



Welcome to the
community.

MO HealthNet Managed Care



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://dssapp.dss.mo.gov/ProviderList/sprovider.asp> 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.

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.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

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** 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 **711**. These services are available to you at no cost.



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

If you think you were not treated fairly due to race, color, national origin, sex, age or disability, you can file a grievance. File it with:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com
1-866-292-0359, TTY 711

You may file on the phone, in person or in writing.

If you need help with your grievance, call **1-866-292-0359, TTY 711**. Hours are Monday to Friday, 8:00 a.m. to 5:00 p.m.

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

Online:

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

Get complaint forms at: <http://www.hhs.gov/ocr/office/file/index.html>

Phone:

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

Mail:

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

We provide communication help at no cost for people with disabilities. This includes materials with large print. It includes audio, electronic and other formats. We also provide American sign language interpreters. If English is not your main language, you may ask for an interpreter. We also provide materials in other languages. To ask for help, call **1-866-292-0359, TTY 711**. Hours are Monday to Friday, 8:00 a.m. to 5:00 p.m.

ATTENTION: If you do not speak English, language assistance services, at no cost to you, are available. Call **1-866-292-0359**, **TTY 711**.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-292-0359**, **TTY 711**.

Traditional Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-866-292-0359**，**TTY 711**。

Vietnamese

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí. Vui lòng gọi số **1-866-292-0359**, **TTY 711**.

Serbo- Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su besplatno. Nazovite **1-866-292-0359**, **TTY 711**.

German

HINWEIS: Wenn Sie Deutsch sprechen, stehen kostenlose Sprachendienste zur Verfügung. Wählen Sie: **1-866-292-0359**, **TTY 711**.

Arabic

تنبيه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجانًا. اتصل على الرقم **1-866-292-0359**، الهاتف النصي **711**.

Korean

참고: 한국어를 하시는 경우, 통역 서비스를 비용 부담 없이 이용하실 수 있습니다. **1-866-292-0359, TTY 711**로 전화하십시오.

Russian

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться услугами переводчика, без каких-либо затрат. Звоните по тел **1-866-292-0359, TTY 711**.

French

ATTENTION : Si vous parlez français, vous pouvez obtenir une assistance linguistique sans aucun frais. Appelez le **1-866-292-0359, TTY 711**.

Tagalog

ATENSYON: Kung nagsasalita ka ng Tagalog, may magagamit na serbisyo ng pantulong sa wika, nang wala kang gagastusin. Tumawag sa **1-866-292-0359, TTY 711**.

Pennsylvania Dutch

WICHTIG: Wann du Deitsch (Pennsylvania Dutch) schwetze duscht, kannscht du ebber griege fer helfe mit Englisch unni as es dich ennich ebbes koschte zellt. Ruf **1-866-292-0359, TTY 711** aa.

Farsi

توجه: اگرچه زبان فارسی صحبت می کنید، خدمات ترجمه زبان به صورت رایگان به شما ارائه خواهد شد. لطفاً با شماره تلفن **1-866-292-0359, TTY 711** تماس بگیرید.

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa yoo ta'e, tajaajilli gargaarsa afaanii baasii kee malee, ni argama. Bilbilaa **1-866-292-0359, TTY 711.**

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, sem custo nenhum. Ligue para **1-866-292-0359, TTY 711.**

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ ምንም ወጪ ሳያስወጣዎት ሊያግዙዎት ተዘጋጅተዋል፤ ወደ ሚከተለው ቁጥር ይደውሉ **1-866-292-0359, TTY 711::**



Telephone Numbers

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

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 1-800-392-2161

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

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Your Doctors

PCP: _____ Phone: _____

Other doctor: _____ Phone: _____

Other doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Pharmacy: _____ Phone: _____

Table of Contents



[2](#) Welcome to MO HealthNet Managed Care

- [2](#) Keeping Your Insurance
 - [2](#) Interpreter Services
 - [2](#) Visually and Hearing Impaired Members
 - [3](#) Non-Discrimination Policy
 - [7](#) Telephone Numbers
 - [11](#) Welcome
 - [12](#) Getting started
-



[13](#) Health Plan Highlights

- [13](#) UnitedHealthcare Community Plan Member ID Card
 - [14](#) MO HealthNet ID Card
 - [15](#) Benefits at a Glance
 - [17](#) Member Support
 - [18](#) Pharmacy Benefits
-



[19](#) Going to the Doctor

- [19](#) Your Primary Care Provider (PCP)
- [19](#) Choosing and Changing Your Primary Care Provider (PCP)
- [20](#) Finding a Network Provider
- [21](#) Getting Medical Care
- [22](#) Access to Care
- [22](#) Health Care Appointments
- [23](#) Urgent Care
- [23](#) Dental Appointments
- [23](#) Second Opinion and Third Opinion
- [24](#) Provider Directory
- [24](#) Federally Qualified Health Centers
- [24](#) Transition of Care and Continuity of Care
- [25](#) NurseLineSM
- [25](#) Yearly Checkups
- [26](#) Immunization (Shot) Schedule for Children
- [27](#) If You Need Care and Your Doctor's Office Is Closed
- [27](#) Health Care Away From Home



Going to the Doctor *(continued)*

- [28](#) Medically Necessary Services
- [28](#) Emergency Care Away From Home
- [29](#) Prior Authorizations
- [30](#) First Steps
- [31](#) Non-Emergency Medical Transportation (NEMT)



33 Emergencies and Hospital Services

- [33](#) Emergency Medical Services
- [35](#) Hospitals
- [38](#) Post-Stabilization Care
- [38](#) Post-Stabilization Care Services
- [39](#) Hospital Services
- [39](#) No Medical Coverage Outside of United States



40 Benefits

- [40](#) Benefits Covered by UnitedHealthcare Community Plan
- [47](#) Services Not Covered by UnitedHealthcare Community Plan
- [48](#) Your Health Benefits in MO HealthNet Managed Care
- [49](#) Newborn Coverage
- [50](#) More Benefits for Children and Women in a MO HealthNet Category of Assistance for Pregnant Women
- [54](#) Independent Foster Care – Adolescents Ages 21 Through 25
- [54](#) Nurse Visits For Your And Your Baby
- [54](#) Special Health Care Needs
- [55](#) Care Management Services
- [56](#) Preventive Services
- [56](#) Behavioral Health Care
- [56](#) Family Planning
- [57](#) Care You Get Using the MO HealthNet ID Card
- [58](#) Release for Ethical Reasons
- [58](#) Covered Benefit Changes
- [58](#) Explanation of Benefits (EOB)
- [59](#) Other Benefits
- [60](#) For Moms-to-Be and Children



[62](#) Other Plan Details

- [62](#) Changing to Another MO HealthNet Managed Care Health Plan
- [63](#) Changes You Need to Report
- [63](#) Medical Disability/MO HealthNet Fee-For-Service
- [64](#) Important Information for Members of a Federally-Recognized American Indian or Native Alaskan Tribe
- [64](#) Insurance
- [65](#) If You Are Billed
- [66](#) Advance Health Care Directive
- [67](#) Member Survey
- [67](#) Utilization Management Policy and Procedures
- [68](#) Fraud and Abuse
- [69](#) Member Rights and Responsibilities
- [70](#) Grievances and Appeals
- [73](#) Advocates for Family Health
- [74](#) Consumer Advisory Committee (CAC)
- [75](#) Glossary
- [80](#) Health Plan Notices of Privacy Practices

Welcome to **UnitedHealthcare Community Plan of Missouri.**

Thank you for choosing UnitedHealthcare Community Plan of Missouri 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**, Monday – Friday, 8:00 a.m. – 5:00 p.m. Central Time. 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 13 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 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 17.

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

 UnitedHealthcare Community Plan	
Health Plan (80840)	
Member ID: 000000001	Group Number: MOHNET
Member:	Payer ID: 86050
NEW M ENGLISH	
DCN #: 99999999	
PCP Name:	
DOUGLAS GETWELL	
PCP Phone: (717)851-6816	
UnitedHealthcare Community Plan of Missouri Administered by UnitedHealthcare of the Midwest, Inc.	
0501	

In case of emergency call 911 or go to nearest emergency room.		Printed: 02/03/17
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:	www.UHOnline.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	
UHC17XXX approved xx/xx/xxxx		

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**.

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.

MO HealthNet
Department of Social Services



Name of Participant

Date of Birth
XX-XX-XXXX

MO HealthNet ID Number
9999999999

USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS
FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW

- You must present this card each time you get medical services.
- You must tell the provider of services if you have other insurance.
- Some services may not be covered by MO HealthNet and you may have to pay for services that are not covered.

Participant Inquiries 1-800-392-2161 OR 1-573-751-6527
Fraud and Abuse 1-573-751-3285 OR ASK.MHD@DSS.MO.GOV

Possession of the card does not certify eligibility or guarantee benefits.

- Restrictions may apply to some participants or for certain services.
- Services are covered as specified in the Rules and Regulations of the Family Support Division or the MO HealthNet Division.
- The holder of this card has made an assignment of rights to the Department of Social Services for payment of medical care from a third-party.

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 19](#).



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 56](#).



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 25](#).



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 25](#).

Health Plan Highlights



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 54](#).



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 39](#).



Laboratory Services.

Covered services include tests and X-rays that help find the cause of illness. For details, see [page 39](#).



Vision Care.

For your vision benefits, see [page 46](#).



Dental Care.

For your dental benefits, see [page 45](#).



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 23](#).



Emergency Services.

Use the emergency room only if you have an emergency. The emergency room should **NOT** be used for problems like the flu, sore throats or ear infections. If you have any questions, call your PCP. You can also call NurseLine to assist with any medical questions you may have. **In case of an emergency, call 911.** For details, see [page 33](#).



Hearing Services.

Hearing services include tests, checkups and hearing aids (for eligible members). For details, see [page 46](#).



NurseLineSM.

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**, Monday – Friday, 8:00 a.m. – 5:00 p.m. Central Time.



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.
- 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.

Health Plan Highlights



Care Management program.

If you have a chronic health condition, like asthma or diabetes, you may benefit from our Care Management program. We can help with a number of things, like scheduling doctor appointments, and keeping all your providers informed about the care you get. To learn more, call **1-866-292-0359, TTY 711**.



Transportation 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.

All pharmacy benefits are covered by MO HealthNet Fee-for-Service. For more information, please contact 1-800-392-2161 or 1-573-751-6527. Or visit the MO HealthNet website at www.dss.mo.gov/.

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, a foster child, 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. 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. Also, if a provider leaves our network, we will send you a letter telling you of the change.

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-to-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 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, medical school, residency program, 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 go to another health care provider without a referral from your PCP;
- 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.

You have options.

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

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

Travel distance standards.

UnitedHealthcare Community Plan has contracted providers throughout the three regional service areas. If you are not able to access a contracted provider within 30 miles of your home address, please call Member Services at **1-866-292-0359, TTY 711.**

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 be 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 be 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.

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**, Monday – Friday, 8:00 a.m. – 5:00 p.m. Central Time 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.

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.

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.



NurseLineSM 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.

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

* If the birth dose of HepB is given, the 4-month dose may be omitted.

** Can be given as early as 12 months, if there are six months since third dose.

*** Recommended unless your health care provider tells you that you cannot safely receive it or that you do not need it.

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 5220
Kingston, NY 12402-5220

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 7 working 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 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.

A complete list of services requiring prior authorization is available online at UHCCommunityPlan.com.

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, including foster care;
- 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 1-866-583-2393 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.

Who can get NEMT services?

- You must be a member of 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**, Monday – Friday, 8:00 a.m. – 5:00 p.m. Central Time.
- Children who are under age 17 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 21 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.

Going to the Doctor

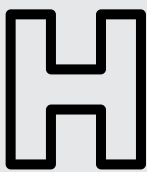
- Some services already include NEMT. We will not give you a ride to these services.

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 health care 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.
 - The NEMT program will not take you to a pharmacy. Many pharmacies will mail or deliver your medicine 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 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.

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**.

Emergencies and Hospital Services

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 use 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.

**Emergency
Transportation**
Call 911.

Hospitals

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

Missouri Hospitals

ATCHISON COUNTY

Community Hospital Association
26136 US Highway 59
Fairfax, MO 64446
660-686-2211

BARTON COUNTY

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

CALLAWAY COUNTY

Fulton Medical Center
10 S Hospital Drive
Fulton, MO 65251
573-642-3376

CAMDEN COUNTY

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

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

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

Emergencies and Hospital Services

DENT COUNTY

Salem Memorial District Hospital – MO

35629 Highway 72
Salem, MO 65560
573-729-6626

GRUNDY COUNTY

Wright Memorial Hospital

191 Iowa Blvd
Trenton, MO 64683
660-358-5700

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

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

JACKSON COUNTY (continued)

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

LAFAYETTE COUNTY

Lafayette Regional Health Center

1500 State St
Lexington, MO 64067
660-259-2203

LIVINGSTON COUNTY

Hedrick Medical Center

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

MADISON COUNTY

Madison Medical Center

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

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

PEMISCOT COUNTY***Pemiscot County Memorial Hospital***

946 E Reed St
Hayti, MO 63851
573-359-3660

PETTIS COUNTY***Bothwell Regional Health Center***

601 E 14th St
Sedalia, MO 65301
660-826-8833

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

SALINE COUNTY***I 70 Medical Center***

105 E Hospital Drive
Sweet Springs, MO 65351
660-335-4700

SULLIVAN COUNTY***Sullivan County Memorial Hospital***

630 W Third Street
Milan, MO 63556
660-265-4212

VERNON COUNTY***Nevada Regional Medical Center***

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

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	
Newborn Care	Newborn screenings are covered.
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.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (under 21 years old)	<p>Covered services include:</p> <ul style="list-style-type: none">• Well-child visits.• Developmental screening.• Vision testing.• Behavioral screening.• Immunizations.• Hearing testing. <p>For more information on EPSDT, refer to the EPSDT section of this member handbook.</p>

Benefits

Service	Description
CHILDREN'S CARE <i>(continued)</i>	
Lead Screening	Lead screenings can be done at the doctor's office or local public health agency.
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	<p>You are covered for:</p> <ul style="list-style-type: none"> • Doctor and hospital care before your baby is born (prenatal care). • Delivery. • Care after birth (postpartum care). • Certified nurse midwife care. • Birthing and parenting classes. <p>You may go to your OB/GYN for care without a referral.</p> <p>You can stay in the hospital up to 2 days after a normal vaginal delivery and up to 4 days after a cesarean delivery.</p>
Well-Care for Women	You are covered for routine office visits, mammograms, pap tests and family planning services. No referral is needed.
Sterilization	<p>Both women and men 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.</p> <p>Benefit limit for women: Hysterectomies are covered for medical necessity only.</p>

Benefits

Service	Description
EMERGENCY AND URGENT HOSPITAL CARE	
Ambulance Services	Emergent and non-emergent transportation by an ambulance is covered.
Emergency Room Care	<p>An emergency is when you call 911 or go to the nearest emergency room for things like:</p> <ul style="list-style-type: none">• Chest pain;• Stroke;• Difficulty breathing;• Bad burns;• Deep cuts/heavy bleeding; or• Gunshot wound. <p>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.</p>
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.
Urgent Care Visits	<p>Urgent care is for problems that need prompt medical attention, but are not life-threatening. Here are some examples of urgent care:</p> <ul style="list-style-type: none">• High temperature.• Persistent vomiting or diarrhea.• Symptoms which are of sudden or severe onset but which do not require emergency room services. <p>Visits to an urgent care center are covered.</p>

Service	Description
OUTPATIENT CARE	
Doctor Visits	Routine and preventive care services including doctor visits, preventive services, clinic visits and outpatient doctor care are covered.
Cardiac and Pulmonary Rehab	Covered when medically necessary. Prior authorization may be required and limitations may apply.
Home Health Services	Services in the home include visits by nurses, home health aides, 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.
Specialty Care (Office Visits and Clinics)	Care with a specialist is covered. Talk to your doctor to see if you need specialty care. But you do not need a referral to go to a network specialist.
Diagnostic Testing	Diagnostic lab tests are covered. Cardiology and radiology services may require prior authorization.

Benefits

Service	Description
SURGERY	
Outpatient Surgery	<p>Medically necessary outpatient surgeries may be performed in a hospital or in an ambulatory surgery center.</p> <p>Some surgeries may require prior authorization. Talk with your PCP.</p>
HOSPICE	
Hospice Care	<p>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.</p>
BENEFITS – CONTINUED	
Asthma Care	<p>Covered equipment, supplies and services include:</p> <ul style="list-style-type: none">• 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.

Service	Description
BENEFITS – CONTINUED	
Dental Services	<p>Covered for adults:</p> <ul style="list-style-type: none"> • Diagnostic, preventive and restorative procedures, prosthodontic services, and medically necessary oral and maxillofacial surgeries. <p>Covered for under age 21 (can include Pregnant Women):</p> <ul style="list-style-type: none"> • EPSDT <ul style="list-style-type: none"> – 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. <p>Benefit Limits: Some limitations may apply. Prior authorization may be required.</p>
Diabetic Supplies and Equipment	<p>Diabetes self-management training:</p> <p>Covered for Children under age 21 and Pregnant Women. Includes training upon initial diagnosis of diabetes.</p> <p>One assessment per lifetime is covered.</p> <p>Education is two visits per rolling year, per member, and may be a combination of group and individual visits.</p> <p>Diabetic testing supplies are covered through the MO HealthNet Fee-for-Service.</p>
Durable Medical Equipment (DME) and Supplies	<p>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.</p>

Benefits

Service	Description
BENEFITS – CONTINUED	
Vision Services	<p>Under age 21:</p> <ul style="list-style-type: none"> • One comprehensive or one limited exam per year for refractive error. • One pair of frames and lenses every 24 months. <p>Age 21 or older:</p> <ul style="list-style-type: none"> • One comprehensive or one limited exam every two years for refractive error. • One pair of frames and lenses every 24 months.
Hearing Services	<p>Hearing aid services are only covered for children under age 21 or pregnant women under age 21.</p> <p>Benefit limits apply.</p>
Podiatry (Foot) Care	<p>Covered when medically necessary for children under age 21 and pregnant women.</p> <p>Covered services for adults include:</p> <ul style="list-style-type: none"> • Office, hospital, home, nursing home visits. • Surgical procedures; casting materials. <p>Limitations apply and prior authorization may be required.</p>
Behavioral Health and Substance Use Disorder Services	<p>Behavioral health and substance use disorder services are covered. This includes:</p> <ul style="list-style-type: none"> • Inpatient and outpatient services. • Individual and group therapy with physicians, psychologists, social workers, counselors or psychiatric nurses. • Partial hospitalization and day treatment services. <p>Some services have limitations and require prior authorization.</p>
Non-Emergency Medical Transportation	<p>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.</p> <p>Some limits apply.</p>

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.

Services Not Covered by UnitedHealthcare Community Plan

- Acupuncture.
- Alternative Therapy.
- Applied Behavior Analysis (ABA).
- Chore Provider Visits.
- Convenience Services.
- Leave of Absence.
- 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**.

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.
- Cancer screenings.
- 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.
- Durable medical equipment (DME).*
- Emergency medical, behavioral health, and substance abuse services 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 with PCP referral.
- Transplant related services.
- Transportation to medical appointments.*

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.

Newborn Coverage

If you have a baby you must:

- 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 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 it will be, at most, 15 days before the new MO HealthNet Managed Care health plan is effective.

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 extra benefits.

- Asthma program.
- 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/EPSTD 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 (EPSTD) or Healthy Children and Youth (HCY). Your Primary Care Provider (PCP) can give your child these EPSTD/HCY services.

Some examples of EPSTD/HCY services include:

- | | |
|--|---|
| – Child’s medical history. | – Private duty nurses in the home. |
| – An unclothed physical exam. | – Special therapies such as physical, occupational, and speech. |
| – Blood and/or urine tests. | – Aids to help disabled children talk. |
| – Immunizations (shots). | – Personal care to help take care of a sick or disabled child. |
| – Screening and testing lead levels in blood. | – Health care management. |
| – Checking the growth and progress of the child. | – Psychology/counseling. |
| – Vision, hearing, and dental screens. | – Health education. |
| – Dental care and braces for teeth when needed for health reasons. | |

Early and Periodic Screening, Diagnosis and Treatment (EPSTD) program.

An EPSTD/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.
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. 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.

Independent Foster Care — Adolescents Ages 21 Through 25

Independent foster care adolescents with a Medical Eligibility code of 38 and who are ages 21 through 25 will receive a comprehensive benefit package for children in State care and custody. EPSDT screenings will not be covered.

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 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, and
- Children in foster care.

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.

How can I get Care Management services?

You will receive a welcome call from our Member Services team. During that call, you will answer some Health Assessment questions that we use to see if you need any additional help. You can also call our Member Services team and ask for help if you need Care Management or Disease Management services. Any one of our local representatives will be able to assist you. Please call Member Services toll-free at **1-866-292-0359, TTY 711**.

Changing Care Managers.

If you are unhappy with your Care Manager, call UnitedHealthcare Community Plan at **1-866-292-0359, TTY 711**. If we cannot resolve your concern, we may assign a new Care Manager to you.

There may be times when UnitedHealthcare Community Plan will have to change your Care Manager. If we need to do this, we will send you a letter.

Preventive Services

UnitedHealthcare Community Plan must provide coverage for preventive services rated 'A' or 'B' by the U.S. Preventive Services Task 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.

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 use 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.
- Targeted case management for behavioral health services.
- Abortion (termination of a pregnancy resulting from rape, incest, or when needed to save the mother's life).
- Tobacco cessation.
- Applied Behavior Analysis (AB) 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.

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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.

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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
 KidsHealth	You and your family can now get answers to your health questions online through a partnership between UnitedHealthcare and KidsHealth. Visit the website at UHCCommunityPlan.com/MOkids . 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.
 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.

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).

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.

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.

Text4baby.

Text4baby is a mobile information service that will help you through your pregnancy and baby's first year of life. Get text messages on your cellphone each week at no cost to you. The text4baby messages will give you tips about:

- Keeping healthy.
- Labor and delivery.
- Breastfeeding.
- The importance of immunizations.
- Exercise and healthy eating.
- And much more.

To sign up for text4baby, simply text the word BABY to 511411. You will be asked for a participant code after you sign up. The participant code is HFS. This code will let text4baby know that you are a member of our health plan. It will also let us know you signed up for the service.

Give your baby the best possible start in life. Sign up for text4baby.

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.

Dr. Health E. Hound® program.

We are proud of our mascot — Dr. Health E. Hound. His goal is to teach your children about fun ways to stay fit and healthy. Dr. Health E. Hound loves to travel around the state and meet children of all ages. He hands out flyers, posters, stickers and coloring books about healthy foods and exercise. He helps kids understand that going to the doctor is an important way to stay healthy. You and your family can meet Dr. Health E. Hound at some of our events. Come to an event and learn about healthy eating and exercise.



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.

Other Plan Details

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**. 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 Participant Services Unit by mail, fax, or email. Be sure to include your child's name and MO HealthNet identification number. You may call the Participant Services Unit at 1-800-392-2161 if you have questions about your premium.

Mail: MO HealthNet Division
Participant 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 **Participant 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.

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. 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 our 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.

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.

Other Plan Details

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 go to another health care provider without a referral from your PCP;
- 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
P.O. 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.

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.

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.

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

Participant 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:

- 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 regardless of cost or benefit coverage.
- 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.

Members have a responsibility:

- To supply the information UnitedHealthcare and its providers need to provide care.
- To follow plans for care that they have agreed to.
- To understand their health problems. To take part in setting treatment goals.

Grievances and Appeals

You may not always be happy with UnitedHealthcare Community Plan of Missouri. We want to hear from you. UnitedHealthcare Community Plan has people who can help you. **UnitedHealthcare Community 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 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 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.

An 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;
- Make an appeal decision within forty-five (45) days of receipt of request.

UnitedHealthcare Community Plan must give you a written Notice of Action if any of these actions happen. The Notice of Action 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. You may ask anyone such as a family member, your minister, a friend, 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 3 working days 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 14 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.
6. If you have been getting medical care and your MO HealthNet Managed Care health 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 10 days from the date the notice of action 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.

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

1. GRIEVANCE — You may file a grievance on the telephone, in person, 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 10 days and let you know we got your grievance.
- UnitedHealthcare Community Plan must give written notice of a decision within 30 days.

2. APPEAL — You may file an appeal orally or in writing to UnitedHealthcare Community Plan.

Unless you need an expedited review, you must complete a written request even if you filed orally.

- You must appeal within 90 days from the date of our Notice of Action.
- For help on how to make an appeal, call UnitedHealthcare Community Plan at **1-866-292-0359, TTY 711**.
- Send your written appeal to:
 Member Services
 UnitedHealthcare Community Plan
 Grievance and Appeals
 P.O. Box 31364
 Salt Lake City, UT 84131-0364
- UnitedHealthcare Community Plan must write you within 10 days and let you know we got your appeal.
- UnitedHealthcare Community Plan must give written notice of a decision within 45 days unless it is an expedited review.

3. STATE FAIR HEARING — You have the right to ask for a State Fair Hearing when your MO HealthNet Managed Care health plan takes an action or when your appeal is not decided in your favor. You may ask for a State Fair Hearing orally or in writing. Unless you need an expedited review you must complete a written request even if you asked orally.

- You must ask for a State Fair Hearing within 90 days from the date of the MO HealthNet Managed Care health plan's written Notice of Action or Appeal Decision 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. 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:
Participant Services Unit, MO HealthNet Division, 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.
- You may ask anyone such as a family member, your minister, a friend, or an attorney to help you with a State Fair Hearing.
- A decision will be made within 90 days from the date you asked for a hearing.
- If your physical or behavioral health is in danger, a decision will be made within 3 working days. This is called an expedited hearing. Call 1-800-392-2161 if you think you need an expedited hearing.
- If you have been getting medical care and your MO HealthNet Managed Care health 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 10 days of the date the written notice of action was mailed and tell us not to stop the service while you appeal. 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

Other Plan Details

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.

Serves 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

Consumer Advisory Committee (CAC)

Your opinion matters! Join MO HealthNet Managed Care for a Consumer Advisory Committee (CAC) meeting. Share your thoughts and feedback on MO HealthNet Managed Care services and providers.

The mission of the Consumer Advisory Committee (CAC) for MO HealthNet Managed Care is to empower consumers to be actively involved in their health care.

Email us at:

MHD.ManagedCareCAC@dss.mo.gov

or call:

1-800-392-2161 or 573-526-4274

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.

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 forty-five (45) days of receipt of request.

Co-Payment — 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 co-pay.

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 condition that requires medical attention right away. Call 911 or go to the nearest emergency room even if it is not in your health plan network.

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 — 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 to 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.

Other Plan Details

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.

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 — MO HealthNet Managed Care Health Plan, is insurance that covers your medical services. You may also have other health insurance from a job or another source in addition to MO HealthNet, 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.

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://dssapp.dss.mo.gov/ProviderList/sprovider.asp> 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 Department of Social Services			
Name of Participant			
Date of Birth XX-XX-XXXX		MO HealthNet ID Number 9999999999	
USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW			

<ul style="list-style-type: none"> You must present this card each time you get medical services. You must tell the provider of services if you have other insurance. Some services may not be covered by MO HealthNet and you may have to pay for services that are not covered. 			
Participant Inquiries 1-800-392-2161 OR 1-573-751-6527 Fraud and Abuse 1-573-751-3285 OR ASK.MHD@DSS.MO.GOV			
Possession of the card does not certify eligibility or guarantee benefits. <ul style="list-style-type: none"> Restrictions may apply to some participants or for certain services. Services are covered as specified in the Rules and Regulations of the Family Support Division or the MO HealthNet Division. The holder of this card has made an assignment of rights to the Department of Social Services for payment of medical care from a third-party. 			

MO HealthNet Managed Care — A way to get your MO HealthNet coverage from a MO HealthNet Managed Care health plan. You must choose a MO HealthNet Managed Care health plan or one will be chosen for you. You must also choose a Primary Care Provider. Use your MO HealthNet Managed Care card and your MO HealthNet ID card to get services. While you are waiting to get in a MO HealthNet Managed Care health plan for health care, you get services from MO HealthNet Fee-for-Service. 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.

Other Plan Details

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

 Health Plan (80840)	
Member ID: 000000001	Group Number: MOHNET
Member: NEW M ENGLISH DCN #: 999999999	Payer ID: 86050
PCP Name: DOUGLAS GETWELL PCP Phone: (717)851-6816	
0501 UnitedHealthcare Community Plan of Missouri Administered by UnitedHealthcare of the Midwest, Inc.	

In case of emergency call 911 or go to nearest emergency room. Printed: 02/03/17	
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:	www.UHOnline.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
UHC17XXX approved xx/xx/xxxx	

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.

Out of Home Care/Alternative Care Services (Foster Care) — Alternative Care is the care of children living in a home other than their birth parents. The juvenile court removes the child from their home. The Children's Division then sets a plan of services.

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.

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.

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 SAYS HOW YOUR MEDICAL INFORMATION MAY BE USED. IT SAYS HOW YOU CAN ACCESS THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2017.

By law, we¹ must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

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

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

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

How We Use or Share Your Information

We must use and share your HI with:

- You or your legal representative.
- Government agencies.

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

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

- **For Underwriting Purposes.** We may use your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may use your HI to send you appointment reminders and information about your health benefits.

We may use or share your HI as follows.

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

Other Plan Details

- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below.
 1. HIV/AIDS
 2. Mental health
 3. Genetic tests
 4. Alcohol and drug abuse
 5. Sexually transmitted diseases and reproductive health
 6. Child or adult abuse or neglect or sexual assault

We will follow stricter laws that apply. The attached “Federal and State Amendments” document describes those laws.

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

Your Rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. Members may receive one copy of their medical records once a year at no cost. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website, (www.uhccommunityplan.com).

Using Your Rights

- **To Contact your Health Plan.** Call the phone number on your ID card. Or you may contact the UnitedHealth Group Call Center at **1-866-633-2446**, or **TTY 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 the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Health Plan of Nevada, Inc.; Unison Health Plan of Delaware, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United Healthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.

Financial Information Privacy Notice

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

Effective January 1, 2017.

We² 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 your health plan ID card** or contact the UnitedHealth Group Customer Call Center at **1-866-633-2446**, or **TTY 711**.

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: Alere Women’s and Children’s Health, LLC; AmeriChoice Health Services, Inc.; Connexions HCl, LLC; Dental Benefit Providers, Inc.; gethealthinsurance.com Agency, Inc. Golden Outlook, Inc.; HealthAllies, Inc.; LifePrint East, Inc.; Life Print Health, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; OneNet PPO, LLC; OptumHealth Care Solutions, Inc.; OrthoNet, LLC; OrthoNet of the Mid-Atlantic, Inc.; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Spectera, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Services LLC; UnitedHealthcare Services Company of the River Valley, 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.

Other Plan Details

UNITEDHEALTH GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES: FEDERAL AND STATE AMENDMENTS

Revised: January 1, 2017.

The first part of this Notice (pages 80 – 83) says how we may use and share your health information (“HI”) under federal privacy rules. Other laws may limit these rights. The charts below:

1. Show the categories subject to stricter laws.
2. Give you a summary of when we can use and share your HI without your consent.

Your written consent, if needed, must meet the rules of the federal or state law that applies.

SUMMARY OF FEDERAL LAWS

Alcohol and Drug Abuse Information

We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.

Genetic Information

We are not allowed to use genetic information for underwriting purposes.

SUMMARY OF STATE LAWS

General Health Information

We are allowed to disclose general health information only (1) under certain limited circumstances, and/or (2) to specific recipients.	AR, CA, DE, NE, NY, PR, RI, VT, WA, WI
HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.	KY
You may be able to restrict certain electronic disclosures of health information.	NC, NV
We are not allowed to use health information for certain purposes.	CA, IA
We will not use and/or disclose information regarding certain public assistance programs except for certain purposes.	KY, MO, NJ, SD
We must comply with additional restrictions prior to using or disclosing your health information for certain purposes.	KS

Prescriptions	
We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and/or (2) to specific recipients.	ID, NH, NV
Communicable Diseases	
We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and/or (2) to specific recipients.	AZ, IN, KS, MI, NV, OK
Sexually Transmitted Diseases and Reproductive Health	
We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, FL, IN, KS, MI, MT, NJ, NV, PR, WA, WY
Alcohol and Drug Abuse	
We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AR, CT, GA, KY, IL, IN, IA, LA, MN, NC, NH, OH, WA, WI
Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information.	WA
Genetic Information	
We are not allowed to disclose genetic information without your written consent.	CA, CO, KS, KY, LA, NY, RI, TN, WY
We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.	AK, AZ, FL, GA, IA, IL, MD, MA, ME, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT
Restrictions apply to (1) the use, and/or (2) the retention of genetic information.	FL, GA, IA, LA, MD, NM, OH, UT, VA, VT

Other Plan Details

HIV/AIDS	
We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.	AZ, AR, CA, CT, DE, FL, GA, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY
Certain restrictions apply to oral disclosures of HIV/AIDS- related information.	CT, FL
We will collect certain HIV/AIDS-related information only with your written consent.	OR
Mental Health	
We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, CT, DC, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI
Disclosures may be restricted by the individual who is the subject of the information.	WA
Certain restrictions apply to oral disclosures of mental health information.	CT
Certain restrictions apply to the use of mental health information.	ME
Child or Adult Abuse	
We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AL, CO, IL, LA, MD, NE, NJ, NM, NY, RI, TN, TX, UT, WI

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.



