Missouri

Welcome to the community

MO HealthNet Managed Care

Visually and hearing impaired members

We have this handbook in an easy to read form for people with poor eyesight. Please call us at **1-866-292-0359**, TTY **711** for help. We have a special phone number for people with poor hearing. Members who use a Telecommunications Device for the Deaf (TDD) and American Sign Language can call **1-866-292-0359**, TTY **711**. These services are available to you at no cost.

ACCREDITED NCQA HEALTH PLAN

UnitedHealthcare® Community Plan

CSMO24MD0269622_000

UHC-25042 - 09/12/2024

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Welcome to MO HealthNet Managed Care

You have been approved for MO HealthNet benefits and you are enrolled in a MO HealthNet Managed Care health plan where you will get most of your benefits. Each MO HealthNet Managed Care health plan member must have a Primary Care Provider (PCP). A PCP manages a member's health care. There are a few services that members in a MO HealthNet Managed Care health plan will receive from MO HealthNet Fee-for-Service.

MO HealthNet Fee-for-Service members must go to a MO HealthNet approved provider. You can do an on-line search to find a MO HealthNet approved provider at **https://apps.dss.mo.gov/fmsMedicaidProviderSearch/** or you can call 1-800-392-2161 for a list of MO HealthNet approved providers.

Keeping your insurance

It is very important you call the Family Support Division (FSD) Information Center at 1-855-373-4636 or visit our website at **www.dss.mo.gov** to access the FSD Program Enrollment System online to let them know when your address changes. Important letters and information will be mailed to the address you have provided. You or your children could lose your MO HealthNet coverage if you do not respond to State requests for information. Please make sure that you answer all mail from the State.

MO HealthNet annual review

Family Support Division (FSD) must review information for everyone who has MO HealthNet, at least once a year. FSD will need to review to determine if you or your family member still qualify for MO HealthNet. FSD will send you a yellow MO HealthNet Review Form for you to fill out and return by the date specified. Your MO HealthNet Managed Care coverage may be affected if this form is not returned. If you have any questions or need help with this form, please call the Family Support Division Contact Center at 855-373-9994 or go to **https://mydss.mo.gov/**.

Interpreter services

If you do not speak or understand English call **1-866-292-0359**, TTY **711**, to ask for help. We can help if you do not speak or understand English.

- We will get you a translator, including American Sign Language services when needed at no cost to you
- We may have this book in your language
- We will get a copy of the grievance and appeal rules in your language

If you need American Sign Language, call **1-800-392-2161** to get help from someone who speaks your language at no cost to you. Members who use a Telecommunications Device for the Deaf (TDD) can call **1-800-735-2966.** These services are available to you at no cost. This includes auxiliary aids and services.

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, ancestry, genetic information, sex (including pregnancy and gender identity), sexual orientation, age, disability, religion, or veteran status.

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by us. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

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

Email: **UHC_Civil_Rights@uhc.com**

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

Online: **hhs.gov/civil-rights/filing-a-complaint/index.html**

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

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

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

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

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

- Qualified interpreters
- Information written in other languages

If you need these services, please call Member Services at **1-866-292-0359**, TTY **711**. Hours are 8 a.m.–5 p.m., Central Time, Monday–Friday.

1-866-292-0359, TTY 711

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

Chinese: 注意：您可以免費獲得翻譯及其他語言協助服務。如果您需要協助，請致電上列電話號碼。

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

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

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

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

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

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

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

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

Pennsylvanian Dutch: WICHDICH: Mir kenne dich en Translator griege wann du Hilf mit die Schprooch brauchscht, unni as es dich ennich eppes koschte zellt. Wann du Hilf witt, please duh der Nummer do owwe draa uffrufe.

Persian: توجه: خدمات ترجمه و سایر کمک‌های زبانی به صورت رایگان در اختیار شما قرار دارد. اگر به کمک نیاز دارید، با شماره بالا تماس بگیرید.

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

Portuguese: ATENÇÃO: a tradução e outros serviços de assistência linguística estão disponíveis sem qualquer custo para si. Se precisar de ajuda, contacte o número indicado acima.

Amharic: ማሳሰቢያ፡- የትርጉም እና ሌሎች የቋንቋ ድጋፍ አገልግሎቶችን ያለ ምንም ወጪ ማግኘት ይችላሉ። እርዳታ ከፈለጉ እባክዎ ከላይ ባለው ቁጥር ይደውሉ።

Telephone numbers

UnitedHealthcare Community Plan Member Services . . . . . **1-866-292-0359**, TTY **711**
8:00 a.m.–5:00 p.m. Central Time, Monday–Friday

NurseLine . . . . . **1-866-351-6827**, TTY **711**

Transportation . . . . . **1-866-292-0359**, TTY **711**

Pharmacy benefits **1-800-392-2161**
or **1-573-751-6527**

To report fraud and abuse **1-866-242-7727**

Medicaid Fraud Control Unit **1-800-286-3932**

MO HealthNet enrollment helpline **1-800-348-6627**

Website offers 24/7 access to plan details
Go to **myuhc.com/CommunityPlan** to sign up for web access to your account. This secure website keeps all of your health information in one place.

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

Your doctors

PCP: _____ Phone: _____

Other doctor:_____ Phone: _____

Other doctor:_____ Phone: _____

Dentist:_____ Phone: _____

Pharmacy: _____ Phone: _____

How to request a Provider Directory

To request a provider directory please call Member Services:

UnitedHealthcare Community Plan Member Services:

1-866-292-0359, TTY **711**, 8:00 a.m.–5:00 p.m. CT, Monday–Friday

Table of contents

Welcome to UnitedHealthcare, your MO Healthnet Managed Care Plan

Thank you for choosing UnitedHealthcare, your MO Healthnet Managed Care Plan for your health plan. We're happy to have you as a member. You've made the right choice for you and your family.

UnitedHealthcare Community Plan gives you access to many health care providers so that you have access to all the health services you need. Our service area includes all counties across the state. We cover preventive care, checkups and treatment services. We are dedicated to improving your health and well-being.

We're ready to answer any questions you may have. Just call Member Services at **1-866-292-0359**, TTY **711**, 8:00 a.m.–5:00 p.m. Central Time, Monday–Friday. You can also visit our website at **myuhc.com/CommunityPlan**.

Getting started

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

1. Call your doctor and schedule a checkup

Regular checkups are important for good health. If you don't know your Primary Care Provider (PCP) number, or if you need help finding a network doctor near you, call Member Services at **1-866-292-0359**, TTY **711**. We're here to help.

2. Take your Health Assessment

You will soon receive a welcome phone call from us to help you complete a survey about your health. This is also called the initial health screening for new members. This survey helps us understand your needs so that we can serve you better. You can also fill out the survey online.

3. Get to know your health plan

Member Handbook – This member handbook gives you general information about your health care coverage, special programs, and rights and responsibilities. Start with the Health Plan Highlights section on **page 14** for a quick overview of your new health plan. And be sure to keep this booklet handy, for future reference.

4. Discover your health plan online

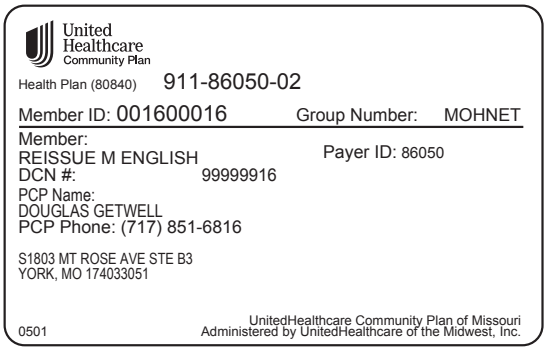
Go to **myuhc.com/CommunityPlan** to sign up for web access to your account. This secure website keeps all of your health information in one place. Take your Health Assessment, find answers to your questions about your health plan benefits, network doctors and more. In addition to health plan details, the site includes useful tools that can help you. You can even print a copy of your member ID card. Register today. See **page 18**.

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 **1-866-292-0359**, TTY **711**.

Health plan highlights

UnitedHealthcare Community Plan member ID card


United Healthcare Community Plan

Health Plan (80840) 911-86050-02

Member ID: 001600016 Group Number: MOHNET

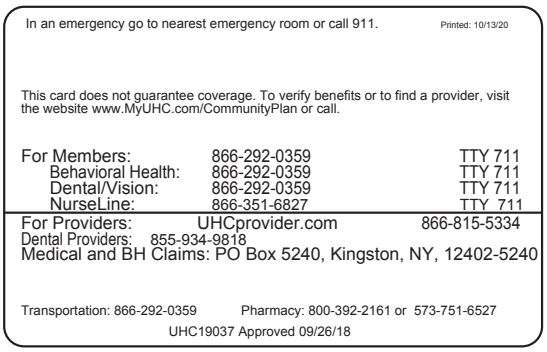
Member:
REISSUE M ENGLISH
DCN #: 99999916
PCP Name:
DOUGLAS GETWELL
PCP Phone: (717) 851-6816

Payer ID: 86050

S1803 MT ROSE AVE STE B3
YORK, MO 174033051

0501

UnitedHealthcare Community Plan of Missouri
Administered by UnitedHealthcare of the Midwest, Inc.


In an emergency go to nearest emergency room or call 911.

Printed: 10/13/20

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

For Members:	866-292-0359	TTY 711
Behavioral Health:	866-292-0359	TTY 711
Dental/Vision:	866-292-0359	TTY 711
NurseLine:	866-351-6827	TTY 711
For Providers:	UHCprovider.com	866-815-5334

Dental Providers: 855-934-9818
Medical and BH Claims: PO Box 5240, Kingston, NY, 12402-5240

Transportation: 866-292-0359 Pharmacy: 800-392-2161 or 573-751-6527

UHC19037 Approved 09/26/18

Your member ID card holds a lot of important information. It gives you access to your covered benefits. Your member ID card will be issued prior to your effective date of coverage with UnitedHealthcare Community Plan. Each covered family member will have their own card. Check to make sure all the information is correct. If any information is wrong, call Member Services at **1-866-292-0359**, TTY **711**.

- **Take your member ID card and your MO HealthNet ID card to your appointments**
- **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.**

Lost your member ID card?

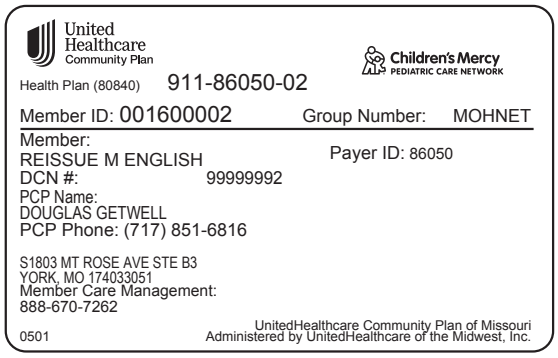
If you lose your ID card, you can print a new one at **myuhc.com/CommunityPlan**. Or call Member Services at **1-866-292-0359**, TTY **711**.

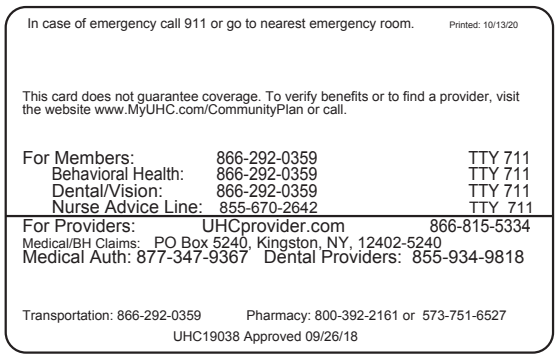
Western Region – Important plan information

Children's Mercy Pediatric Care Network (CMPCN)

Members in the **Western Region** may get a UnitedHealthcare Community Plan ID card that includes a logo for the Children's Mercy Pediatric Care Network. It is very important to verify your name, date of birth and PCP name on the card.

If any information is incorrect, call Member Services at 1-866-292-0359, TTY 711.

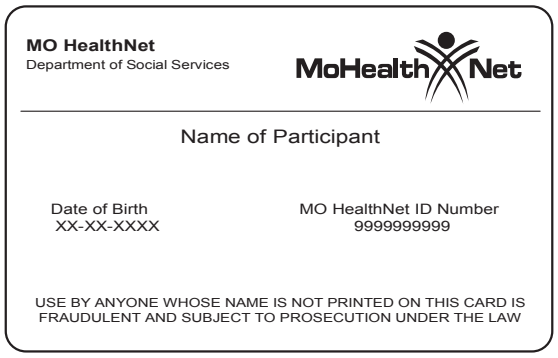


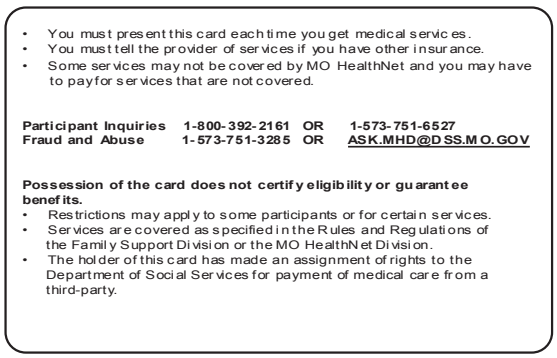


MO HealthNet ID card

In addition to the UnitedHealthcare Community Plan ID card, you will receive a MO HealthNet ID Card from the State of Missouri.

- Be sure to have **both** cards ready when you go to your provider
- If you lose your MO HealthNet ID card, call the Family Support division (FSD) Information Center at 1-855-373-4636 or visit **www.dss.mo.gov** to access the FSD Program Enrollment System online





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 more details in the Benefits section of this handbook.

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 health concerns and health screenings. Your PCP can also assist with referrals to Specialists. For details, see **page 21**.

Large provider network

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** or call **1-866-292-0359**, TTY **711**.

Behavioral health and substance use disorder

Get help with personal problems that may affect you or your family. These include stress, depression, anxiety, a gambling problem, or using drugs or alcohol. For details, see **page 66**.

Transportation services are available

As a UnitedHealthcare Community Plan member, Non-Emergency Medical Transportation (NEMT) is available for some medical care for eligible members. For details, see **page 31**.

Checkups

Stay in good health with regular checkups. As a new member, services like annual checkups are available to you. Taking care of your health today can keep little problems from turning into big ones down the road. Schedule an appointment to see your PCP today! For details, see **page 26**.

Immunizations

Flu shots are recommended for all members. Your doctor will help you stay up to date with other recommended immunizations, based on your age. For details, see **page 26**.

Preventive screenings for children and adults

Ask your doctor about other tests or screenings you may need based on your gender or age. For details, see **page 26**.

Specialist services

Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. Be sure to choose a specialist from the UnitedHealthcare Community Plan network. For details, see **page 64**.

Hospital services

You're covered for medically necessary hospital stays. You are also covered for outpatient services. These are services you get in the hospital without spending the night. For details, see **page 44**.

Laboratory services

Covered services include tests and X-rays that help find the cause of illness. For details, see **page 44**.

Vision care

For your vision benefits, see **page 51**.

Dental care

For your dental benefits, see **page 50**.

Urgent care

You are covered for urgent care. If you need medical care right away and your PCP is not available, visit a network urgent care center. Remember to always follow up with your PCP after you've been to an urgent care center. For details, see **page 33**.

Emergency services

In an emergency, go to the nearest emergency room even if it is not in network or call **911**. When you go the emergency room a health care provider will check to see if you need emergency care. You can call the number listed on the back of your MO HealthNet Managed Care health plan card anytime day or night if you have questions about going to the emergency room. Call your PCP after an emergency room visit.

Hearing services

Hearing services include tests, checkups and hearing aids (for eligible members). For details, see **page 51**.

NurseLine

NurseLine gives you 24/7 telephone access to experienced registered nurses. They can give you information, support and education for any health-related question or concern. For details, see **page 25**.

Member support

We want to make it as easy as possible for you to get the most from your health plan. And if you have questions, there are many places to get answers.

UnitedHealthcare Member Services

When you call Member Services, you will be connected with a trained Advocate. They will help you get the most from your health plan. For example, your Advocate will answer your questions, resolve issues, help set up doctor appointments, and directly connect you with services available to you.

Call **1-866-292-0359**, TTY **711**, 8:00 a.m.–5:00 p.m. Central Time, Monday–Friday.

Website information

You can get up-to-date information about your MO HealthNet Managed Care health plan on our website at: **myuhc.com/CommunityPlan**. You can visit our website to get information about the services we provide, our provider network, frequently asked questions, contact phone numbers and email addresses.

We can also send you a printed copy of the information on our website at no cost to you within 5 business days of your request.

You may also get information about the MO HealthNet Program at **www.dss.mo.gov/mhd**.

Great reasons to use myuhc.com/CommunityPlan

- Look up your benefits
- Find a doctor
- Find a hospital
- Print Member ID card

 Questions? Visit **myuhc.com/CommunityPlan**, or call Member Services at **1-866-292-0359**, TTY **711**.

- Take your Health Assessment
- Keep track of your medical history
- View claims history
- Learn how to stay healthy
- You may email us from the website. Select the Contact Us link.

Care Management program

We offer care management services for members who need assistance with transportation, housing, condition management, pregnancy, coordination of care, or substance use. To learn more, call **1-866-292-0359**, TTY **711**.

Non-Emergency Medical Transportation (NEMT) services are available

As a UnitedHealthcare Community Plan member, medical transport is available for some medical care for eligible members. For details, see **page 31**.

Special language needs

We can help our non-English-speaking members with their health care needs. To use this service, call **1-866-292-0359** and indicate the specific language you need. Our staff can also assist those members who are hearing impaired. We also provide American sign language interpreters. The TTY phone number is **711**. **These services are available at no cost to you.**

Pharmacy benefits

Pharmacy dispensing fees

Children under age 19 do not have to pay a pharmacy dispensing fee. Members age 19 and older pay a pharmacy dispensing fee for each drug they get. This fee is $0.50 up to $2.00 for each drug. The amount of this fee is based on the cost of the drug. You should never pay a fee of more than $2.00 for each drug. Remember, if you get more than one drug at the same time, you will pay these fees for each drug you get.

You will not pay a dispensing fee when the medicine is for an emergency, family planning, EPSDT/HCY services, or a pregnancy-related reason.

You will be able to get your prescription even if you cannot pay. You will still owe the fee and must pay it like your other bills.

Going to the doctor

Your Primary Care Provider (PCP)

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

- Routine care, including yearly checkups
- Help to get care from a specialist
- Other health concerns

Call your Primary Care Provider (PCP) when you need health care. Your PCP's phone number is on your UnitedHealthcare Community Plan ID card. Your PCP will help you get the care you need or refer you to a specialist.

Choosing and changing your Primary Care Provider (PCP)

You must choose a PCP. If you do not, we will choose one for you. Your PCP will manage your health care. The PCP knows the UnitedHealthcare Community Plan network and can guide you to specialists if you need one. You may ask for a specialist as your PCP if you have a chronic illness or disabling condition. We will work out a plan to make sure you get the care you need.

You have a right to change PCPs in our MO HealthNet Managed Care health plan. You can change PCPs at any time during the year. This change will become effective the first of the following month. Children in state custody may change PCPs as often as needed. To do this, call us at **1-866-292-0359**, TTY **711**. When you change your PCP, we will send you a new member ID Card.

Finding a network provider

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

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

Call Member Services at **1-866-292-0359**, TTY **711**. We can look up network providers for you. Or, if you'd like, we can send you a Provider Directory in the mail within forty-eight (48) hours of your request.

What is a network provider?

Network providers have contracted with UnitedHealthcare Community Plan to care for our members. You don't need to call us before seeing one of these providers. There may be times when you need to get services outside of our network. If a needed and covered service is not available in-network, it may be covered out-of-network at no cost to you. Call Member Services to learn if they are covered in full. You may have to pay for those services.

Out-of-network providers

A provider who is not in the UnitedHealthcare Community Plan network is an out-of-network provider. If you go to an out-of-network provider, UnitedHealthcare will usually not pay for the care unless it is a family planning covered service, an emergency or you have an approved prior authorization from us. 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 greater cost to you when we authorize the care or service in advance, before you see the non-network provider. Call Member Services if you need help finding a network provider. Read the prior authorization process on **page 29**.

Availability of services

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

Learn more about network doctors

You can learn information about network doctors, such as name, address, telephone numbers, professional qualifications, specialty, board certification, and languages they speak, at **myuhc.com/CommunityPlan**, or by calling Member Services.

Getting medical care

Call your Primary Care Provider (PCP) when you need health care. Your PCP's phone number is on your UnitedHealthcare Community Plan card. Your PCP will help you get the care you need or refer you to a specialist.

These services do not need a PCP referral:

- Birth control or family planning – You may go to our providers or a MO HealthNet approved provider. We will pay for this care, even if the provider is not in UnitedHealthcare Community Plan.
- Behavioral health care – You may go to any of our behavioral health providers. Just call this toll-free number: **1-866-292-0359**, TTY **711**.
- Local public health agencies (LPHAs) – Children may go to local public health agencies for shots. Members may go to local public health agencies (LPHAs) for tests and treatment of sexually transmitted diseases and tuberculosis; HIV/AIDS tests; or for lead poisoning screening, testing and treatment.
- Women's health service – You may go to any of our OB/GYN providers
- Dental care – Call **1-866-292-0359**, TTY **711**
- Vision care – Call **1-866-292-0359**, TTY **711**

You may have to pay for services you get if:

- You choose to get medical services that are not covered by MO HealthNet Managed Care
- You go to a provider that is not a UnitedHealthcare Community Plan provider without prior approval
- You do not have prior approval for services that need it

Access to care

UnitedHealthcare Community Plan must provide urgent care for physical or behavioral health illness within 24 hours, routine care with symptoms within five business days, or routine care without symptoms within 30 calendar days. For maternity care there are special requirements. UnitedHealthcare Community Plan must make providers available within 30 miles from where you live. If there is not a licensed physical or behavioral health provider within your area, you will have access to physical and behavioral health providers within 60 miles from where you live. Call **1-866-292-0359**, TTY **711**, if you need help.

Health care appointments

Your health care providers must see you within 30 days when you call for a regular health care and dental appointment. Call **1-866-292-0359**, TTY **711** if you need help.

Pregnant women can see a health care provider sooner. In the first six months of pregnancy, you must be seen within seven days of asking. In the last three months of your pregnancy, you must be seen within three days of asking.

You should not have to wait longer than one hour from the time of your appointment. For example, if your appointment time is 2:00 p.m., you should be seen by 3:00 p.m. Sometimes you may have to wait longer because of an emergency. Please call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711** if you have problems or need help with an appointment. It is always important that you take all your health insurance cards to your appointments.

For urgent care appointments for physical or behavioral illness injuries which require care right away but are not emergencies such as high temperature, persistent vomiting or diarrhea, symptoms which are of sudden or severe onset but which do not require emergency room services, you must been seen within twenty-four (24) hours.

Routine care with physical or behavioral symptoms such as persistent rash, recurring high grade temperature, nonspecific pain, or fever, you must been seen within one (1) week or five (5) business days whichever is earlier.

Routine care without physical or behavioral symptoms such as well child exams, and routine physical exams, you must be seen within thirty (30) calendar days.

After care appointment within seven (7) calendar days after hospital discharge.

Your health care provider will care for you if he or she can. Your health care provider will send you to someone else if he or she is not able to see you that soon. It is always important that you take all your health insurance cards to your appointments.

Dental appointments

Appointments for dental services are the same as for regular and urgent health care appointments.

Second opinion and third opinion

You may want an opinion from a different health care provider. In such cases, you must ask your PCP or UnitedHealthcare Community Plan to get a second opinion. UnitedHealthcare Community Plan will pay for it.

You may get an opinion from a third provider if your PCP and second opinion provider do not agree. UnitedHealthcare Community Plan will pay for a third opinion. It is always important that you take all your health insurance cards to your appointments.

Provider Directory

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

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

If you would like a printed copy of our directory, please call Member Services at **1-866-292-0359**, TTY **711**, and we will mail one to you within forty-eight (48) hours of your request at no cost.

Federally Qualified Health Centers

Some providers are Federally Qualified Health Centers (FQHCs). These clinics offer a wide variety of services at a single location. Some services could include the following: better understanding of ethnic culture and customs relating to health care, foreign language translation, health and wellness education and training, or pharmacy services.

Transition of Care and Continuity of Care

The Transition of Care plan gives new members a transition period to switch from an out-of-network doctor to an in-network doctor when you join the health plan. If you are in a period of active treatment with an out-of-network doctor when you enroll with UnitedHealthcare, we will work with you to ensure you continue to get the needed care and help you find an in-network doctor to meet your needs.

The Continuity of Care plan gives current members a transition period when the participating treating doctor leaves our network. If your treating doctor leaves our network, we will work with you to ensure you continue to get the needed care and help you find an in-network doctor to meet your needs.

NurseLine Services – Your 24-hour health information resource

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

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

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

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

Simply call the toll-free number **1-866-351-6827** or TTY **711** for the hearing impaired. You can call the toll-free number anytime, 24 hours a day, 7 days a week. And, there's no limit to the number of times you can call.

If you are in the Children's Mercy Pediatric Care Network (CMPCN), call 1-855-670-2642 for NurseLine services. This number is toll-free, and available 24 hours a day, 7 days a week.

Please remember the NurseLine does not take the place of your PCP. Always follow up with your PCP if you have questions about your health care.

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

Immunization (shot) schedule for children

Immunizations (shots) help prevent serious illness. This record will help keep track when your child is immunized. If your child did not get their shots at the age shown, they still need to get that shot. Talk to your PCP about your child's immunizations (shots). Children must have their immunizations (shots) to enter school.

Immunization record		
Age	**Shot (immunization)**	**Date received**
Birth	HepB	
2 months	DTaP, Hib, IPV, PCV, RV, HepB	
4 months	DTaP, Hib, IPV, PCV, RV	
6 months	DTaP, Hib, IPV, PCV, RV, HepB	
12–15 months	Hib, PCV, MMR, Varicella, HepA*	
15–18 months	DTaP**	
19–23 months	HepA*	
4–6 years	DTaP, IPV, MMR, Varicella	

Immunization record		
Age	**Shot (immunization)**	**Date received**
7–10 years Catch-Up	Tdap, HepB, IPV, MMR, Varicella, HepA	
11–12 years	Tdap, MenACWY (1 dose), HPV (2 doses)***	
11–12 years Catch-Up	HepB, IPV, MMR, Varicella, HepA	
13–18 years Catch-Up	Tdap, MenACWY (1 dose, Booster at 16), MenB (16–18 years)*****, HPV (2 doses)****, HepB, IPV, MMR, Varicella, HepA	
19–20 years	HPV (2–3 doses)**** MMR****, Tdap****, Varicella****	
Every year	Influenza (after 6 months)	

* 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.
** Can be given as early as 12 months, if there are six months since third dose.
*** A 3rd shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.
**** Recommended unless your health care provider tells you that you cannot safely receive it or that you do not need it. HPV doses depending on age of initial vaccination or condition.
***** Ages 16–18 who are not at increased risk may receive after discussing with their health care provider.

If you need care and your doctor's office is closed

Call your doctor if you need care that is not an emergency. Your doctor's phone is answered 24 hours a day, 7 days a week. Your doctor or the doctor on call 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

Call NurseLine
1-866-351-6827 or TTY **711**

Health care away from home

- If you need urgent health care when you are away from home, call your PCP or UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711** for help
- In an emergency, you do not need to call your PCP first. Go to the nearest emergency room or call **911**.
- Call your PCP after an emergency room visit
- Get your follow-up care from your PCP
- Routine health care services must be received from your PCP when you get back home
- All services outside the United States and its Territories are not covered

Medically necessary services

Medically necessary medical services are those which:

- Are essential to prevent, diagnose, prevent the worsening of, alleviate, correct or cure medical conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in illness or infirmity of a UnitedHealthcare Community Plan member;
- Are provided at an appropriate facility and at the appropriate level of care for the treatment of a UnitedHealthcare Community Plan member's medical condition; and
- Are provided in accordance with generally accepted standards of medical practice.

Emergency care away from home

If you get medical emergency care while you are away from home, the doctor can send claims electronically or to this address:

UnitedHealthcare Community Plan
P.O. Box 5240
Kingston, NY 12402-5240

If you are away from home and you need non-emergency care but cannot find a network provider near you, call Member Services at the phone number on your member ID card: **1-866-292-0359**, TTY **711**.

Prior authorizations

As a member of UnitedHealthcare Community Plan, you agree to go to network doctors for your health care. If you have a medical problem that is not an emergency and cannot be treated by a network doctor, you will need an approved prior authorization before you can see an out-of-network doctor. If you seek care from an out-of-network doctor when it is not an emergency without first getting an approved prior authorization, then UnitedHealthcare will not pay for that care. You may be responsible for paying the doctor bills. There are also some covered services that require prior authorization from a network doctor. Refer to the Benefits section of this member handbook for information on services that require prior authorization.

These are the steps you should follow to get a prior authorization:

1. See your network doctor who will make a request for prior authorization to UnitedHealthcare Community Plan.
2. A medical professional will review the request. If the request is for out-of-network services, and if there is a network doctor who can help you, your request will probably not be approved. You will get an approval if there are no network doctors who can treat your medical problem.
3. You and your network doctor will be notified in writing when your prior authorization request is approved or denied. Requests may take up to 14 calendar days to be processed. If your network doctor feels care is needed quickly, the prior authorization review can be done in less time.
4. If you get an approved prior authorization, you may only see the doctor when you have been approved to and only during the time noted in the request. Be sure to take a copy of the written approval with you.

The only time you do not need a prior authorization to see an out-of-network provider is in the case of a medical/behavioral health emergency. If your prior authorization is denied, then you have the right to appeal. Please refer to the appeal section of this member handbook or call Member Services.

First Steps

UnitedHealthcare Community Plan can help your family get services from the First Steps Program. First Steps is Missouri's early intervention system for infants and toddlers, birth to age 3, who have delayed development or diagnosed conditions that are associated with developmental disabilities.

Children are eligible for First Steps if they have a significant delay (50% or greater delay in development) in one or more of the following areas:

- Cognition (learning);
- Communication (speech);
- Adaptive (self help);
- Physical (walking); or
- Social-emotional (behaviors).

Children are referred to First Steps through:

- Physicians;
- Hospitals, including prenatal and postnatal care facilities;
- Parents;
- Child-care programs;
- Local educational agencies, including school districts and Parents as Teachers;
- Public health facilities;
- Other social service agencies;
- Other health care providers;
- Public agencies and staff in the child welfare system;
- Homeless family shelters; or
- Domestic violence shelters.

An assessment is done to establish eligibility and determine the needs of the child. The assessment is provided at no charge to the family and is arranged by the regional System Point of Entry (SPOE) office in which the child and family lives.

Once a child is determined eligible, the services are determined by an Individualized Family Service Plan (IFSP) team. UnitedHealthcare Community Plan can refer you to First Steps, or you may call First Steps at 1-866-583-2392 if you have any questions.

Non-Emergency Medical Transportation (NEMT)

NEMT stands for Non-Emergency Medical Transportation. NEMT can be used when you do not have a way to get to your health care appointment without charge. We may use public transportation or bus tokens, vans, taxi, or even an ambulance, if necessary to get you to your health care appointment. UnitedHealthcare Community Plan will give you a ride that meets your needs.

You do not get to choose what kind of car or van or the company that will give you the ride.

You may be able to get help with gas costs if you have a friend or a neighbor who can take you. This must be approved before your appointment.

Mileage restrictions are 100 miles one way and must be approved by the health plan by calling Member Services.

Who can get NEMT services?

- You must be in UnitedHealthcare Community Plan on the day of your appointment
- Some people do not get NEMT as part of their benefits. To check, call Member Services at **1-866-292-0359**, TTY **711**.
- Children who are under age 18 must have an adult ride with them
- We will only pay for one child and one parent/guardian and/or an attendant if your child is under age 18 and needs to be away from home overnight or needs someone to be with him/her. We will not pay for other children or adults.
- Your medical appointment requires an overnight stay
- Volunteer, community, or other ancillary services are not available at no cost to you

What health care services can I get NEMT to take me to?

- The appointment is to a health care provider that is in UnitedHealthcare Community Plan or takes MO HealthNet Fee-for-Service
- The appointment is to a service covered by UnitedHealthcare Community Plan or MO HealthNet Fee-for-Service
- The appointment is to a health care provider near where you live. If the provider is far away, you may need to say why and get a note from your PCP. There are rules about how far you can travel to a health care appointment and get a ride.

- Some services already include NEMT. We will not give you a ride to these services.

  Examples are:

  Some Comprehensive Substance Treatment Abuse and Rehabilitation (CSTAR) services; Hospice services; Developmental Disability (DD) Waiver services; some Community Psychiatric Rehabilitation (CPR) services; adult day care waiver services; and services provided in your home. School districts must supply a ride to a child's Individual Education Plan (IEP) services.
- The NEMT program can take you to a durable medical equipment (DME) provider only if the DME provider cannot mail or deliver your equipment to you

How do I use the NEMT program?

Call **1-866-292-0359**, TTY **711**. You must call at least 3 business days before the day of the appointment or you may not get NEMT. You may be able to get a ride sooner if your health care provider gives you an urgent care appointment. You can call this number: **1-866-292-0359**, TTY **711**. If you have an emergency, dial **911**, or the local emergency phone number.

Emergencies and hospital services

Emergency medical services

In an emergency, go to the nearest emergency room even if it is not in the UnitedHealthcare Community Plan network or call **911**. When you go to the emergency room a health care provider will check to see if you need emergency care. You can call **1-866-292-0359**, TTY **711**, anytime day or night if you have questions about going to the emergency room. Call your PCP after an emergency room visit.

An emergency is when you call **911** or go to the nearest emergency room for things like:

- Chest pain;
- Stroke;
- Difficulty breathing;
- Bad burns;
- Deep cuts/heavy bleeding; or
- Gunshot wound.

If you aren't sure about the medical condition, get help right away or call your PCP's office for advice. Ask for a number you can call when the office is closed. You can also call the UnitedHealthcare Community Plan Nurse Advice Helpline at **1-866-351-6827**, TTY **711**.

Urgent Care

Sometimes you need medical care soon, but it is not an emergency. Call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711** for information about urgent care centers.

It's best to call or go to your PCP's office for things that are not emergencies, like:

- High temperature
- Persistent vomiting or diarrhea
- Symptoms which are of sudden or severe onset but which do not require emergency room services

You should call your PCP to be treated for these things. If you go to the emergency room and it is not an emergency, you may have to pay for the care you get.

Emergency medical services are those health care items and services furnished that are required to evaluate or stabilize a sudden and unforeseen situation or occurrence or a sudden onset of a medical, behavioral health or substance abuse condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the failure to provide immediate medical attention could reasonably be expected by a prudent lay person, possessing average knowledge of health and medicine, to result in:

- Placing the patient's physical or behavioral health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or
- Serious impairment of bodily functions; or
- Serious dysfunction of any bodily organ or part; or
- Serious harm to self or others due to an alcohol or drug abuse emergency; or
- Injury to self or bodily harm to others; or
- With respect to a pregnant woman who is having contractions:
  - There is inadequate time to effect a safe transfer to another hospital before delivery; or
  - Transfer may pose a threat to the health or safety of the woman or the unborn.

For additional information visit our website:
https://www.uhccommunityplan.com/mo/medicaid/mo-health-net

Emergency transportation

Call **911** or the closest ambulance.

Hospitals

Emergency services are available by calling 911 or going to one of the following hospitals:

Missouri Hospitals

Adair County

Northeast Regional Medical Center
315 S Osteopathy Avenue
Kirksville, MO 63501
660-785-1000

Atchison County

Community Hospital Association
26136 U.S. Highway 59
Fairfax, MO 64446
660-686-2211

Barry County

Cox-Monett Hospital
801 N Lincoln Avenue
Monnett, MO 65708
417-354-1400

Mercy Hospital Cassville
94 Main Street
Cassville, MO 65625
417-847-6000

Barton County

Cox Barton County Hospital
29 NW 1st Ln
Lamar, MO 64759
417-681-5100

Bates County

Bates County Memorial Hospital
615 W Nursery Street
Butler, MO 64730
660-200-7000

Boone County

Boone Hospital Center
1600 E Broadway
Columbia, MO 65201

University Hospitals and Clinics
One Hospital Drive
Columbia, MO 65212
573-882-4141

Buchanon County

Mosaic Live Care at St. Joseph Medical Center
5325 Faraon St
Saint Joseph, MO 64506-3488

Butler County

Poplar Bluff Regional Medical Center
3100 Oak Grove Road
Poplar Bluff, MO 63901
479-494-9593

Camden County

Lake Regional Hospital
54 Hospital Dr
Osage Beach, MO 65065
573-348-8000

Emergencies and hospital services

Cape Girardeau County

Southeast MO Hospital Association
1701 Lacey Street
Cape Girardeau, MO 63701
573-334-4822

Carroll County

Carroll County Memorial Hospital
1502 N Jefferson St
Carrollton, MO 64633
660-542-1695

Cass County

Belton Regional Medical Center
17065 S 71st Hwy
Belton, MO 64012
816-348-1200

Cass Regional Medical Center
2800 E Rock Haven Rd
Harrisonville, MO 64701
816-380-3474

Cedar County

Cedar County Memorial Hospital
1401 S Park St
El Dorado Springs, MO 64744
417-876-2511

Clay County

Excelsior Springs Medical Center
1700 Rainbow Boulevard
Excelsior Springs, MO 64024
816-629-2791

Liberty Hospital
2525 Glenn Hendren Drive
Liberty, MO 64068
816-792-7110

Clay County (continued)

North Kansas City Hospital
2800 Clay Edwards Drive
North Kansas City, MO 64116
816-691-2040

Saint Luke's Northland Hospital
5830 NW Barry Rd
Kansas City, MO 64154
816-932-2063

Clinton County

Cameron Regional Medical Center
1600 E Evergreen Street
Cameron, MO 64429
816-649-0500

Cole County

Capital Region Medical Center
1125 Madison Street
Jefferson City, MO 65101
573-632-5780

SSM Health St. Mary's Hospital Jefferson City
2505 Mission Drive
Jefferson City, MO 65109
573-681-3000

Crawford County

Missouri Baptist Hospital Sullivan
751 Sappington Bridge Road
Sullivan, MO 63080
573-468-1997

Dent County

Salem Memorial District Hospital – MO
35629 Highway 72
Salem, MO 65560
573-729-6626

Questions? Visit **myuhc.com/CommunityPlan**, or call Member Services at **1-866-292-0359**, TTY **711**.

Franklin County

Mercy Hospital Washington
901 East Fifth Street
Washington, MO 63090
636-239-8000

Gasconade County

Hermann Area District Hospital
509 W 18th Street
Hermann, MO 65041
573-486-2191

Greene County

Cox Medical Center
1423 N Jefferson Avenue
Springfield, MO 65802
417-269-3000

Mercy Hospital Springfield
1235 E Cherokee Street
Springfield, MO 65804
417-556-2727

Grundy County

Wright Memorial Hospital
191 Iowa Blvd
Trenton, MO 64683
660-358-5700

Harrison County

Harrison County Community Hospital
2600 Miller Street
Bethany, MO 64424
660-425-2211

Henry County

Golden Valley Memorial Hospital
1600 N 2nd
Clinton, MO 64735
660-885-8171

Howell County

Mercy St. Francis Hospital
100 W U.S. Highway 60
Mountain View, MO 65548
417-934-7000

Ozarks Medical Center
1100 Kentucky Avenue
West Plains, MO 65775
417-257-6750

Iron County

Iron County Hospital
301 N Hwy 21
Pilot Knob, MO 63663
573-546-1260

Jackson County

Centerpoint Medical Center
19600 E 39th St S
Independence, MO 64057
816-698-7000

Childrens Mercy Hospital
2401 Gillham Road
Kansas City, MO 64108
816-234-3000

St. Joseph Medical Center
1000 Carondelet Drive
Kansas City, MO 64114
816-942-4400

Emergencies and hospital services

Jackson County (continued)

Lee's Summit Medical Center
2100 SE Blue Pkwy
Lee's Summit, MO 64063
816-282-5000

Research Medical Center
2316 E Meyer Blvd
Kansas City, MO 64132
816-276-4000

Research Medical Center – Brookside Campus
6601 Rockhill Rd
Kansas City, MO 64131
816-276-7000

Saint Luke's East Hospital – Lee's Summit
100 NE Saint Lukes Blvd
Lee's Summit, MO 64086
816-347-5780

Saint Luke's Hospital of Kansas City
4401 Wornall Rd
Kansas City, MO 64111
816-932-2000

St. Mary's Medical Center
201 NW R.D. Mize Road
Blue Springs, MO 64014
816-228-5900

Truman Lakewood
7900 Lees Summit Road
Kansas City, MO 64139
816-404-7000

Truman Medical Center Hospital Hill
2301 Holmes Street
Kansas City, MO 64108
816-404-1000

Jasper County

Mercy Hospital Carthage
3125 Dr. Russell Smith Way
Carthage, MO 64836
417-358-8121

Mercy Hospital Joplin
100 Mercy Way
Joplin, MO 64804
417-556-2727

Jefferson County

Mercy Hospital Jefferson
1400 U.S. Highway 61
Festus, MO 63028
636-933-1000

Johnson County

Western Missouri Medical Center
403 Burkarth Road
Warrensburg, MO 64093
660-747-2500

Laclede County

Mercy Hospital Lebanon
100 Hospital Drive
Lebanon, MO 65536
417-533-6327

Lafayette County

Lafayette Regional Health Center
1500 State St
Lexington, MO 64067
660-259-2203

Lincoln County

Mercy Hospital Lincoln
1000 E Cherry Street
Troy, MO 63379
636-528-8551

Linn County

Pershing Memorial Hospital
130 E Lockling Street
Brookfield, MO 64628
660-258-2222

Livingston County

Hedrick Medical Center
2799 N Washington St
Chillicothe, MO 64601
660-646-1480

Macon County

Samaritan Memorial Hospital
1205 N Missouri Street
Macon, MO 63552
660-385-8700

Madison County

Madison Medical Center
611 W. Main Street
Fredericktown, MO 63645
573-783-3341

Marion County

Hannibal Regional Hospital
6000 Hospital Drive
Hannibal, MO 63401
573-248-1300

Newton County

Freeman Hospital
1102 W 32nd St
Joplin, MO 64804
417-347-1111

Freeman Neosho Hospital
113 W Hickory St
Neosho, MO 64850
417-451-1234

Nodaway County

Mosaic Medical Center-Maryville
2016 S Main Street
Maryville, MO 64468
650-562-2000

Pemiscot County

Pemiscot County Memorial Hospital
946 E Reed St
Hayti, MO 63851
573-359-3660

Perry County

Perry County Memorial Hospital
434 N West St
Perryville, MO 63775
573-547-2536

Pettis County

Bothwell Regional Health Center
601 E 14th St
Sedalia, MO 65301
660-826-8833

Emergencies and hospital services

Phelps County

Phelps County Regional Medical Center
1000 W 10th Street
Rolla, MO 65401
573-458-7737

Pike County

Pike County Memorial Hospital
2305 Georgia Street
Louisiana, MO 63353
573-754-5531

Polk County

Citizens Memorial Hospital District
1500 N Oakland
Bolivar, MO 65613
417-326-6000

Randolph County

Moberly Regional Medical Center
1515 Union Avenue
Moberly, MO 65270
660-263-8400

Putnam County

Putnam County Memorial Hospital
1926 Oak Street
Unionville, MO 63565
660-947-2411

Ray County

Ray County Memorial Hospital
904 Wollard Boulevard
Richmond, MO 64085
816-470-5432

Saint Charles County

Barnes Jewish St. Peters Hospital
10 Hospital Drive
Saint Peters, MO 63376
636-916-9000

Progress West HealthCare Center
2 Progress Point Parkway
O'Fallon, MO 63368
636-344-1000

SSM Health St. Joseph Hospital Lake St. Louis
100 Medical Plaza
Lake Saint Louis, MO 63367
636-625-5200

SSM Health St. Joseph Hospital St. Charles
300 1st Capitol Drive
St. Charles, MO 63301
636-947-5000

Saint Francois County

Parkland Health Center
7245 Raider Road
Bonne Terre, MO 63628
573-358-1400

Parkland Health Center Farmington
1101 W Liberty Street
Farmington, MO 63640
573-756-6451

Saint Louis County

Barnes-Jewish West County Hospital
12634 Olive Boulevard
St. Louis, MO 63141
314-996-8000

Christian Hospital NE/NW
11133 Dunn Road
St. Louis, MO 63136
314-653-5000

 Questions? Visit **myuhc.com/CommunityPlan**, or call Member Services at **1-866-292-0359**, TTY **711**.

Saint Louis County (continued)

Christian NE/NW
1225 Graham Road
Florissant, MO 63031
314-653-4450

Mercy Hospital South
10010 Kennerly Road
St. Louis, MO 63128
314-525-1000

Mercy Hospital St. Louis
615 S New Ballas Road
St. Louis, MO 63141
314-251-6565

Missouri Baptist Medical Center
3015 N Ballas Road
St. Louis, MO 63131
314-996-5000

SSM Health Depaul Hospital
12303 DePaul Drive
Bridgeton, MO 63044
314-344-6000

SSM Health St. Clare Hospital
1015 Bowles Avenue
Fenton, MO 63026
636-496-2000

SSM Health St. Marys Hospital St. Louis
6420 Clayton Road
Richmond Heights, MO 63117
314-768-8000

St. Luke's Des Peres Hospital
2345 Dougherty Ferry Road
St. Louis, MO 63122
314-996-9100

St. Luke's Episcopal Presbyterian Hospitals
232 S Woods Mill Road
Chesterfield, MO 63017
314-434-1500

Saint Louis City County

Barnes Jewish Hospital
1 Barnes Hospital Plaza Drive
Saint Louis, MO 63110
314-362-5000

SSM Health Saint Louis University Hospital
3635 Vista Ave
Saint Louis, MO 63110
314-577-8000

SSM Health Cardinal Glennon Children's Hospital
1465 South Grand Boulevard
Saint Louis, MO 63104
314-577-5600

St. Louis Childrens Hospital
1 Childrens Place
Saint Louis, MO 63110
314-454-6000

Sainte Genevieve County

Ste Genevieve County Memorial Hospital
800 Sainte Genevieve Drive
Sainte Genevieve, MO 63670
573-883-2751

Saline County

Fitzgibbon County Memorial Hospital
2305 S Highway 65
Marshall, MO 65340
660-886-7431

Scotland County

Scotland County Memorial Hospital
450 E Sigler Avenue
Memphis, MO 63555
660-465-2828

Scott County

Missouri Delta Medical Center
1008 N Main Street
Sikeston, MO 63801
573-471-1600

St. Clair County

Ellet Memorial Hospital
610 N Ohio Avenue
Appleton City, MO 64724
660-476-2111

Stoddard County

Southeast Health Center – Stoddard County
1200 N One Mile Road
Dexter, MO 63841
573-614-1976

Sullivan County

Sullivan County Memorial Hospital
630 W Third Street
Milan, MO 63556
660-265-4212

Taney County

Cox Medical Center Branson and related clinic
525 Branson Landing Boulevard
Branson, MO 65616
417-335-7000

Vernon County

Nevada Regional Medical Center
800 S Ash Street
Nevada, MO 64772
417-667-3355

Washington County

Washington County Memorial Hospital
300 Health Way Drive
Potosi, MO 63664
573-438-5451

Illinois Hospitals

Adams County

Blessing Hospital
1005 Broadway Street
Quincy, IL 62301
217-233-1200

Kansas Hospitals

Johnson County

Menorah Medical Center
5721 W 119th St
Overland Park, KS 66209
913-498-6000

Overland Park Regional Medical Center
10500 Quivira Rd
Overland Park, KS 66215
913-541-5000

Saint Luke's South Hospital
12300 Metcalf Ave
Overland Park, KS 66213
913-317-7000

Post-stabilization care

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

Post-stabilization care services

Post-stabilization care is care given after a medical emergency. The goal of this care is to maintain, improve or resolve a member's condition after the emergency.

UnitedHealthcare Community Plan will pay for post-stabilization care that is:

- Received in or out of our network and is pre-approved by a UnitedHealthcare Community Plan provider or representative
- Received in or out of our network that was not pre-approved by a UnitedHealthcare Community Plan provider or representative but given to maintain, improve or resolve the member's condition if:
  - UnitedHealthcare Community Plan doesn't respond to a request for pre-approval within 30 minutes
  - UnitedHealthcare Community Plan can't be reached
  - The UnitedHealthcare Community Plan representative and the treating provider cannot reach an agreement about the member's care and a UnitedHealthcare Community Plan provider cannot be reached to discuss the member's care

UnitedHealthcare Community Plan does not pay for out-of-network post-stabilization care that was not pre-approved when:

- A UnitedHealthcare Community Plan provider can treat the member at the hospital and takes over the member's care
- A UnitedHealthcare Community Plan provider takes over the member's care through transfer
- A UnitedHealthcare Community Plan representative and the treating provider reach an agreement concerning the member's care
- The member is discharged

Hospital services

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

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

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

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

Going to the hospital

If you need to know what hospital is nearest you, you can find network hospitals at **myuhc.com/CommunityPlan**. Or you can call Member Services at **1-866-292-0359**, TTY **711**.

No medical coverage outside of 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. Medical services you get outside of the United States and its Territories are not covered.

Benefits

Benefits covered by UnitedHealthcare Community Plan

As a member of UnitedHealthcare Community Plan, you are covered for the following MO HealthNet Managed Care services. (Remember to always show your current member ID card and your MO HealthNet ID card when getting services. It confirms your coverage.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment.

You should get services from a UnitedHealthcare network provider. Some services require prior authorization. Limits and exclusions may apply. Always talk with your PCP or doctor about your care.

Service	Description
Children's Care	
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (under 21 years old)	Covered services include: • Well-child visits • Developmental screening • Vision testing • Behavioral screening • Immunizations • Hearing testing For more information on EPSDT, refer to the EPSDT section of this member handbook.
Immunizations and Vaccines (shots)	You can get these at the doctor's office or the local public health agency. Immunizations and vaccines are covered according to the Centers for Disease Control and Prevention (CDC) and American Academy of Pediatrics vaccination schedule.

Service	Description
Children's Care (continued)	
Lead Screening	Lead screenings can be done at the doctor's office or local public health agency.
Newborn Care	Newborn screenings are covered.
Office Visits	Well-child visits, routine visits and sick visits are covered.
Women's Care	
Family Planning	Family planning offers counseling, supplies, routine care and treatment for sexually transmitted infections (STIs). This care is private. You can go to any provider that offers these services. No referral is needed, even if the provider is not in our network.
Obstetric and Maternity Care	You are covered for: • Doctor and hospital care before your baby is born (prenatal care) • Delivery • Care after birth (postpartum care) • Certified nurse midwife care You may go to your OB/GYN for care without a referral. You can stay in the hospital up to 2 days after a normal vaginal delivery and up to 4 days after a cesarean delivery.
Sterilization	Both women and men over the age of 21 may receive sterilizations. Your health care provider performing the sterilization must complete the "sterilization consent form," which is required under both state and federal Medicaid law and rules. Benefit limit for women: Hysterectomies are covered for medical necessity only.

Service	Description
Women's Care (continued)	
Well-Care for Women	You are covered for routine office visits, mammograms, pap tests and family planning services. No referral is needed.
Emergency and Urgent Hospital Care	
Ambulance Services	Emergent and non-emergent transportation by an ambulance is covered.
Emergency Room Care	An emergency is when you call **911** or go to the nearest emergency room for things like: • Chest pain; • Stroke; • Difficulty breathing; • Bad burns; • Deep cuts/heavy bleeding; or • Gunshot wound. If you aren't sure about the medical condition, get help right away or call your PCP's office for advice. Ask for a number you can call when the office is closed. You can also call the UnitedHealthcare Community Plan NurseLine at **1-866-351-6827** or TTY **711**.
Medical Inpatient Care	Hospital inpatient care is covered when medically necessary. Includes medical, surgical, post-stabilization, acute and rehabilitative services. The hospital must notify UnitedHealthcare.

Service	Description
Emergency and Urgent Hospital Care (continued)	
Urgent Care Visits	Urgent care is for problems that need prompt medical attention, but are not life-threatening. Here are some examples of urgent care: • High temperature • Persistent vomiting or diarrhea • Symptoms which are of sudden or severe onset but which do not require emergency room services Visits to an urgent care center are covered.
Outpatient Care	
Cardiac Rehabilitation	Covered when medically necessary.
Diagnostic Testing	Diagnostic lab tests are covered. Cardiology and radiology services may require prior authorization.
Doctor Visits	Routine and preventive care services including doctor visits, preventive services, clinic visits and outpatient doctor care are covered.
Home Health Services	Services in the home include visits by nurses, including private duty nursing home health aides, including Personal Care Assistants, medical supplies, and therapists. Home health services are provided by home health agencies in a plan of care approved by your PCP. Also includes some medical supplies. Some limitations may apply. Prior authorization may be required.
Rehabilitative Therapy (including physical, occupational and speech therapy)	This type of care is given after serious illness or injury to restore function. Covered therapy includes physical, occupational and speech. Prior authorization may be required and limitations may apply. Some age limits apply. Some services are covered by the State of Missouri.

Service	Description
Outpatient Care (continued)	
Specialty Care (Office Visits and Clinics)	Care with a specialist is covered. Talk to your doctor to see if you need specialty care. UnitedHealthcare Community Plan does not require a referral to see a specialist that is in the UnitedHealthcare Community Plan network.
Surgery	
Outpatient Surgery	Medically necessary outpatient surgeries may be performed in a hospital or in an ambulatory surgery center. Some surgeries may require prior authorization. Talk with your PCP.
Hospice	
Hospice Care	Hospice care is for people with a terminal illness with a life expectancy of six months or less. Hospice is coordinated with your physician or a hospice physician.

Service	Description
Dental	
Dental Services	**Covered for adults:** • Diagnostic, preventive and restorative procedures, prosthodontic services, and medically necessary oral and maxillofacial surgeries **Covered for under age 21** (can include Pregnant Women): • EPSDT – Dental screening – Orthodontic procedures – Orthodontic braces and treatment • Diagnostic, preventive and restorative procedures, prosthodontic services, and medically necessary oral and maxillofacial surgeries • Dentures • Topical fluoride treatment • Fluoride varnish **Benefit Limits:** Some limitations may apply. Prior authorization may be required.
Durable Medical Equipment (DME)	
Durable Medical Equipment (DME) and Supplies	Equipment and supplies for medical purpose. May include, but are not limited to: oxygen tanks, ventilators, wheelchairs, crutches, orthotic devices, prosthetic devices, pacemakers and medical supplies.
Transportation	
Non-Emergency Medical Transportation	Transportation to and from medical appointments are covered if you qualify and have no other way to get there. Must be medically necessary appointments. See page 31 for details. Some limits apply.

Service	Description
Diabetes	
Diabetic Supplies and Equipment	**Diabetes self-management training:** Covered for Children under age 21 and Pregnant Women. Includes training upon initial diagnosis of diabetes. One assessment per lifetime is covered. Education is two visits per rolling year, per member, and may be a combination of group and individual visits. Diabetic testing supplies are covered through the MO HealthNet Fee-for-Service.
Vision	
Vision Services	**Under age 21:** • One comprehensive or one limited exam per year for refractive error • One pair of frames and lenses every 24 months **Age 21 or older:** • One comprehensive or one limited exam every two years for refractive error • One pair of frames and lenses every 24 months
Hearing	
Hearing Services	Hearing aid services are only covered for children under age 21. Benefit limits apply.

Service	Description
Podiatry	
Podiatry (Foot) Care	Covered when medically necessary for children under age 21 and pregnant women. Covered services for adults include: • Office, hospital, home, nursing home visits • Surgical procedures; casting materials **Limitations apply and prior authorization may be required.**
Asthma	
Asthma Care	Covered equipment, supplies and services include: • Peak flow meters • Spacers • Nebulizers and masks • Regular doctor visits • Specialist visits • Includes education and in-home environmental assessments (for members under the age of 21) • Other supplies needed to manage asthma • One visit per year with a certified asthma educator
Behavioral Health	
Behavioral Health and Substance Use Disorder Services	Behavioral health and substance use disorder services are covered. This includes: • Inpatient behavioral health and outpatient services for behavioral health and substance use • Individual and group therapy with physicians, psychologists, social workers, counselors or psychiatric nurses Some services have limitations and require prior authorization.

Service	Description
Alternative Therapies	
Alternative Therapies — Acupuncture, Chiropractic and Physical Therapy	The combination of physical therapy, chiropractic therapy and acupuncturist's services are subject to an annual maximum limit of thirty (30) visits.
Additional Health Benefits	
AbleTo	On-demand app that offers clinical solutios to help dial down the symptoms of stress, anxiety and depression. You can download the AbleTo app, create and account and choose "upgrade through insurance," and search for and select UnitedHealthcare, then enter the information available on you UnitedHealthcare medical insurance card. For questions email **help@AbleTo.com**.
Asthma Support	Members who are enrolled in care management may qualify for a hypoallergenic mattress cover and pillowcase. Contact Member Services at **1-866-292-0359**, TTY **711** to enroll in care management.
Diabetes Tailored Meals	Member in the plan who are enrolled in diabetes disease management (DM) are eligible for Diabetes tailored meals for members with diabetes. This program utilizes UHC's MHD approved ABH vendor from Mom's Meals, for chronic disease management (DM) which shows outcomes of improved overall health. This is a twelve (12)-week program with four (4) weeks of nutritional education followed by eight (8) weeks of diabetic tailored meals. Members will be enrolled in case management (CM) for ongoing disease focused care.

Service	Description
Additional Health Benefits (continued)	
Electronic Breast Pumps	Pregnant members can contact Aeroflow Breastpumps if they plan to breastfeed. Requests may be made 60 days prior to delivery up to 6 weeks after delivery. Contact Aeroflow Breastpumps at 1-844-867-9890 and a dedicated specialists will be able to assist you. **https://aeroflowbreastpumps.com/united-qualify**
Enhanced Transportation	Transportation to WIC appointments and pharmacy services. Transportation to WIC services, pharmacy, grocery stores, food pantries, vocational rehab, job training, weight management classes, and SUD services for pregnant members. Some limits apply.
Maternal Comfort Supplies	Expectant / pregnant members are eligible for maternal comfort supplies. Eligible members can select from support items such as belly band and compressions socks.
Mom's Meals	Pregnant members can receive 30 frozen meals (2 meals per day for 15 days) delivered to their home after delivery. Contact Member Services at **1-866-292-0359**, TTY **711** to request meals after delivery.
One Pass	Members 18 years of age and older get access to a large network of national fitness centers. This includes on-demand and livestreaming online fitness programs from home. For more information go to **https://www.rallyhealth.com/onepass-mo**.
Pack n' Play/Car Seat	Expectant/pregnant members can request one baby item up to sixty (60) days before their estimated due date through up to six (6) weeks after delivery.

Service	Description
Additional Health Benefits (continued)	
UHC Baby Showers and Breastfeeding Event	Expectant mom's and families can attend UHC Baby Showers and Breastfeeding Events: The benefit includes activities and education for expectant or new moms. Supplies and educational information will be offered to new moms and their babies; to include: prenatal care, nutrition education, baby care instructions, breastfeeding instructions and information about local resources.
Youth YMCA Membership	Members up to 17 years of age can join their local YMCA and participate in programs." For more information information you can find your local YMCA at **https://www.ymca.org/find-your-y**.

Services not covered by UnitedHealthcare Community Plan

- Abortion services
- Adult day care waiver
- Applied Behavior Analysis (ABA)
- Chore provider visits (maintenance of a clean, safe, sanitary and habitable home environment)
- Comprehensive Substance Treatment and Rehabilitation (C-STAR) services
- Convenience services (barber/beauty services)
- Developmental disabilities
- Leave of absence (inpatient members take a temporary leave of absence and is gone overnight or on a weekend pass)
- Pharmacy services
- Public health programs
- SAFE-CARE exams
- Services in an educational setting
- Transplant services

This is not a complete list of the services that are not covered by UnitedHealthcare Community Plan. If you have a question about whether a service is covered, please call Member Services at **1-866-292-0359**, TTY **711**. UnitedHealthcare shall be liable only for those services authorized by the health plan.

UnitedHealthcare reviews new procedures, devices and drugs to decide if they are safe and effective for members. If they are found to be safe and effective, they may become covered. If new technology becomes a covered service, it will follow plan rules, including medical necessity.

Your health benefits in MO HealthNet Managed Care

Some benefits are limited based on your eligibility group or age. The benefits that may be limited have an "*" next to them. Some services need prior approval before getting them. Call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711** for information about your health benefits.

- Ambulance
- Ambulatory surgical center, birthing center
- Asthma education*
- Behavioral health and substance use disorders (including emergency)
- Biopsychosocial treatment of obesity services (effective July 1, 2021)
- Cancer screenings
- Chiropractic services*
- Complementary and alternative therapies for chronic pain management*
- Dental services related to trauma to the mouth, jaw, teeth or other contiguous sites as a result of injury; treatment of a disease/medical condition without which the health of the individual would be adversely affected; preventive services; restorative services; periodontal treatment; oral surgery; extractions; radiographs; pain evaluation and relief; infection control; and general anesthesia*
- Diabetes Prevention Program (DPP) services*
- Durable Medical Equipment (DME)*
- Emergency medical and post-stabilization services
- Family planning
- Home health services*
- Hospice, if you are in the last six months of your life. Children may receive hospice services and treatment for their illness at the same time. The hospice will provide all services for pain relief and support.*
- Hospital, when an overnight stay is required
- Laboratory tests and X-rays

- Maternity benefits, including certified nurse midwife
- Optical, services include one comprehensive or one limited eye examination every two years for refractive error, services related to trauma or treatment of disease/medical condition (including eye prosthetics), and one pair eyeglasses every two years (during any 24 month period of time). Replacements within the 24 month period may be available under certain conditions.*
- Outpatient hospital, when an overnight stay is not required
- Personal care
- Podiatry, limited medical services for your feet*
- Primary Care Provider (PCP) services
- Specialty care
- Tobacco cessation counseling
- Transplant related services
- Transportation to medical appointments*
- Treat No Transport (TNT) services

You may get these services from your MO HealthNet Managed Care health plan or a local public health agency.

- Screening, testing, and treatment for sexually transmitted diseases
- Screening and testing for HIV
- Screening, testing, and treatment for tuberculosis
- Immunizations (shots) for children
- Screening, testing, and treatment for lead poisoning

Adult Expansion Group

Individuals who are part of the Adult Expansion Group (AEG) will also receive these services.

- Habilitative services

Newborn coverage

If you have a baby you must:

- Call the Family Support Division (FSD) Information Center at **1-855-373-4636** or visit their website at **www.dss.mo.gov** to access the FSD Program Enrollment System online as soon as possible to report the birth of your child. The State will give your baby an identification number, known as a DCN or MO HealthNet number;
- Call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711**; and
- Pick a PCP for your baby in the UnitedHealthcare Community Plan network.

Your baby will be enrolled in UnitedHealthcare Community Plan. Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 if you want a different MO HealthNet Managed Care health plan for your baby. This is the only phone number you can use to change your baby's MO HealthNet Managed Care health plan. You cannot change MO HealthNet Managed Care health plans for your baby until after your baby is born and has a MO HealthNet number. The Family Support Division staff cannot change your baby's MO HealthNet Managed Care health plan.

To be sure your baby gets all the services he or she needs, continue to use your current MO HealthNet Managed Care health plan and PCP until the new MO HealthNet Managed Care health plan is effective. If you want to change your baby's MO HealthNet Managed Care health plan, the new MO HealthNet Managed Care health plan is effective the day following the change.

More benefits for children and women in a MO HealthNet category of assistance for pregnant women

A child is anyone less than twenty-one (21) years of age. Some services need prior approval before getting them. Call **1-866-292-0359**, TTY **711** to check. Women must be in a MO HealthNet category of assistance for pregnant women to get these benefits at no cost to them.

- Comprehensive day rehabilitation, services to help you recover from a serious head injury
- Dental services
- Diabetes education and self-management training
- Hearing aids and related services
- Podiatry, medical services for your feet

- Vision – Children get all their vision care from the health plan. Some pregnant women will get their vision care from the health plan which includes one (1) comprehensive or one (1) limited eye exam per year for refractive error, one (1) pair of eyeglasses every two years, replacement lens(es) when there is a .50 or greater change, and for children under age 21, replacement frames and/or lenses when lost, broken or medically necessary, and HCY/EPSDT optical screen and services.
- MO HealthNet has a special program to provide medically necessary services to children. The program is called Early Periodic Screening, Diagnosis and Treatment (EPSDT) or Healthy Children and Youth (HCY). Your Primary Care Provider (PCP) can give your child these EPSDT/HCY services.
  - Child's medical history
  - An unclothed physical exam
  - Blood and/or urine tests
  - Immunizations (shots)
  - Screening and testing lead levels in blood
  - Checking the growth and progress of the child
  - Vision, hearing, and dental screens
  - Dental care and braces for teeth when needed for health reasons
  - Private duty nurses in the home
  - Special therapies such as physical, occupational, and speech
  - Aids to help disabled children talk
  - Personal care to help take care of a sick or disabled child
  - Health care management
  - Psychology/counseling
  - Health education

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program

An EPSDT/HCY Health Screen helps children stay healthy or find problems that may need medical treatment. Your child needs to get regular checkups. Children between 6 months and 6 years old need to get checked for lead poisoning. You may use the chart below to record when your child gets a health screen or lead poison screen.

Health screen and lead poison assessment record

Age	Date of health screen	Date of lead poison screen
Newborn		
By one month		
2–3 months		
4–5 months		
6–8 months		
9–11 months		
12–14 months		Your child needs a Blood Lead Level at 12 and 24 months.
15–17 months		
18–23 months		
24 months		
3 years		Your child needs a Blood Lead Level each year until age 6 if in a high-risk area.
4 years		
5 years		
6–7 years		
8–9 years		
10–11 years		
12–13 years		A Blood Lead Level is recommended for women of childbearing age.
14–15 years		
16–17 years		
18–19 years		
20 years		

Important tests for children

Important tests your child needs are shown on the chart below. Please note these are not all the tests your child may need. Talk with your child's PCP.

Age	Test
Birth	PKU Test
1–2 weeks	PKU and Thyroid Tests
12 months	TB Test, Blood Count, Blood Lead Level test
2 years	Blood Lead Level Test
3 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.
4 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.
5 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.
6 years	Blood lead test if there are any possible lead exposures such as an older home or by parent job or hobbies related to lead. Blood lead level test required if lives in or visits a high-risk area. Ask your doctor if you are unsure if your child is at risk.

Lead screening for children and pregnant women

There are many other ways your child can be lead poisoned. Call **1-866-292-0359**, TTY **711**. if you have questions about lead poisoning.

Some of the ways your child may be at risk for lead poisoning include:

- You live in or visit a house built before 1978 or
- Someone in your house works as a
  - plumber,
  - auto mechanic,
  - printer,
  - steel worker,
  - battery manufacturer,
  - gas station attendant, or
  - other jobs that contain lead.

High levels of lead can cause brain damage or even death. Lead in children is a common health concern that can impact their ability to learn, behavior and health through their adult life.

- All children through six years of age must be tested annually if they live in or visit a **high-risk** area (Missouri state law requirement)
- Children not living in or visiting a known high-risk area may still need lead testing if questions the Primary Care Provider (PCP) ask parents about lead, show there is a possible lead source the child is in contact with
- All children must be tested at one year and two years of age even if the child lives in a **non-high-risk** area
- All children between one and six years of age must be tested if they have never been previously tested

A lead screen has two parts. First, the Primary Care Provider (PCP) will ask questions to see if your child may have been exposed to lead. Then the PCP may take some blood from your child to check for lead. This is called a blood lead level test. All children at one year old and again at two years old must have a blood lead level test. Children with high lead levels in their blood must have follow-up services for lead poisoning.

High lead levels in a pregnant woman can harm her unborn child. If you are pregnant, or thinking about becoming pregnant, talk with your PCP or obstetrician to see if you may have been exposed to lead and need to have a blood lead test. Lead can be passed to the baby during pregnancy and breastfeeding.

Nurse visits for you and your baby

You and your Primary Care Provider (PCP) may agree for you to go home early after having a baby. If you do, you may get two nurse visits in your home. You may get the home health nurse visits if you leave the hospital less than 48 hours after having your baby, or less than 96 hours after a C-Section. The first nurse visit will be within two days of leaving the hospital. The second nurse visit is within two weeks of leaving the hospital. You may be able to get more nurse visits if you need them.

At a home visit, the nurse will:

- Check your health and your baby;
- Talk to you about how things are going;
- Answer your questions;
- Teach you how to do things such as breastfeeding; and
- Do lab tests if your PCP orders them.

Special health care needs

If you have a special health care need, call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711**. UnitedHealthcare Community Plan will work with you to make sure you get the care you need. If you have a chronic illness or a life threatening condition or degenerative and disabling disease, and are seeing a specialist for your medical care, you may ask UnitedHealthcare Community Plan for a specialist to be your PCP.

Care Management services

You may ask for an assessment for care management services at any time by calling UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711**.

UnitedHealthcare Community Plan will offer care management services for members who are:

- Pregnant
- All children with elevated blood lead levels

Within thirty (30) days of enrollment, UnitedHealthcare Community Plan will offer a care management assessment for new members with the following conditions:

- Cancer;
- Chronic pain;
- Hepatitis C;
- HIV/AIDS;
- Individuals with special health care needs including autism spectrum disorder;
- Sickle cell anemia;
- Diabetes;
- Asthma;
- COPD;
- Congestive heart failure;
- Organ failure; and
- Serious mental illness (schizophrenia, schizoaffective disorder, bipolar disorder, PTSD, recurrent major depression, and substance use disorder).

Members experiencing the following events will also receive a care management assessment and be offered care management services:

- Three (3) or more emergency department visits in any given quarter
- An admission to a psychiatric hospital or residential substance use treatment program
- A readmission or a hospital stay of more than two (2) weeks

Preventive services

UnitedHealthcare Community Plan must provide coverage for preventive services rated 'A' or 'B' by the U.S. Preventive Services Force, **http://www.uspreventiveservicestaskforce.org**. If you have health insurance other than MO HealthNet Managed Care, your other health insurance may be responsible for the payment of these preventive services.

Behavioral health care

UnitedHealthcare Community Plan will cover your behavioral health needs. A PCP referral is not needed for behavioral health care. You may go to any behavioral health provider on UnitedHealthcare Community Plan's list of providers. Be sure to go to a behavioral health provider in our network. Behavioral health care includes care for people who abuse drugs or alcohol or need other behavioral health services. Call **1-866-292-0359**, TTY **711** to get behavioral health services and for help finding a provider within our network.

Children who are in Alternative Care or get Adoption Subsidy get behavioral health care through MO HealthNet Fee-for-Service using MO HealthNet approved providers. These children get their physical health care from UnitedHealthcare Community Plan.

Family planning

All MO HealthNet Managed Care health plan members can get family planning services no matter what age. These services will be kept private. You may go to a UnitedHealthcare Community Plan provider or a MO HealthNet Fee-for-Service approved provider to get family planning services. You do not need to ask UnitedHealthcare Community Plan first. UnitedHealthcare Community Plan will pay for your family planning services. You do not need to receive a referral to choose a family planning provider.

Care you get using the MO HealthNet ID card

You can get some health care that is not covered by UnitedHealthcare Community Plan. These services are covered by MO HealthNet Fee-for-Service using MO HealthNet approved providers. UnitedHealthcare Community Plan can help you find a MO HealthNet approved provider for that care. Please let your Primary Care Provider (PCP) know about the care you get. This helps your PCP take care of you. This care may include the following:

- Pharmacy
- School-based services including physical therapy (PT), occupational therapy (OT), speech therapy (ST), hearing aid, personal care, private duty nursing, or behavioral health services included in an Individualized Family Service Plan (IFSP) or Individualized Educational Program (IEP)
- Visits by a health worker to see if lead is in your home
- Bone marrow and organ transplants
- SAFE/CARE exams for abused children
- Children who are in Alternative Care or get Adoption Subsidy get behavioral health/substance abuse care through MO HealthNet Fee-for Service using MO HealthNet approved providers. These children get their physical health care from UnitedHealthcare Community Plan.
- Community Psychiatric Rehabilitation is a special program run by the Missouri Department of Mental Health for the seriously mentally ill or seriously emotionally disturbed
- Drug and alcohol treatment from a Comprehensive Substance Treatment and Rehabilitation (CSTAR) provider. Call UnitedHealthcare Community Plan Member Services at **1-866-292-0359**, TTY **711** for a list of CSTAR providers.
- Home birth services
- Targeted care management for behavioral health services
- Abortion (termination of a pregnancy resulting from rape, incest, or when needed to save the mother's life)
- Medications for smoking cessation
- Applied Behavior Analysis (ABA) services for children with Autism Spectrum Disorder
- State public health lab services

Release for ethical reasons

UnitedHealthcare Community Plan may not, for moral and religious reasons, provide or pay for a service for which it is required to provide or pay for. If so, UnitedHealthcare Community Plan will let you know how and where else to get the service.

If you need more information, you can contact MOHealthNet at **1-800-392-2161**.

Covered benefit changes

UnitedHealthcare Community Plan may change the benefits and services we cover. If we do change our benefits, we will tell you in writing, at least thirty (30) calendar days before the change occurs.

Explanation of Benefits (EOB)

You may request an Explanation of Benefits (EOB) from UnitedHealthcare Community Plan. Please call Member Services at **1-866-292-0359**, TTY **711**.

Other benefits

Benefit	Benefit details
Quit For Life (Tobacco Cessation Services)	The Quit For Life® Program is the nation's leading phone-based tobacco cessation program. It employs an evidence-based combination of physical, psychological and behavioral strategies to enable participants to take responsibility for, and to overcome their addiction to, tobacco use. Using an integrated mix of medication support, phone-based cognitive behavioral coaching and web-based learning and support tools, the Quit For Life Program produces an average quit rate of 25.6 percent for a Medicaid population and an 88 percent member satisfaction.
KidsHealth	You and your family can now get answers to your health questions online through a partnership between UnitedHealthcare and KidsHealth. Visit the website for **healthy advice**. 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.
Doctor Chat	Members that live in a rural area or are a part of the Adult expansion group have access to Dr. Chat, video chats with a doctor at no cost. Doctors are available 24 hours a day, 7 days a week and can answer questions, big or small. To get started you can download the UHC Doctor Chat app or learn more online at **UHCDoctorChat.com**.

For moms-to-be and children

Pregnant women

Women may see any UnitedHealthcare Community Plan OB/GYN for obstetrical care without being sent by their PCP (maternity-prenatal, delivery and postpartum).

- If you think you may be pregnant, see your PCP or a UnitedHealthcare Community Plan OB/GYN right away. It is important to start prenatal care as soon as you become pregnant.
- See your PCP or UnitedHealthcare Community Plan OB/GYN throughout your pregnancy
- Make sure you go to all your visits when your PCP or UnitedHealthcare Community Plan OB/GYN tells you to
- Make sure you go to your provider right after you have your baby for follow-up care (between 21 and 56 days after your baby is born)

You may be able to get formula, milk and food from the Women, Infants and Children (WIC) program at no cost to you. Talk to your provider or call your local public health agency about these services.

Having a baby?

Call the Family Support Division (FSD) Information Center at 1-855-373-4636 or visit our website at **www.dss.mo.gov**. This will help ensure you get all the services available to you.

Newborns' and Mothers' Health Protection Act

UnitedHealthcare follows federal guidelines that require certain benefits for mothers and infants after childbirth. Our benefit plans cover 48 hours in the hospital after a vaginal delivery. We also cover 96 hours in the hospital after a delivery by cesarean section. (You can choose to stay less time in the hospital if your provider says it's okay.)

Women, Infants and Children (WIC)

WIC is the special nutrition program for women, infants and children enrolled in Medicaid. The WIC program provides healthy food at no cost, breastfeeding support, nutrition education and health care referrals. If you are pregnant, ask your doctor to fill out a WIC application during your next visit. If you have an infant or child, ask their doctor to fill out a WIC application or contact your local WIC office.

Family planning services

MO HealthNet Managed Care covers family planning services, including contraceptive care and pregnancy tests. You do not need to get our approval before using these services. There is no limit to how often you can use them.

Healthy First Steps

Did you know that going to all of your prenatal doctor visits is one of the most important things you can do to help you and your baby stay healthy? That's why Healthy First Steps will work with you and your primary care provider throughout your pregnancy.

Babyscripts

The Babyscripts program rewards you for going to your prenatal and postpartum visits. Earn up to 3 rewards in all. To sign up, visit the Apple App Store® or Google Play™ store on your smartphone. Download the Babyscripts myJourney app. Or call 1-800-599-5985. It's that simple.

Member rewards program

As a UnitedHealthcare® member and part of the MO Healthnet Managed Care benefits, members can earn a new reward each time they complete an eligible healthy activity. There's no added cost for the member to take part in the reward program. Once you've completed one of the eligible healthy activities, you will get a gift card reward in the mail. Use your prepaid card to pay for healthy foods and other in-store products at participating stores. View rewards, get more details and use the store finder at **HealthyBenefitsPlus.com/UHCMOMemberRewards** or call 1-877-831-3017, TTY 711.

2024 Qualified healthy activities

Remember that you can earn a reward each time you complete an approved healthy activity.

- Health Risk Assessment – Complete Health Risk Assessment (HRA) survey within the first 30 days of enrollment, new plan members (one per eligibility term)
- First newborn well-child visit – Exam with primary care provider by 3 months old
- Immunizations – Complete HPV (2-dose) series of CDC recommended immunizations between 9–13 years old
- Well-child visits – 6 visits by 15 months old
- Well-child visits – 2 visits between 15–30 months old
- Annual well-child visit – Members ages 3–21 years old
- Adult annual wellness visit – Members ages 22 and up
- Follow-up visit after hospitalization – Complete a follow-up visit with a provider within 30 days after behavioral health hospital discharge, members ages 6 and up
- Breast cancer screening – Complete one breast cancer screening, women between 40–74 years old
- Cervical cancer screening – Complete one cervical cancer screening, women between 21–64 years old
- Flu shot – Complete flu immunization doses as recommended by CDC
  - Members 6 months to 2nd birthday complete 2 doses and members 2 years old and up complete 1 dose

For help finding a provider, scheduling an appointment or getting a ride to the visit, please call Member Services at the number on the back of your member ID card.

Limitations and restrictions apply. Rewards are subject to change.

Other plan details

Changing to another MO HealthNet Managed Care health plan

You may change MO HealthNet Managed Care health plans for any reason during the first 90 days after you become a MO HealthNet Managed Care health plan member. You will also be able to change during your annual open enrollment time. Call the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 for help in changing MO HealthNet Managed Care health plans.

You may be able to change MO HealthNet Managed Care health plans after 90 days. Some reasons for changing include but are not limited to the following:

- Your PCP or specialist is no longer with UnitedHealthcare Community Plan and is in another MO HealthNet Managed Care health plan. This applies to PCPs or specialists you have seen at least once in the last year or you have seen most recently except in the case of an emergency.
- To help you keep all of your family members in the same health plan
- The health plan does not have a provider that handles your health care needs
- Negative actions from a health plan or provider that impact your ability to get care

UnitedHealthcare Community Plan cannot make you leave our MO HealthNet Managed Care health plan because of a health problem.

Disenrollment

The state agency may disenroll members from a health plan for any of the following reasons:

1. Selection of another health plan during open enrollment, the first ninety (90) calendar days of initial enrollment, or for just cause.
2. To implement the decision of a hearing officer in a grievance proceeding by the member against the health plan, or by the health plan against the member.
3. Loss of eligibility for either MO HealthNet Fee-For-Service or MO HealthNet Managed Care.
4. Member exercises choice to voluntarily disenroll, or opt out, as specified herein under MO HealthNet Managed Care Program eligibility groups.

Changes you need to report

If you move, it is important that you **report your new address** by calling the Family Support Division (FSD) Information Center at **1-855-373-4636** or visit our website at **www.dss.mo.gov** to access the FSD Program Enrollment System online, and the MO HealthNet Managed Care Enrollment Helpline at **1-800-348-6627**. Please note, MO HealthNet coverage is re-determined on a yearly basis. Then call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711**. Your MO HealthNet Managed Care coverage may be affected. If we do not know where you live, you will miss important information about your coverage. Changes you need to report to the FSD Information Center at **1-855-373-4636** include:

- Family size (including the birth of any babies);
- Income;
- Address;
- Phone number; and
- Availability of insurance.

Medical disability/MO HealthNet Fee-For-Service

If you get Supplemental Security Income (SSI), meet the SSI medical disability definition or get adoption subsidy benefits, you may stay in MO HealthNet Managed Care or you may choose to get MO HealthNet Fee-for-Service using MO HealthNet approved providers. Call the MO HealthNet Managed Care Enrollment Helpline at **1-800-348-6627** for information and to make your choice.

Explanation of Benefits (EOB)

You may request an Explanation of Benefits (EOB) from UnitedHealthcare Community Plan. Please call Member Services at **1-866-292-0359**, TTY **711**.

Important information for members of a federally-recognized American Indian or Native Alaskan tribe

Is your child a member of a federally-recognized American Indian or Native Alaskan tribe?

If so, you will not have to pay a premium for your child's health care coverage.

To stop owing a premium, send a copy of the proof of your child's tribal membership to the Constituent Services Unit by mail, fax, or email. Be sure to include your child's MO HealthNet identification card number. You may call the Constituent Services Unit at 1-800-392-2161 if you have questions about your premium.

Mail: MO HealthNet Division
Constituent Services Unit
P.O. Box 6500
Jefferson City, MO 65102-6500

Phone: **1-800-392-2161**

Fax: **573-526-2471**

Email: Scan your records and email to **Ask.MHD@dss.mo.gov**.
Type the words **Constituent Services Unit** in the subject line of your email.

Proof of membership can be a copy of a tribal membership card or letter issued by a tribe that is recognized by the United States Department of the Interior, Bureau of Indian Affairs.

UnitedHealthcare Community Plan will ensure that American Indian/Alaskan Natives are permitted to receive care from an Indian Health Care Provider (IHCP).

Insurance

You have MO HealthNet Managed Care health care coverage through UnitedHealthcare Community Plan. You may have other health insurance, too. This may be from a job, an absent parent, union, or other source. If you have other health insurance besides MO HealthNet Managed Care, that insurance company must pay for most of your health services before UnitedHealthcare Community Plan pays. If your other health insurance covers a service not covered by MO HealthNet Managed Care, you will owe your provider what your insurance does not pay. It is important that you show all your insurance ID cards to your health care provider.

All adults must show their MO HealthNet ID card and their MO HealthNet Managed Care health plan card to receive non-emergency care.

UnitedHealthcare Community Plan and your other health insurance policy have rules about getting health care. You must follow the rules for each policy. There are rules about going out-of-network. Some services need prior approval. You may have to pay for the service if you don't follow the rules. For help, call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711**.

If you have health insurance other than MO HealthNet Managed Care or your insurance changes, details about your insurance are needed. Have your insurance card with you when you call the following numbers. You must call:

- UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711**; and
- The MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627; or
- The Family Support Division (FSD) Information Center at 1-855-373-4636, or you may visit our website at **www.dss.mo.gov** to access the FSD Program Enrollment System online.

You must report insurance you get through your job or you could lose your MO HealthNet benefits. If you have another health insurance policy, all prepayment requirements must be specified by the other health insurance plan. MO HealthNet has a program that can pay the cost of other health insurance. The name of the program is Health Insurance Premium Payment (HIPP).

- Call the Family Support Division (FSD) Information Center at 1-855-373-4636, or you may visit our website at **www.dss.mo.gov** to access the FSD Program Enrollment System online if your job has health insurance
- Call Third Party Liability (TPL) at 573-751-2005 to ask about the HIPP program

You must call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711** or the Family Support Division (FSD) Information Center at 1-855-373-4636, or you may visit their website at **www.dss.mo.gov** to access the FSD Program Enrollment System online within 30 days if:

- You get hurt in a car wreck;
- You get hurt at work;
- You get hurt and have a lawyer; or
- You get money because of an accident.

Utilization Management policy and procedures

We have 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. No UnitedHealthcare Community Plan employee or provider is rewarded in any way for not giving you the care or services you need or for saying that you should not get them.

A Utilization Management (UM) Decision is when we look at the appropriateness, medical need and efficiency of health care services, procedures and facilities against our set criteria. Included may be: discharge planning, concurrent planning, pre-certification, approval in advance and clinical case appeals. Also, it may cover proactive processes like concurrent clinical review, peer review and appeals from a provider, payer or patient/member. A service shall be considered medically necessary if it prevents, diagnoses, or treats a physical or behavioral health condition or injury, is necessary to achieve age appropriate growth and development, minimizes the progression of disability, or is necessary to attain, maintain, or regain functional capacity.

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 UM, you can talk to our Medicaid Care Management staff. Our nurses are available 8:00 a.m. to 5:00 p.m., Monday through Friday at **1-866-351-6827**, TTY **711**. Language assistance is available.

If you are billed

UnitedHealthcare Community Plan will pay for all covered MO HealthNet Managed Care services. You should not be getting a bill if the medical service you got is a covered MO HealthNet Managed Care benefit. If you choose to pay for a service, you must agree in writing that you will be responsible for the payment before getting the service. The written agreement must show the date and service. It must be signed and dated by you and the provider. The agreement must be made before you receive the service. A copy of the agreement must be kept in your medical record.

You will not have to pay for covered health care services even if:

- The State does not pay your MO HealthNet Managed Care health plan
- Your MO HealthNet Managed Care health plan does not pay your provider
- Your provider's bill is more than your MO HealthNet Managed Care health plan will pay
- Your MO HealthNet Managed Care health plan cannot pay its bills

You may have to pay for services you get if:

- You choose to get medical services that are not covered by MO HealthNet Managed Care; or
- You go to a provider that is not a UnitedHealthcare Community Plan provider without prior approval.

If you get a bill, do not wait! Call our Member Services office at **1-866-292-0359**, TTY **711**. UnitedHealthcare Community Plan will look into this for you.

Advance health care directive

You have the right to accept or refuse any medical care. A time may come when you are too sick to talk to your PCP, family, or friends. You may not be able to tell anyone what health care you want. The law allows adults to do two things when this happens.

- An advance directive allows you to leave written directions about your medical treatment decisions
- An advance directive also allows you to ask someone to decide your care for you

If you do not have an advance health care directive, your PCP may not know what health care you want. Talk to your PCP or call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711**, for information on an advance health care directive. Your PCP must keep a written and signed copy of what care you want. An advance directive becomes part of your medical record.

If there is a problem with things not being done the way they should with an advance directive, and the concerns are related to abuse, neglect or exploitation of a Missouri resident age 60 plus or 18–59 with a disability, you may file a complaint with the Missouri Department of Health and Senior Services at 1-800-392-0210 or write them at P.O. Box 570, Jefferson City, Missouri 65102. You may email at: **info@health.mo.gov**.

Advance Health Care Directives are available from the Missouri Bar, PO Box 119, 326 Monroe, Jefferson City, Missouri 65102 or you may call them at 573-635-4128 or download forms from their website at: **www.mobar.org**.

Member survey

Every year, UnitedHealthcare asks some of our members how they feel about UnitedHealthcare Community Plan. This survey helps us to decide which areas we should work on to make improvements and what we are doing well.

If you get a survey, please answer it. An outside firm takes the survey and we do not ever see your answers. Your privacy is guarded. Your responses will never be used to make decisions about you or your family's health care. Your answers, along with the answers of many other members, are combined to let us know how we are doing. It's your chance to "give us a grade." We want to hear from you.

Fraud and abuse

Committing fraud or abuse is against the law.

Fraud is a dishonest act done on purpose.

Examples of member fraud are:

- Letting someone else use your MO HealthNet Managed Care health plan card(s) or MO HealthNet ID card
- Getting prescriptions with the intent of abusing or selling drugs

An example of provider fraud is:

- Billing for services not provided

Abuse is an act that does not follow good practices.

An example of member abuse is:

- Going to the emergency room for a condition that is not an emergency

An example of provider abuse is:

- Prescribing a more expensive item than is necessary

You should report instances of fraud and abuse to:

UnitedHealthcare Community Plan
1-866-292-0359, TTY **711**

or

MO HealthNet Division
Constituent Services
1-800-392-2161

For Participant fraud or abuse, contact:

Department of Social Services
Division of Legal Services, Investigation Unit
1-573-751-3285
Send email to **MMAC.reportfraud@dss.mo.gov**

For Provider fraud or abuse, contact:

Missouri Medicaid Audit & Compliance Investigations
1-573-751-3285 or 1-573-751-3399
Send email to **MMAC.reportfraud@dss.mo.gov**

Member rights and responsibilities

Your rights as a MO HealthNet Managed Care Health Plan member:

You have the right to:

- Receive information about the organization, its services, its practitioners and providers, and member rights
- Candid discussion of treatment options regardless of cost or benefit coverage
- Voice complaints or make an appeal about the organization or care it provides
- Make recommendations regarding the organization's member rights and responsibility policy
- Responsibility to understand health problems and participate in agreed upon treatment goals
- Be treated with respect and dignity
- Receive needed medical services
- Privacy and confidentiality (including minors) subject to state and federal laws
- Select your own PCP
- Refuse treatment
- Receive information about your health care and treatment options
- Participate in decision-making about your health care
- Have access to your medical records and to request changes, if necessary
- Have someone act on your behalf if you are unable to do so
- Get information on our Physician Incentive Plan, if any, by calling **1-866-292-0359**, TTY **711**
- Be free of restraint or seclusion from a provider who wants to:
  - Make you do something you should not do;
  - Punish you;
  - Get back at you; or
  - Make things easier for him or her.
- Be free to exercise these rights without retaliation
- Receive one copy of your medical records once a year at no cost to you

- If the member wants to also submit their request in writing, they can mail their request to:

  UnitedHealth Group
  UHC Privacy Office
  MN017-E300
  P.O. Box 1459
  Minneapolis, MN 55440
- Right to disenroll from its MCO for cause, at any time, without cause during the 90 days following initial enrollment or during the 90 days following the date the state sends the beneficiary notice of enrollment, at least every 12 month thereafter, upon automatic reenrollment if the temporary loss of Medicaid eligibility has caused the beneficiary to miss annual disenrollment opportunity or when the state imposed the intermediate sanction specified in § 438.702(a)(4)

Your responsibilities are:

1. Providing, to the extent possible, information needed by the provider to ensure they can give you the best care
2. Contacting their primary care provider as your first point of contact when needing medical care
3. Following appointment scheduling processes
4. Following instructions and guidelines given by providers
5. Contact the health plan immediately if you have a worker's compensation claim, a pending personal injury, tort, or product liability, or medical malpractice lawsuit, or have been involved in an auto accident.

Protections

You shall be protected in the event of insolvency and will not be held liable for:

- The debts in the case of health plan insolvency
- Services provided in the event the we failed to receive payment from the state agency for such service
- Services provided to in the event a health care provider with a contractual referral, or other type arrangement, fails to receive payment from the state agency or the health plan for such services
- Payments to a provider that furnishes covered services under a contractual referral, or other type arrangement in excess of the amount that would be owed if we had directly provided the services

Grievances and appeals

You may not always be happy with UnitedHealthcare Community Plan as part of your MO HealthNet Managed Care benefits. We want to hear from you. We have people who can help you. UnitedHealthcare Community Plan, your MO HealthNet Managed Care plan, cannot take your benefits away because you make a grievance, appeal, or ask for a State Fair Hearing.

There are two ways to tell UnitedHealthcare Community Plan, your MO HealthNet Managed Care plan, about a problem: Grievance or Appeal

A Grievance is a way for you to show dissatisfaction about things like:

- The quality of care or services you received
- The way you were treated by a provider
- A disagreement you may have with a UnitedHealthcare Community Plan policy
- You do not agree to the extension of time requested by UnitedHealthcare Community Plan to make an authorization decision

An Appeal is a way for you to ask for a review when UnitedHealthcare Community Plan:

Makes an adverse benefit determination to:

- Deny or give a limited approval of a requested service;
- Deny, reduce, suspend, or end a service already approved; or
- Deny payment for a service.

Or fails to:

- Act within required time frames for getting a service
- Make a grievance resolution within thirty (30) calendar days of receipt of request
- Make an expedited decision within seventy-two (72) hours of receipt of request
- Make an appeal resolution within thirty (30) calendar days of receipt of request

UnitedHealthcare Community Plan must give you a written Notice of Adverse Benefit Determination if any of these actions happen. The Notice of Adverse Benefit Determination will tell you what we did and why and give you your rights to appeal or ask for a State Fair Hearing.

You have some special rights when making a Grievance or Appeal

1. A qualified clinical professional will look at medical grievances or appeals.
2. If you do not speak or understand English, call **1-866-292-0359**, TTY **711**, to get help from someone who speaks your language.
3. With your written permission, you may ask anyone such as a family member, your minister, a friend, a provider, authorized representative, or an attorney to help you make a grievance or an appeal.
4. If your physical or behavioral health is in danger, a review will be done within seventy-two (72) hours or sooner. This is called an expedited review. Call UnitedHealthcare Community Plan and tell UnitedHealthcare Community Plan if you think you need an expedited review.
5. UnitedHealthcare Community Plan may take up to fourteen (14) calendar days longer to decide if you request the change of time or if we think it is in your best interest. If UnitedHealthcare Community Plan changes the time we must tell you in writing the reason for the delay. We will also try to call you to let you know about the delay.
6. If you have been getting medical care and UnitedHealthcare Community Plan reduces, suspends, or ends the service, you can appeal. In order for medical care not to stop while you appeal the decision you must appeal within ten (10) calendar days from the date the Notice of Adverse Benefit Determination was mailed and tell us not to stop the service while you appeal. If you do not win your appeal you may have to pay for the medical care you got during this time.
7. You may request enrollment in another MO HealthNet Managed Care health plan if the issue cannot be resolved.
8. A member may file a grievance at any time.

How to make a Grievance or Appeal and ask for a State Fair Hearing

1. Grievance — You may file a grievance orally or in writing.

Call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711**, to file a grievance.

- UnitedHealthcare Community Plan will write you within ten (10) calendar days and let you know we got your grievance
- UnitedHealthcare Community Plan must give written notice of a decision within thirty (30) calendar days

2. Appeal – You may file an appeal orally, in person, or in writing to UnitedHealthcare Community Plan.

- You must appeal within sixty (60) calendar days from the date of our Notice of Adverse Benefit Determination
- **For help on how to make an appeal, call UnitedHealthcare Community Plan at 1-866-292-0359, TTY 711**
- **Send your written grievance or appeal to:**
  UnitedHealthcare Community Plan
  Grievances and Appeals
  P.O. Box 31364
  Salt Lake City, UT 84131-0364
- UnitedHealthcare Community Plan must write you within ten (10) calendar days and let you know we got your appeal
- UnitedHealthcare Community Plan must give written notice of a decision within thirty (30) calendar days unless it is an expedited review

3. State Fair Hearing – You have the right to ask for a State Fair Hearing when your appeal with UnitedHealthcare Community Plan is not decided in your favor. Additionally, if UnitedHealthcare Community Plan fails to adhere to the notice and timing requirements for filing a grievance or appeal you are deemed to have exhausted the health plan's internal level of appeal and may initiate a State Fair Hearing. You may ask for a State Fair Hearing orally or in writing.

- You must ask for a State Fair Hearing within ninety (90) calendar days from the date of UnitedHealthcare Community Plan's written Notice of Appeal Resolution Letter
- For help on how to ask for a State Fair Hearing, call the MO HealthNet Division at 1-800-392-2161
- If you do not speak or understand English, or need American Sign Language, call 1-800-392-2161 to get help from someone who speaks your language at no cost to you. This includes auxiliary aids and services. Members who use a Telecommunications Device for the Deaf (TDD) can call 1-800-735-2966. These services are available to you at no cost.

  You can send your written request to:
  MO HealthNet Division
  Participant Services Unit
  P.O. Box 6500
  Jefferson City, MO 65102-6500
  or fax to 573-526-2471
- You will be sent a form to complete. Once you send the form back, a date will be set for your hearing.

- With your written permission, you may ask anyone such as a family member, your minister, a friend, a provider, authorized representative, or an attorney to help you with a State Fair Hearing
- If you have been getting medical care and UnitedHealthcare Community Plan reduces, suspends, or ends the service, you can ask for a State Fair Hearing. In order for medical care not to stop you must ask for a State Fair Hearing within ten (10) calendar days of the date the written Notice of Appeal Resolution was mailed and tell us not to stop the service while you are in the process of a State Fair Hearing. If you do not win, you may have to pay for the medical care you got during this time.

Advocates for family health

Advocates for Family Health is an ombudsman service. An ombudsman is a problem solver who can advise you and help you. Advocates for Family Health can help you if:

- You need help understanding your rights and benefits under MO HealthNet Managed Care
- You feel your rights to health care are being denied
- You are not able to solve the problem by talking to a PCP, a nurse, or your MO HealthNet Managed Care health plan
- You need to talk to someone outside of your MO HealthNet Managed Care health plan
- You want help when filing a grievance
- You need help when appealing a decision by your MO HealthNet Managed Care health plan
- You need help getting a State Fair Hearing

You can get legal help at no cost to you by contacting the legal aid office for your county below.

Legal Aid of Western Missouri

Serves the following counties: Andrew, Atchison, Barton, Bates, Benton, Buchanan, Caldwell, Camden, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Hickory, Holt, Jackson, Jasper, Johnson, Lafayette, Linn, Livingston, McDonald, Mercer, Morgan, Newton, Nodaway, Pettis, Platte, Putnam, Ray, Saline, St. Clair, Sullivan, Vernon and Worth.

Advocates for Family Health
Legal Aid of Western Missouri
4001 Blue Parkway, Suite 300
Kansas City, MO 64130

816-474-6750
Toll-free: 1-866-897-0947
Fax: 816-474-9751

Mid-Missouri Legal Services

Serves the following counties: Audrain, Boone, Callaway, Chariton, Cole, Cooper, Howard, Miller, Moniteau, Osage and Randolph.

Advocate for Family Health
Mid-Missouri Legal Services
1201 W. Broadway
Columbia, MO 65203

573-442-0116
Toll-free: 1-800-568-4931
Fax: 573-875-0173

Legal Services of Eastern Missouri

Serves the St. Louis City and the following counties: Adair, Clark, Franklin, Jefferson, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Schuyler, Scotland, Shelby, St. Charles, St. Louis, Warren and Washington.

Advocates for Family Health
Legal Services of Eastern Missouri
4232 Forest Park Avenue
St. Louis, MO 63108

314-534-1263
Toll-free: 1-800-444-0514 ext. 1251 (outside St. Louis City/County)
Fax: 314-534-1028

Legal Services of Southern Missouri

Services the following counties: Barry, Bollinger, Butler, Cape Girardeau, Carter, Cedar, Christian, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Gasconade, Greene, Howell, Iron, Laclede, Lawrence, Madison, Maries, Mississippi, New Madrid, Oregon, Ozark, Pemiscot, Perry, Phelps, Polk, Pulaski, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Shannon, Stoddard, Stone, Taney, Texas, Wayne, Webster and Wright.

Advocates for Family Health
Legal Services of Southern Missouri
809 North Campbell
Springfield, MO 65802

417-881-1397
Toll-free: 1-800-444-4863
Fax: 417-881-2159

Glossary

Adoption Subsidy – Subsidy services supporting a family adopting a child. Financial, medical, and support services for the child until age 18 or in some cases until age 21. These children may choose to get their health care as a MO HealthNet Managed Care health plan member or may choose to get health care through MO HealthNet Fee-for-Service using MO HealthNet approved providers.

Advance Directive – An advance directive allows you to leave written directions about your medical treatment decisions and/or ask someone to decide your care for you.

Adverse Benefit Determination –

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
2. The reduction, suspension, or termination of a previously authorized service;
3. The denial, in whole or in part, of payment for a service;
4. The failure to provide services in a timely manner as defined in the appointment standards;
5. The failure of the health plan to act within the timeframes regarding the standard resolution of grievances and appeals;
6. For a member who is a resident of a rural area with only one MCO, the denial of a member's request to exercise his or her right to obtain services outside the network; or
7. The denial of a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

Appeal – Is a way for you to ask for a review when your MO HealthNet Managed Care health plan takes action to deny or give a limited approval of a requested service; deny, reduce, suspend, or end a service already approved; or deny payment for a service; or fails to act within required time frames for getting a service; make a grievance decision within thirty (30) days of receipt of request; make an expedited decision within three (3) days of receipt of request; or make an appeal decision within thirty (30) days of receipt of request.

Appeal Resolution – The written determination concerning an appeal.

Copayment – Your share for cost of services provided. A set amount of money that you will have to pay for the medical service you received. MO HealthNet Managed Care members do not pay a copay.

Other plan details

DCN – **Departmental Client Number** – Also known as your MO HealthNet number. This is your identification number for MO HealthNet.

Durable Medical Equipment – Necessary medical equipment that your provider has ordered for you, to assist you in and out of your home because of your medical condition.

Eligibility Group – Members who receive benefits based on age, family size, and income.

Emergency Medical Condition – A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

(i) Placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.

(ii) Serious impairment to bodily functions.

(iii) Serious dysfunction of any bodily organ or part.

Emergency Medical Transportation – Call **911** or the closest ambulance.

Emergency Room Care – Medical care that needs to be given right away to help care for things like: pain, chest pain, stroke, difficulty breathing, bad burns, head wounds or trauma, deep cuts/heavy bleeding; or gunshot wound.

Emergency Services – Covered inpatient and outpatient services that are as follows:

(i) Furnished by a provider that is qualified to furnish these services.

(ii) Needed to evaluate or stabilize an emergency medical condition.

Poststabilization care services means covered services, related to an emergency medical condition that are provided after an enrollee is stabilized to maintain the stabilized condition.

In an emergency, go to the nearest emergency room even if it is not in your health plan network or call **911**. When you go the emergency room a health care provider will check to see if you need emergency care. You can call the number listed on the back of your MO HealthNet Managed Care health plan card anytime day or night if you have questions about going to the emergency room. Call your PCP after an emergency room visit.

EPSDT – Early Periodic Screening, Diagnosis, and Treatment, also known as HCY.

Excluded Services – Are medical services that your MO HealthNet Managed Care health plan does not pay for.

Grievance – A way to show dissatisfaction about things like: the quality of care or services you received, the way you were treated by a provider, a disagreement you may have with a MO HealthNet Managed Care health plan policy, or you do not agree to extend the time for a decision of a grievance or an appeal.

Grievance and Appeal System – The processes the health plan implements to handle appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them.

Habilitation Services and Devices – Are health care services that help you keep, improve, acquire, either partially or fully skills related to communication and activities of daily living, such as: talking, walking, and hearing. These services include: physical therapy, occupational therapy, speech-language pathology, and audiology. Medical devices, which include assistive devices and durable medical equipment, are used with habilitation services to improve your physical function and mobility.

HCY Program – Healthy Children and Youth, also known as EPSDT.

Health Insurance – UnitedHealthcare Community Plan is insurance that covers your medical services. You may also have other health insurance from a job or another source in addition to UnitedHealthcare Community Plan, which helps you with paying for medical services. If you have other health insurance besides MO HealthNet Managed Care, this is called your primary insurance. This insurance company must pay for most of your health services before your MO HealthNet Managed Care health plan pays.

Home Health Care – Services provided in the member's home who has an acute illness or long term illness which can be managed at home. Services include skilled nurse visits, home health aide visits, and medical supplies.

Hospice Services – Are services that can be given to an adult or child who is in the last six months of their life. The goal of hospice is to provide pain relief and support to the patient and family.

Hospitalization – When your doctor requires you to stay in the hospital for certain medical services to be done or certain medical conditions where you have to be monitored so your condition can be treated or does not get worse.

Hospital Outpatient Care – When you receive medical services that do not require staying in the hospital. After you have a procedure you can go home.

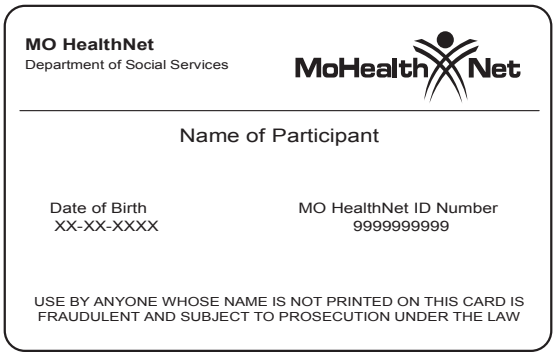
Inquiry – A request from a member for information that would clarify health plan policy, benefits, procedures, or any aspect of health plan function but does not express dissatisfaction.

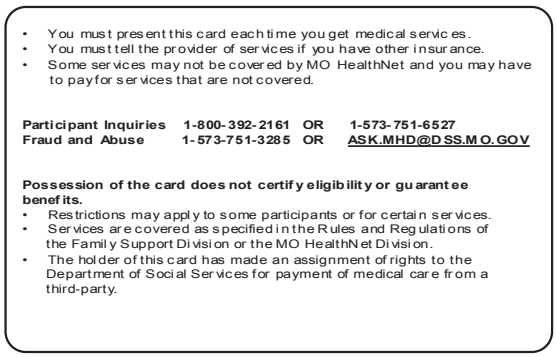
Medically Necessary – Is the standard used to decide if a form of treatment is appropriate for a physical or behavioral illness or injury; is going to improve the function of an injured body part; or will be able to slow the effects of a disability.

MO HealthNet Approved Provider – A doctor, nurse, clinic, pharmacy, hospital, or other providers enrolled with the MO HealthNet Division as a MO HealthNet approved provider. MO HealthNet approved providers provide services in MO HealthNet Fee-for-Service. You will show them your MO HealthNet ID card. MO HealthNet approved providers are sometimes also called MO HealthNet providers. You can do an on-line search to find a MO HealthNet approved provider at: **https://apps.dss.mo.gov/fmsMedicaidProviderSearch/** or you can call 1-800-392-2161 for a list of MO HealthNet approved providers.

MO HealthNet Fee-for-Service – A way to get some health care services that are not covered by UnitedHealthcare Community Plan. These services may be covered by MO HealthNet Fee-for-Service. You can go to any approved provider that takes MO HealthNet Fee-for-Service. Use only your MO HealthNet ID card. You may call 1-800-392-2161 to check on how to get these services.

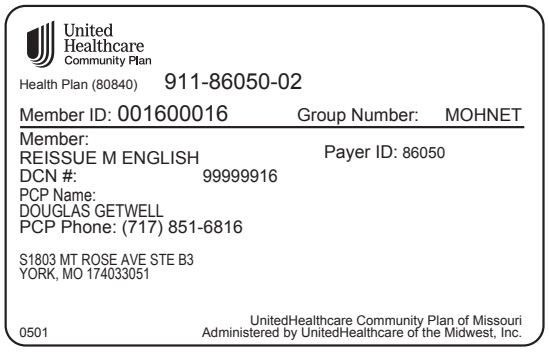
MO HealthNet ID Card – The card sent to you when you are eligible for MO HealthNet.





MO HealthNet Managed Care – A way to get your MO HealthNet coverage from a MO HealthNet Managed Care health plan. You are assigned to a MO HealthNet Managed Care health plan. You must also choose a Primary Care Provider. Use your MO HealthNet Managed Care card and your MO HealthNet ID card to get services. There are a few services that members in a MO HealthNet Managed Care health plan will receive from MO HealthNet Fee-for-Service. You may call 1-800-392-2161 to check on how to get services.

MO HealthNet Managed Care Card – The card sent to you by your MO HealthNet Managed Care health plan.


United Healthcare Community Plan

Health Plan (80840) 911-86050-02

Member ID: 001600016 Group Number: MOHNET

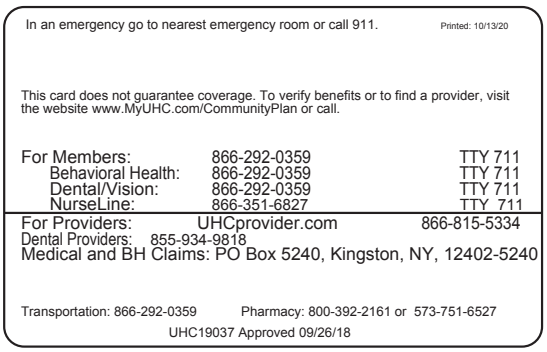
Member:
REISSUE M ENGLISH
DCN #: 99999916
PCP Name:
DOUGLAS GETWELL
PCP Phone: (717) 851-6816

Payer ID: 86050

S1803 MT ROSE AVE STE B3
YORK, MO 174033051

0501

UnitedHealthcare Community Plan of Missouri
Administered by UnitedHealthcare of the Midwest, Inc.


In an emergency go to nearest emergency room or call 911.

Printed: 10/13/20

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

For Members:	866-292-0359	TTY 711
Behavioral Health:	866-292-0359	TTY 711
Dental/Vision:	866-292-0359	TTY 711
NurseLine:	866-351-6827	TTY 711
For Providers:	UHCprovider.com	866-815-5334

Dental Providers: 855-934-9818
Medical and BH Claims: PO Box 5240, Kingston, NY, 12402-5240

Transportation: 866-292-0359 Pharmacy: 800-392-2161 or 573-751-6527

UHC19037 Approved 09/26/18

Network – A group of health care providers set up by your MO HealthNet Managed Care health plan that can see you for your medical care, treatment, and supplies.

Non-Participating Provider – Is a health care provider that is not signed up as a network provider for your MO HealthNet Managed Care health plan.

PCP – A Primary Care Provider is a health care provider who manages a member's health care.

Participating Provider – Is a health care provider that you can see because they are signed up with your MO HealthNet Managed Care health plan.

Physician Services – Medical services provided to you by a provider who is licensed to practice under state law.

Plan – A Health Plan that provides, covers, and arranges medical services that are needed by its members for a fixed rate.

Preauthorization or Prior Authorization – Your MO HealthNet Managed Care health plan's method of pre-approving certain services.

Premium – An amount of money that is paid for someone to receive health care insurance.

Prescription Drug Coverage – A way for you to get coverage for your medications. MO HealthNet Managed Care members prescription drug coverage is provided by Fee-For-Service.

Prescription Drugs – Medications that require prescriptions or a doctor's order.

Other plan details

Primary Care Physician – A health care provider who manages a member's health care.

Primary Care Provider – A health care provider who manages a member's health care.

Provider – A health care provider who manages a member's health care.

Referrals – A process used by a PCP to let you get health care from another health care provider usually for specialty treatment. UnitedHealthcare Community Plan does not require a referral to see a specialist that is in the UnitedHealthcare Community Plan network.

Rehabilitation Services and Devices – Are health care services that help you keep, improve and restore skills and functions for daily living that have been lost or impaired because of an injury, illness or disability. These services include physical therapy, occupational therapy, speech-language pathology, and psychiatric services that can occur in an outpatient or inpatient setting. Medical devices, which include assistive devices and durable medical equipment, are used with rehabilitation services to improve your physical function and mobility.

Skilled Nursing Care – Is care given to you in a nursing home for a short period of time because of an injury or illness. The staff taking care of you can be a nurse, speech therapist, physical therapist, occupational therapist. The staff can help you with bathing, dressing, and personal care, eating, and walking, these are rehabilitation services. Other services that may be provided to you are social and educational activities, transportation if needed, laboratory, radiology, and pharmacy services, hospice care-end of life and respite care.

Specialist – Is a medical professional who has a lot of knowledge about your chronic illness. If you have a chronic illness and are seeing a specialist for your medical care, you may ask your MO HealthNet Managed Care health plan for a specialist to be your primary care provider.

Urgent Care – Urgent care appointments for physical or behavioral illness injuries which require care immediately but are not emergencies such as high temperature, persistent vomiting or diarrhea, symptoms which are of sudden or severe onset but which do not require emergency room services, you must be seen within twenty-four (24) hours.

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, 2024

By law, we[1] must protect the privacy of your health information ("HI"). We must send you this notice. It tells you:

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

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

HI is information about your health or medical services. We have the right to make changes to this notice of privacy practices. If we make important changes, we will notify you by mail or e-mail. We will also post the new notice on our website. We will notify you of a breach of your HI.

How we collect, use, and share your information

We collect, use, and share your HI with:

- You or your legal representative.
- Certain government agencies. To check to make sure we are following privacy laws.

We have the right to collect, use and share your HI for certain purposes. This may 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.** To process payments and pay claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your HI with a hospital you are in, to help them provide medical care to you.
- **For Health Care Operations.** To run your business. For example, we may talk to your doctor to tell him or her about a special disease management or wellness program available to you. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.

- **For Plan Sponsors.** If you receive health insurance through your employer, 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.** To make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may send reminders about appointments you have and information about your health benefits.
- **For Communications to You.** We may contact you about your health insurance benefits, healthcare or payments.

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

- **As Required by Law.** To follow the laws that apply to us.
- **To Persons Involved with Your Care.** A family member or other person that helps with your medical care or pays for your care. This also may be to a family member in an emergency. This may happen if you are unable to tell us if we can share your HI or not. If you are unable to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share HI with family members or friends who helped with your care or paid for your care.
- **For Public Health Activities.** For example, to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with certain 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.** For example, 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.** To public health agencies or law enforcement, for example, in an emergency or disaster.
- **For Government Functions.** For military and veteran use, national security, or certain protective services.
- **For Workers' Compensation.** If you were hurt at work or to comply with labor laws.
- **For Research.** For example, to study a disease or medical condition. We also may use HI to help prepare a research study.
- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help to identify the person who died, why they died, or to meet certain law. We also may give HI to funeral directors.

- **For Organ Transplant.** For example, to help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody, for example: (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.** To give you services, if needed. These are companies that provide services to us. They agree to protect your HI.
- **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 Use Disorder
  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 or share your HI as described in this notice or with your written consent. We will get your written consent to share psychotherapy notes about you, except in certain cases allowed by law. 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 marketing mailings. If you give us your consent, you may take it back. To find out how, call the phone number on your health insurance ID card.

Your rights

You have the following rights.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.

- **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 but may ask you to confirm your request in writing. 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. 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. We will respond to your request in the time we must do so under the law. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of when we shared your HI in the six years prior to your request. This will not include when we shared HI 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.
- **In certain states, you may have the right to ask that we delete** your HI. Depending on where you live, you may be able to ask us to delete your HI. We will respond to your request in the time we must do so under the law. 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.** If you have questions about this notice, or you want to use your rights, **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
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

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

[1] This Medical Information Notice of Privacy Practices applies to health plans that are affiliated with UnitedHealth Group. For a current list of health plans subject to this notice go to **https://www.uhc.com/privacy/entities-fn-v2.**

Financial Information Privacy Notice

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

Effective January 1, 2024

We[2] protect your "personal financial information" ("FI"). FI is non-health information. FI identifies you and is generally not public.

Information we collect

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

Sharing of FI

We will only share FI as permitted by law.

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

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

Confidentiality and security

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

Questions about this notice

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

[2] For purposes of this Financial Information Privacy Notice, "we" or "us" refers to health plans affiliated with UnitedHealth Group, and 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 NJ, Inc.; Healthplex, Inc.; HealthSCOPE Benefits, Inc.; International Healthcare Services, Inc.; Level2 Health IPA, LLC; Level2 Health Holdings, Inc.; Level2 Health Management, LLC; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Health Care Solutions, Inc.; Optum Health Networks, 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 Missouri, Inc.; Solstice Administrators of North Carolina, Inc.; Solstice Administrators, Inc.; Solstice Benefit Services, Inc.; Solstice of Minnesota, Inc.; Solstice of New York, Inc.; Spectera, Inc.; Three Rivers Holdings, Inc.; 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. 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

Remember, we're always ready to answer any questions you may have.
Just call Member Services at **1-866-292-0359**, TTY **711**. You can also visit our website at **myuhc.com/CommunityPlan**.

United Healthcare®
Community Plan

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