.; Solstice of New York, Inc.; Spectera, Inc.; Three Rivers Holdings, Inc.; U.S. Behavioral Health Plan, California; UHIC Holdings, Inc.; UMR, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; UnitedHealthcare, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; and USHEALTH Group, Inc.; and Vivify Health, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.



# We're here for you

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Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-903-5253**, TTY **711**. You can also visit our website at [UHCCommunityPlan.com/mi](https://UHCCommunityPlan.com/mi).

UnitedHealthcare Community Plan  
3000 Town Center, Suite 1400 Southfield, MI 48075

Toll-free telephone  
24 hours a day, 7 days a week  
**1-800-903-5253**, TTY **711**

[UHCCommunityPlan.com/mi](https://UHCCommunityPlan.com/mi)

United  
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**Questions?** Visit [UHCCommunityPlan.com/mi](https://UHCCommunityPlan.com/mi), 95  
or call Member Services at **1-800-903-5253**, TTY **711**.

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