

Rhode Island Medicaid

- Rlte Care
- Children with Special Needs
- Rhody Health Partners
- Rhody Health Partners ACA Adult Expansion

2018 Annual Notification

Thank you for being a UnitedHealthcare member.

Thank you for choosing UnitedHealthcare Community Plan as your health plan. We're happy to have you as a member. This notice contains important information about your coverage with us. We want to make sure you understand the benefits, programs and services available to you and your covered family members. We hope that this notice clearly explains your health coverage. We value you and your family as members and hope you find this information helpful. Please save this notice so you can refer to it throughout the year.

Get it all. This information is also in the UnitedHealthcare Community Plan Member Handbook and on our website at **UHCommunityPlan.com**. If you have any questions, please call us at **1-800-587-5187, TTY 711**.

We want to meet you.

We call all our new members to welcome you to the health plan and to see if you have any questions for us. We will tell you about our programs that can help you and your family live healthier lives.

If you are a new member and have not heard from us or have not completed a health risk assessment, please call us at **1-877-460-7681, TTY 711**. We are available Monday – Friday, 8:30 a.m. – 7:00 p.m. EST.

A health risk assessment was included in your welcome packet. It is a short list of questions we ask to see what programs might benefit you and help you stay healthy. Please fill it out and return it to us in the envelope provided.

We also host member meetings in the community where you can learn more about your new UnitedHealthcare Community Plan benefits. Staff will be available to answer your questions.



Join us! Call us at **1-800-587-5187, TTY 711** to find out when the next member meeting is. We would like to see you there!

CurrentCare

CurrentCare is a service developed by the Rhode Island health care community that gives each of your trusted providers quick access to important medical information from the doctors, hospitals, pharmacies and labs you've visited. It's an easy way to make sure your doctors and other providers have all the information they need to provide faster, better, safer care to you. To enroll in CurrentCare or for more information, visit **CurrentCareRI.org** or call **1-888-858-4815**.



You and your doctor

Choosing a provider

UnitedHealthcare Community Plan contracts with health care providers — doctors, nurses, hospitals and drugstores — so you have access to all the health services you need. We cover preventive care, checkups and treatment services. We're dedicated to improving our members' health and well being.

The Rite Care, Rhody Health Partners, and Rhody Health Partners ACA Adult Expansion Directory of Physicians and Other Health Care Providers lists the doctors, hospitals and other providers in our network. The Provider Directory will tell you each doctor's name, specialty, location, phone number, the languages he or she speaks, and if he or she is accepting new patients.

Each member must have a primary care provider (PCP). Some members can have a specialist as their PCP. Your primary care provider's name and phone number are on your member ID card. A PCP can be a:

- Family doctor (cares for adults and children).
- Internal medicine doctor (cares for adults).
- Gynecologist (GYN, cares for women).
- Obstetrician (OB, cares for pregnant women through delivery).
- Pediatrician (cares for children).
- Physician assistant (PA, cares for children and adults).
- Nurse practitioner (NP, cares for children and adults).

Your PCP will take care of all your routine care, such as:

- Annual checkups and other visits.
- Treatment for colds and flu.
- Coordinating your care with a specialist.
- Other health problems.



Get the specs. Please visit UHCCommunityPlan.com to view our online provider directory, Find a Doctor. The directory includes name, address, phone number, specialty and languages spoken. If you would like to know which medical school the doctor attended or other professional qualifications (where the doctor completed his or her training or what type of certifications the doctor has), go to abms.org and click on the section for consumers. You can also call Member Services at **1-800-587-5187, TTY 711** to learn more about the doctors in our network, obtain a paper copy of the Provider Directory or change your PCP.

Special care – Part 1



What to do if you need specialty, out-of-network or continued care

Starting January 15, 2018 you will need a referral from your PCP to see most UnitedHealthcare network specialists.

Your Primary Care Provider (PCP) will need to send us a referral before you make an appointment to see a specialist. This will help make sure you're getting the best health care possible. Please check your member ID card to make sure that the PCP listed is the PCP you are currently seeing. If the PCP on your card is not the one you are seeing please call Member Services at **1-800-587-5187, TTY 711**, 8:00 a.m. – 6:00 p.m. Monday – Friday, to correct this to avoid any delay in processing your referrals. You should receive a new member ID card with your correct PCP listed in 7 – 10 business days.

How do I get a referral?

Talk with your PCP to see if you need a referral for a specialist. If you do need one your PCP will send us a referral and give you a copy or the referral number. You'll need the referral number to make an appointment. If you need to see a specialist more than once, your PCP can make sure the referral will cover other visits.

Do I need a referral for all specialists?

You need a referral to see most of our network specialists, but there are some exceptions. You do not need a referral for any of the following when provided from a network provider or specialist:

- OB/GYN
- Behavioral health or substance use services
- Physical, Occupational or Speech Therapy
- Family planning services
- Sexually transmitted disease services
- Early intervention services
- Post-operative care
- Laboratory services
- Radiology Services
- Kidney dialysis
- Routine eye exams, eyeglasses, contacts and services from an Optometrist or Ophthalmologist
- Urgent care and emergency at an emergency room or hospital

What if I'm already seeing a specialist?

You may continue to see your specialist without a referral until January 14, 2018. After that, you'll need to work with your PCP to make sure you have a referral so you can still get the care you need.

Starting January 15, 2018, if you see a specialist without a referral from your PCP your claims will not be paid.

Out-of-network care.

Sometimes you may need care from a local doctor or hospital clinic that is not in UnitedHealthcare Community Plan’s network. This provider is considered “out-of-network.” To see an out-of-network provider at no cost, your doctor will need to get an approval from UnitedHealthcare Community Plan. The health services department at UnitedHealthcare will review your request for services. Limited requests are considered if one of the following is true for you:

- The services you requested are not available in the UnitedHealthcare Community Plan network (including second opinions).
- Doctors with the same specialty are not available in-network.
- You are getting treatment for an acute medical condition or chronic condition, or you are pregnant, and your doctor leaves the network.
- You are getting follow-up care from emergency services.
- You have an emergency admission to an out-of-area hospital.

Out-of-network services may be covered in full or you may have to pay for such services. Call Member Services if you have questions regarding services provided out-of-network.

Continued care and treatment.

Sometimes providers leave our network. They retire, move or just decide they do not want to be part of our network. If this happens, we will send you a letter to let you know.

If the provider leaves the network, UnitedHealthcare Community Plan may allow you to see the provider for a while. This is called “continued care.” If you are being treated for an ongoing condition or you are pregnant, we can work with your provider so he or she can continue to treat you for a period of time. We will work with you and your doctor to ensure a safe and comfortable transition of your health care to another doctor.



Need help choosing a new provider? Call Member Services at **1-800-587-5187, TTY 711** and they can help you. Also call if your doctor leaves the network and you want to continue seeing him or her for a while.

Prior authorizations

A prior authorization is when your doctor gets our permission before giving you a service. Some services require prior authorization before you can get them. It is the responsibility of your doctor to call us to get prior authorization when necessary. If your doctor does not get a prior authorization from us, you will not be able to get those services. Some of these services include hospital admissions and home health care services.

UnitedHealthcare Community Plan requires that certain outpatient imaging procedures get prior authorization before you get them. Your provider needs to ask eviCore for approval for MRIs, MRAs, CT and PET scans, sleep studies and some nuclear medicine studies, including nuclear cardiology.

Advanced imaging services that take place in an emergency room, observation unit or urgent care facility, or during an inpatient stay, do not require prior authorization.

Special care — Part 2

What to do if you need emergency, urgent, out-of-area, or behavioral health care



Emergency care.

An emergency is a life-threatening illness or injury. UnitedHealthcare Community Plan will always cover emergency care you receive in the United States and its territories. If you have an emergency, call **911** or go directly to the nearest hospital emergency room, wherever you are, across the country.

If you are not sure it is an emergency, call your primary care doctor immediately. You can call your doctor's office 24 hours a day, seven days a week. You will receive instructions on whether to go to the emergency room, make an appointment with your doctor or take another action for treatment. Here are examples of emergencies:

- Broken bones.
- Swallowing something poisonous or dangerous.
- A drug overdose.
- Very bad pain or pressure.
- Bleeding that will not stop.
- Severe trouble breathing.
- A bad head injury.
- A change in level of consciousness.
- Seizures.
- Pregnancy complications, such as bleeding that will not stop or extreme pain.

Be sure to call your PCP about your emergency room visit so he or she can make sure you get the follow-up care you need.



Urgent care.

Urgent care is when you have a serious health problem that is not life-threatening, such as a sore throat or the flu. If you have an urgent health matter, call your PCP first. He or she can tell you where to get the right kind of care. You can call your PCP 24 hours a day, seven days a week.

Your doctor may tell you to go to a walk-in (urgent care) center or take another action for treatment. A list of urgent care centers can be found online in our searchable provider directory called Find a Doc. Printed copies of the directory are available by calling Member Services at **1-800-587-5187, TTY 711.**

Here are examples of when you need urgent care:

- Sore throat.
- Skin rash.
- Pinkeye.
- Low fever.
- Ear infection.

Be sure to call your PCP about any urgent care visit so he or she can make sure you get the follow-up care you need.

Out-of-area care.

You are covered for emergency treatment received outside of Rhode Island. If you are out of the area and you have an emergency, go to the closest emergency room or urgent care center. When you return to Rhode Island, mail your bill to:

UnitedHealthcare Community Plan
 ATTN: Medicaid Program, Suite 310
 475 Kilvert Street
 Warwick, RI 02886

Remember to tell your PCP about care received when you were out of the service area. Services out of the country are not covered and emergency services are covered only in the United States and its territories.

Post stabilization care services.

You may need services in the hospital once your emergency condition has been taken care of. These are called post stabilization services. This care is given to you to make sure another emergency does not happen.

Your doctor will make sure you receive the care you need so that you can return home.



Mental health and substance abuse care.

Behavioral health services are mental health and substance abuse services. As a UnitedHealthcare Community Plan member, you have behavioral health services through Optum Behavioral Health (Optum). Some examples of behavioral health services are family or individual counseling, day programs, hospitalization or methadone maintenance. If you or a family member needs these services, simply call Optum to notify us.

Get access. To access your behavioral health benefits, please call Optum Behavioral Health at **1-800-435-7486, TTY 711**. You can call 24 hours a day, seven days a week and your call is always confidential. For a list of behavioral health providers, please visit **UHCommunityPlan.com** and view our searchable provider directory, Find a Doc. If you would like a print copy of the directory, please call Member Services at **1-800-587-5187, TTY 711**.

Special care — Part 3



What to do if you need prescription drugs

Your benefits include prescription drug coverage. The prescription drugs UnitedHealthcare Community Plan covers are listed in your formulary, or Preferred Drug List (PDL). The formulary can be found on our website at **UHCommunityPlan.com**.

Generic drugs.

A Rhode Island law was passed that requires all Rlite Care, Rhody Health Partners and Rhody Health Partners ACA Adult Expansion members to use generic drugs. The supply is limited to 30 calendar days. Generic and brand-name drugs have the same ingredients. Generic drugs may cost less than brand-name drugs, but both work the same way. Some generic drugs require prior authorization by UnitedHealthcare Community Plan. Your doctor has to get prior authorization before you can get these drugs.

Brand-name drugs.

If your doctor prescribes a brand-name drug and the same drug is available as a generic drug, UnitedHealthcare Community Plan will provide the generic drug unless the brand-name has been prior-authorized. There are a limited number of brand-name drugs that are covered. These are limited to certain classes (or types) of drugs. Some of these may require prior authorization by UnitedHealthcare Community Plan. Your doctor has to get prior authorization before you can get some drugs.

Where to fill your prescription.

When your doctor gives you a prescription, you can fill that prescription at any in-network RI pharmacy. Just bring your prescription and show your UnitedHealthcare Community Plan member ID card at the participating pharmacy. Many pharmacies stay open 24 hours a day. You can find a list of the pharmacies where you can fill a prescription in the Provider Directory or on our website.

Copayments.

There are some members who may have to pay a small amount (copay) for their prescriptions. Copayments are usually \$1 to \$2 per prescription.

Over-the-counter medications.

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. Over-the-counter medications like pain relievers, cough syrup, first aid cream, cold medicine and contraceptives are just a few examples of the OTC medications you can get with a prescription. The supply is limited to 30 calendar days. Your doctor needs to write you a prescription for the OTC medications. Take the prescription and your UnitedHealthcare Community Plan member ID card to a participating pharmacy to get your OTC prescription filled.

Injectable medications.

Injectable medications are covered under the medical benefit. Your doctor can have the injectable medication delivered, either to his or her office or your home. In some instances, your doctor will write you a prescription for injectable medication, such as insulin, that you can fill at a pharmacy.

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It's all listed. Complete lists of formulary medications, including any changes or updates to the formulary, in-network pharmacies and covered OTC items are available on our website at **UHCCommunityPlan.com**. You can also call Member Services at **1-800-587-5187, TTY 711** to request paper copies of these lists, ask questions or get help filling a prescription.
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Pharmacy home

UnitedHealthcare Community Plan may limit the pharmacy you can use. This is called a “pharmacy home.” Members might be restricted to one pharmacy home based on high prescription utilization patterns (i.e. overutilized pharmacy benefit, many narcotics, many pharmacies, etc.).

Members in this program will need to fill their prescriptions from one pharmacy (a specific pharmacy at a specific address) for up to one year. You will be sent a letter if you are being given a pharmacy home to tell you the name of the pharmacy you are restricted to. You have 30 calendar days from the date of the letter to request a change to a different pharmacy.

Make a change. Contact Member Services at **1-800-587-5187, TTY 711** if you would like to change your assigned pharmacy.

Complaints, grievances and appeals

Complaints.

A complaint is an expression of dissatisfaction. It is about the care or services you received. Complaints may be submitted in writing or over the phone by you or an authorized representative.

If you have a complaint, please call Member Services at **1-800-587-5187, TTY 711**. We will be happy to address your questions or concerns about your benefits, access to services, the quality of care you have received, interpreter issues, coverage decisions (including nonpayment of a claim) or any health care experience that left you dissatisfied. You can file a complaint at any time.

You or your authorized representative can also send a written notice of your complaint to:

UnitedHealthcare Community Plan
P.O. Box 31364
Salt Lake City, UT 84131

For transportation complaints, please call LogistiCare directly at **1-855-330-9131 (TTY 866-288-3133)**.

Grievances.

A grievance is a formal expression of dissatisfaction about any matter other than an “action.” You can tell us about your grievance by contacting us on the phone or sending us a letter. You can call Member Services at **1-800-587-5187, TTY 711**. An example of a grievance is a disenrollment request.

Appeals.

An appeal is a request to change a decision made by UnitedHealthcare Community Plan for medical care or drugs requested by your doctor. Appeals can be made before the medical care happens, as well as after the medical care occurs. Expedited appeals are urgent requests to change a decision and must be decided right away so the health of the member is not at risk.

You have the right to appeal the following:

- Denial of services.
- Determination of non-emergency care.

A member or his or her authorized representative (doctor, family member, etc.), with written member consent, may appeal a medical care decision. The consent form can be found online at **UHCCommunityPlan.com > for healthcare professionals > RI > forms > memberconsentform** or by calling Member Services at **1-800-587-5187, TTY 711**. You or a representative can file an appeal by calling Member Services or you can write to:

UnitedHealthcare Community Plan
Grievances and Appeals
P.O. Box 31364
Salt Lake City, UT 84131

A first-level appeal must be filed within 60 calendar days of the date on the original denial letter. Appeals filed with UnitedHealthcare Community Plan are decided within the time frames below:

- **Non-urgent appeal:** 30 calendar days
- **Urgent (expedited) appeal:** 72 hours

You have the right to continue to have Medicaid covered services while your appeal is under review. To have these Medicaid covered services continue, you must let us know within 10 calendar days of being notified. If you get services during the appeal, but the decision is not in your favor, you may have to pay for the services you got during that time.

Fair hearings.

if you are not satisfied with the outcome of your appeal, you can request a Fair Hearing with the Executive Office of Health and Human Services (EOHHS). Members must exhaust the appeal processes before requesting a EOHHS Fair Hearing. The Fair Hearing must be asked for within 120 calendar days of the date on the appeal decision letter. Call the EOHHS Info Line at **1-855-697-4347** if you qualify and want to request a Fair Hearing.

External appeals.

You may also request an external appeal through an independent review organization. The external appeal must be requested within four months of the date of the appeal decision. The external appeal can be filed before requesting a EOHHS Fair Hearing.

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Need help? You also have the right to call the Rhode Island Department of Health’s Office of Managed Care at **401-222-6015, TTY 711**. If you need help with your complaint, grievance or appeal, you may also call Rhode Island Legal Services at **401-274-2652, TTY 711**. You may also contact RIREACH (Rhode Island Insurance Resource, Education, Assistance and Customer Helpline) at **1-855-747-3224 (1-855-RIREACH)**.

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What’s covered by Medicaid?

There are some benefits that are covered by Rhode Island Medicaid and are not covered by UnitedHealthcare Community Plan. An example of a service covered by Medicaid is routine dental care for older children and adults.

Please check your Member Handbook for a full list of your in-plan benefits, benefits covered by Medicaid and services not covered at all.

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Questions? Rlite Care members, including CSN, should call the Info Line at **401-462-5300, TTY 711**. Rhody Health Partners and ACA Expansion members should call the Adults in Managed Care Help Line at **401-784-8877, TTY 711**. All members should call the Info Line **1-855-697-4347**.

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Clinical practice guidelines

UnitedHealthcare Community Plan provides our contracted providers with clinical guidelines that have information about the best way to provide care for some conditions. Each clinical guideline is an accepted standard of care in the medical profession, which means other doctors agree with that approach. Our goal is to improve our members’ medical outcomes by giving our providers information that supports their clinical practices, consistent with nationally recognized standards of care.

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Get the guidelines. If you have any questions about UnitedHealthcare Community Plan’s clinical guidelines or would like a paper copy of a clinical practice guideline, please call Member Services at **1-800-587-5187, TTY 711**. You can also find the clinical practice guidelines online at **UHCCommunityPlan.com > for healthcare professionals > RI > clinical practice guidelines**.

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If you get a bill

UnitedHealthcare Community Plan provides a full range of health care services for you and your family. Doctors and hospitals in our network send bills directly to us. You should not be charged for any covered services when you get them from a UnitedHealthcare Community Plan provider unless your coverage plan includes a small copayment.

If you are asked to pay for a service and you are not sure if it is covered, or you receive a bill for services, call UnitedHealthcare Community Plan Member Services at **1-800-587-5187, TTY 711**.

You may also mail the bill to:

UnitedHealthcare Community Plan
 Attention: Member Appeals
 P.O. Box 31364
 Salt Lake City, UT 84131



Our quality program

How we measure up in your care and satisfaction

Our quality program can help you stay healthy. The quality program helps you remember tests and shots that can prevent sickness. We send doctors and members reminders about lead tests, Pap tests, mammograms and shots that prevent diseases such as polio, mumps, measles and chicken pox.

HEDIS.

UnitedHealthcare uses HEDIS® to help measure how we are doing with our quality program. HEDIS is a set of standard performance measures and scores to help people compare the performance of managed care plans. Each year, HEDIS is used to measure many areas, such as prenatal care and prevention programs. For example, we check how many members see their primary care doctor, get shots to prevent diseases or are tested for diabetes.

In 2017, one of our goals was to improve care for diabetics. We wanted to increase the number of eye exams, HbA1c blood tests, and tests for how well kidneys function. We found more members did have these important tests done. In 2018, we want to continue to have better results from these tests. Another goal we had was to improve care to women who had babies. We wanted them to see their doctor within 3 – 8 weeks after having the baby. We found more women were having these important visits.

In the coming year, we want:

- Pregnant women to see their doctors early and have regular visits for the whole pregnancy.
- Patients with asthma who are taking the right medicines.
- Primary care doctor visits for children, teens, and adults.
- Immunizations for children and teens.
- Eye exams for patients with diabetes.
- Lead Screening for children prior to the age of 2.

CAHPS.

UnitedHealthcare also looks at CAHPS® survey data, which tells us how happy you are with the care you receive and with us as a health plan. If you should be randomly selected to participate in the CAHPS survey, please complete the survey to let us know how we are doing. Feedback from surveys such as CAHPS helps us learn what we are doing well and where we need to improve. It is our goal to be the best health plan possible.

Almost 1,000 members responded to the 2017 Child and Adult surveys that were mailed to a sample of our membership between February and May 2017. Members were asked to report on their experience with UnitedHealthcare’s Medicaid program during the previous six months. Our 2017 surveys showed improvement in several measures including: how members rated their health care. In the coming year, we will work on improving satisfaction by improving information we give our members. We continue to have a dedicated group of staff to help members who call more than once about a problem. We are always working toward making changes and improvements to our materials and website. Our goal is for members to understand how to use their health care benefits.



Get it all. UnitedHealthcare Community Plan is accredited by the National Committee for Quality Assurance (NCQA). If you would like to know more about the quality program, call Member Services at **1-800-587-5187, TTY 711.**



Case and disease management

The Whole Person Care Model

UnitedHealthcare Community Plan's Whole Person Care Model (WPC) program is a holistic approach to care, case and disease management for members with complex needs. Medical, behavioral, social, and environmental needs are addressed through the coordination of physicians, hospitals, and community services. Through the program, we hope to:

- Engage with primary care doctors and other health care professionals and key partners to expand access to quality health care so you get the care you need.
- Support the relationship you have with your doctor by removing barriers to care and helping to ensure you see your doctor on a regular basis.

The WPC program provides several services to members, including:

- Developing and monitoring an individualized care plan by telephonic or face-to-face contact.
- Helping members understand and manage their condition, including self-monitoring and medical testing.
- Increasing member adherence to treatment plans, including medication adherence, as appropriate.
- Reducing unnecessary hospital admissions and emergency room visits related to complications of the disease and its treatment.
- Improving coordination of care by providing information about the member's condition to caregivers who have the member's consent.
- Helping members effectively manage their condition and comorbidities, including depression, cognitive deficits, physical limitations, health behaviors and psychosocial issues.
- Providing additional resources as appropriate.

The WPC program works with members with the following conditions:

- Asthma.
- Coronary Artery Disease (CAD).
- Chronic Obstructive Pulmonary Disease (COPD).
- Diabetes.
- Congestive heart failure (CHF).
- Pregnancy.

Could you benefit? Call Member Services toll-free at **1-800-587-5187, TTY 711** to ask about programs that can help you or your family. These programs are voluntary.



Wellness programs

How we help you stay healthy

UnitedHealthcare Community Plan has many programs and courses you can use to keep you and your family healthy. They include:

- Classes to help you quit smoking.
- Prenatal care and parenting classes.
- Member newsletters with information on health and wellness.
- Well-care reminders.
- Nutrition classes.
- Annual preventive letter that reminds members of the importance of regular exams and screenings for breast cancer, cervical cancer and sexually transmitted diseases.

To learn more about these programs, call **401-732-7373** or **1-800-672-2156**, TTY 711.

Healthy First Steps.

Are you or is someone in your household pregnant? Thinking about becoming pregnant? It is very important for you and your baby to get the best possible care. We want to do everything we can to help you. The Healthy First Steps program will help keep you and your baby healthy during and after your pregnancy.

Healthy First Steps is a voluntary program for pregnant members. Healthy First Steps provides educational materials, teaching, supportive community intervention and high-risk care management. A care manager will work closely with you. You will receive information that will help you take care of yourself and your baby. If you have special health needs, we can give you even more help.

After your delivery, your Healthy First Steps care manager will continue to give you support and helpful information about early infant care for your baby and postpartum care for you.

This is a very important time for you and your baby. It is very important to take care of yourself. You should see your doctor within six weeks after you are discharged from the hospital. You should also take your baby to his or her PCP as soon as possible after you are discharged from the hospital. UnitedHealthcare Community Plan covers the postpartum visit and other services, like prescriptions, over-the-counter medications and family planning services, including sterilization. Breast pumps are also covered for all new mothers.

To enroll in Healthy First Steps, call **1-800-599-5985**, TTY 711 Monday through Friday, 8:30 a.m. to 5:30 p.m.

Earn rewards by going to your prenatal, postpartum, and well-child check-ups. Keep track of your check-ups with Baby Blocks, record new ones, and then choose a reward at important milestones. Your next reward is waiting. <https://www.uhcbabyblocks.com/rewards>

Communities of Care.

Communities of Care is a program designed to improve your health by making sure you have access to your doctor and other needed services instead of emergency room care. Communities of Care provides an individualized approach to help members with their medical care, behavioral health care or other social issues. It also addresses the reasons why people use the emergency room instead of other settings of care.

Special services

If you need interpretation or transportation



Interpretation.

If English is not your primary language, you can ask for an interpreter to help with your call to Member Services. There are people on our Member Services staff who speak more than one language. They can help you file a complaint or read information you may have received from us in the mail.

If you need help with a language that our Member Services staff does not speak, we have interpreter services available to you so you can speak with our Member Services staff.

We can also provide interpreter and sign language services for your doctor visits. Call Member Services at least 72 hours before your scheduled appointment to arrange for an interpreter to meet you at your appointment. Call Member Services 14 days in advance for American Sign Language interpreter requests.



Transportation services.

Rlte Care and Rhody Health Partner ACA Adult Expansion members.

Bus passes are available to medical appointments through LogistiCare. LogistiCare is the State of Rhode Island Medicaid transportation vendor. They manage nonemergency medical transportation for members who have no other way to get a ride to a Medicaidcovered service.

Members who participate in the RI Works program are eligible for a monthly pass. All other members must call to receive a RIPTIK in the mail. Call LogistiCare at **1-855-330-9131 (TTY 1-866-288-3133) Monday – Friday, 9 a.m. – 5 p.m.** to arrange for bus transportation to your doctor appointment. You can also make a reservation online at **member.logisticare.com**. You must call seven days ahead of your adult managed care appointment and will need to let them know the date, time and place of your appointment.

LogistiCare will mail your bus passes to you. If you cannot take a bus for medical reasons or because your home or your adult managed care appointment is not near a bus line, please call LogistiCare for help in getting transportation to your appointment.

Rhody Health Partner members.

Rhody Health Partner members may be eligible for the RIPTA No Fare ID Pass. To find out if you are eligible or to request passes, call the Adult Managed Care Help Line at **401-784-8877, TTY 711**. To get the RIPTA No Fare ID Pass, call RIPTA at **401-784-9500, ext. 604**.

If you cannot use the RIPTA No Fare ID Pass, you may be eligible to use the Ride Van program. Ride Van requests must be scheduled two weeks prior to your appointment. Call the Ride Program at **401-461-9760**. For all other non-emergency medical transportation, call LogistiCare at **1-855-330-9131 (TTY 1-866-288-3133)**.

Your rights and responsibilities

As a UnitedHealthcare Community Plan Member, you have certain rights and assume certain responsibilities when you become a member. UnitedHealthcare Community Plan must inform you of your rights and responsibilities upon enrollment and on an annual basis thereafter. It is important that you fully understand both your rights and your responsibilities. It is also important that you are treated with respect and dignity and that you treat providers, their staff and health plan staff with respect and dignity.

Your rights.

As a UnitedHealthcare Community Plan member, you have the following rights:

- To get information regarding your member Rights and Responsibilities.
- To be treated with respect and dignity by UnitedHealthcare Community Plan employees and network providers.
- To privacy and confidentiality for treatments, tests or procedures you receive and all records and communications to the extent of the law.
- To voice concerns about services and care you receive.
- To register grievances, complaints and appeals concerning your health plan or the care provided to you.
- To receive timely responses to your concerns.
- To participate in candid discussions with your physicians about appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- To be provided with access to health care, physicians and providers.
- To obtain a second opinion for medical and surgical procedures.
- To participate with your doctor and other caregivers in decisions about your care.
- To refuse treatment and not have it affect your future treatment.
- To receive information about the minimum length of stay for mothers and newborns to the extent required by law.

- To suggest changes to UnitedHealthcare Community Plan’s member Rights and Responsibilities policy statement.
- To receive information about UnitedHealthcare Community Plan, our services and network providers.
- To be informed of and refuse to participate in any experimental treatment.
- To have coverage decisions and claims processed according to regulatory standards.
- To make an advance directive to designate the kind of care you wish to receive should you be unable to express your wishes.
- To change primary care physicians at any time.

Your responsibilities.

As a UnitedHealthcare Community Plan member, you have the following responsibilities:

- To know and confirm your benefits prior to receiving treatment.
- To choose a primary care physician (PCP).
- To see an appropriate health care professional when you have a medical need or concern.
- To show your UnitedHealthcare Community Plan member ID card before receiving health care.
- To pay any necessary copayments at the time you receive treatment.
- To keep scheduled appointments.
- To provide information needed for your care.
- To follow agreed-upon instructions and guidelines of physicians and health care professionals.
- To participate in understanding your health problems and developing mutually agreed-upon treatment goals.
- To use emergency room services only for an injury or illness that, in the judgment of a reasonable person, requires immediate treatment to avoid jeopardy to life or death.
- To notify Member Services and HealthSource RI of changes in name, address, phone number or family status, or if you have other insurance.
- To know what benefits and which providers are covered by UnitedHealthcare Community Plan and which are not.
- To call Member Services when you have questions about your eligibility, benefits or claims.
- To call Member Services to make sure your PCP belongs to UnitedHealthcare Community Plan’s provider network before receiving care.



Have input? If you have a recommendation to our members’ Rights and Responsibilities that you would like to be considered, please contact Member Services at **1-800-587-5187, TTY 711**.

Your privacy rights

We take your privacy seriously. We are very careful with your protected health information (PHI). We also guard your financial information (FI). We get and keep PHI and FI verbally, in writing and electronically. We use this information to run our business. It helps us provide products, services and information to you.

We guard your PHI and FI closely. We have physical and electronic safeguards. We also have rules that tell us how we can keep your PHI and FI safe. We don't want your PHI and FI to get lost or destroyed. We want to make sure no one misuses it. We check to make sure we use your PHI and FI carefully.

We have policies that explain:

- How we may use PHI and FI.
- When we may share PHI and FI with others.
- What rights you have to your PHI and FI.

Where to find it. You may read our privacy policy online at UHCCommunityPlan.com. You may also call Member Services at **1-800-587-5187, TTY 711** to ask us to mail you a paper copy. If we make changes to the policy, we will mail you a notice.

Take charge

Be a good health care consumer

Fraud and abuse.

Anyone can report potential fraud and abuse. If you become aware of fraud or abuse, you can call Member Services at **1-800-587-5187, TTY 711** to report it. Some examples of fraud and abuse are:

- Receiving benefits in Rhode Island and another state at the same time.
- Altering or forging prescriptions.
- Someone getting Medicaid benefits who is not eligible for benefits.
- Giving a UnitedHealthcare Community Plan ID card to someone else to use.
- Excessive use or overuse of RIte Care, Rhody Health Partners, Rhody Health Partners ACA Adult Expansion or Medicaid benefits.
- Doctors or hospitals that bill you or UnitedHealthcare for services that were not provided to you.

- Doctors or hospitals that bill UnitedHealthcare more than once for services you only had once.
- Doctors who submit false documentation to UnitedHealthcare so that you may receive services that are only provided when medically necessary.

You can also report Medicaid fraud to the Rhode Island Attorney General Office, Fraud Division, at **401-274-4400, ext. 2269** or by mail to:

Medicaid Fraud Control
 Office of the Attorney General
 150 South Main Street
 Providence, RI 02903

Advance directives.

An advance directive is a set of written steps you want to be taken when you can no longer make health care choices for yourself. It tells what health care you want or do not want. You should talk about your wishes with your doctor, family and friends. These steps will not change your health care benefits. Some examples of advance directives are:

- **Living wills:** A living will tells your doctor the kinds of life support you want or do not want.
- **Power of attorney for health care:** In this form, you name another person who can make health care choices for you. It would be used if you cannot make health care choices for yourself.

You can ask your doctor for more information about Advance Directives or call the Rhode Island Department of Health at **401-222-5960**.



Non-covered benefits

The following services are not covered by UnitedHealthcare Community Plan:

- Experimental procedures, except where a state mandate for coverage exists.
- Abortion services, except to preserve the woman’s life or in case of rape or incest.
- Private rooms in hospitals (unless medically necessary).
- Cosmetic surgery.
- Infertility treatment services.
- Services outside the United States and its territories.
- Services outside Rhode Island, unless from a network provider or if a covered benefit is not available in-network (with an authorization).
- Medications for sexual or erectile dysfunction.

Program notes

Rlte Care, Rhody Health Partners and Rhody Health Partners ACA Adult Expansion information

Disenrollment.

If you are a Rlte Care member (including Children with Special Health Care Needs), Rhody Health Partner member or Rhody Health Partner ACA Adult Expansion member, there are three ways you can leave the program (disenroll):

- You can change health plans during the Executive Office of Health and Human Services (EOHHS) open enrollment period. EOHHS will send you a letter letting you know when it is open enrollment.
- You can leave UnitedHealthcare Community Plan if you have a good reason. A member who wishes to disenroll from UnitedHealthcare Community Plan needs to fill out a Request to Change Health Plans form. You can call Member Services at **1-800-587-5187, TTY 711** to get the form. You can do this at any time. EOHHS decides if a member has a good reason to change plans.
- During your first 90 calendar days with UnitedHealthcare Community Plan, you may request to disenroll by calling Member Services at **1-800-587-5187, TTY 711**.

If you plan to move to another state, call your local DHS Office as soon as you can. Your benefits will end when you move out of Rhode Island.



About your plan

Even more information you need to know

How we evaluate new technology.

Some medical practices and treatments are not yet proven effective. New practices, treatments, tests and technologies are reviewed nationally by the Medical Technology Assessment Unit of UnitedHealthcare. Doctors and researchers in this unit research medical and scientific materials about the topic and prepare an assessment for coverage recommendation. This information is reviewed by a committee of UnitedHealthcare doctors, nurses, pharmacists and guest experts who make the final coverage decision.

How we make decisions.

UnitedHealthcare Community Plan has a special team of nurses and medical staff that reviews requests for hospital admissions and other treatments. UnitedHealthcare Community Plan's medical decisions are based on what is right for our members. UnitedHealthcare Community Plan does not reward anyone who makes medical decisions with money or other incentives for denying or limiting services to members. UnitedHealthcare Community Plan does not give financial rewards for decisions that result in fewer services or less care. Call us at **1-800-587-5187, TTY 711** if you have questions about how we make decisions.

How we pay our providers.

UnitedHealthcare Community Plan pays our network PCPs, specialists, hospitals and all other types of providers every time they see one of our members. This is known as fee-for-service.

How to access our medical staff.

The normal business hours of the Health Services department are Monday – Friday, 8:30 a.m. – 5 p.m. Our Health Services department can answer your questions about authorization requests or other utilization management processes. You can reach the department by phone at **1-800-672-2156, TTY 711** or **401-732-7373, TTY 711**. Language assistance is available. You can also reach them by fax at **401-732-7210**. If you call after business hours, please leave a message and they will call you back on the next business day.

**Talk to us****Your opinion counts.**

Do you have any ideas about how to make UnitedHealthcare Community Plan better? There are a few ways you can tell us what you think. You can call Member Services at **1-800-587-5187, TTY 711** to let us know. If you call Member Services, you may be asked to take a survey and provide us feedback about the call. You may also write to us at: UnitedHealthcare Community Plan, Member Advocate, 475 Kilvert Street, Warwick, RI 02886.

Join our member advisory committee.

We have a member advisory committee that meets every three months. If you think you would like to join us, please call Member Services at **1-800-587-5187, TTY 711** and we will contact you for our next meeting. We want to hear from you to let us know what is working and where we need improvement. Tell us what you think about our member materials, website and programs we offer. Call us if you would like to be a part of this exciting opportunity.

At your service

We're here for you.

You can call Member Services to answer your questions. Call us for any of the following reasons, and more!

- You need to find a provider — you can search our online Provider Directory or call to get a paper copy of the directory.
- You need an ID card or member handbook.
- You need to change your primary care provider (PCP).
- You are covered by more than one health insurance company. Coordination of benefits (COB) is a way to decide how medical, dental and other types of care will be paid. The primary plan must pay its part of the claim first and the secondary plan pays the balance.
- You receive a bill or need to submit a claim. Our providers should send bills directly to UnitedHealthcare Community Plan and not to you. If you receive a bill or pay for covered services, we will help you resolve the issue. This includes emergency services received out-of-area but within the United States and its territories.
- You need urgent care. If you need care quickly, but it's not an emergency, contact your PCP or call Member Services and we can help you see your doctor or find you an urgent care center.
- You need to update your information. To ensure that the personal information we have for you is correct, you must tell us and your case worker of any of the following changes in order for us to keep our records up-to-date, to tell you about new programs, send you reminders, and mail you member newsletters, ID cards and other important information: change in marital status, address, name, phone number, family size (new baby, death, etc.) or other health insurance. If you are a RIte Care core or expansion member, you also need to tell HealthSource RI if any of your information has changed. Contact HealthSource RI at **1-855-840-4774, TTY 711**.
- You have a complaint, grievance or appeal.
- You suspect fraud or abuse.
- You need an interpreter with you at your medical, behavioral health or dental appointment.
- You have any questions at all about your benefits or the services we offer.



Please call! Don't hesitate to call us at **1-800-587-5187, TTY 711**. And please take the survey at the end of the call and tell us how we are doing. A few minutes of your time will help us help you.

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

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

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

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

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 6:00 p.m.

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

Online:

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

Complaint forms are available at

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

Phone:

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

Mail:

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

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

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 6:00 p.m.

2018 Annual Notification

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-587-5187, TTY 711.

Spanish

ATENCIÓN: Los servicios de asistencia de idiomas están a su disposición sin cargo. Llame al 1-800-587-5187, TTY 711.

Portuguese

ATENÇÃO: Encontram-se disponíveis serviços de assistência de idioma. Contacte 1-800-587-5187, TTY 711.

Chinese

注意：我們提供免費的語言協助服務。請致電 1-800-587-5187 或聽障專線 (TTY) 711。

French Creole (Haitian Creole)

ATANSYON: Gen sèvis èd pou lang, gratis, ki disponib pou ou. Rele 1-800-587-5187, TTY 711.

Mon-Khmer, Cambodian

សូមយកចិត្តទុកដាក់៖ សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក ។
សូមទូរស័ព្ទទៅលេខ 1-800-587-5187, TTY 711 ។

French

ATTENTION : vous pouvez profiter d'une assistance linguistique sans frais en appelant le 1-800-587-5187, TTY 711.

Italian

ATTENZIONE: È disponibile un servizio gratuito di assistenza linguistica. Chiamare il numero 1-800-587-5187, TTY 711.

Laotian

ໝາຍເຫດ: ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າແມ່ນມີໃຫ້ແກ່ທ່ານ. ໂທຫາ 1-800-587-5187, TTY 711.

Arabic

تنبيه: تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 1-800-587-5187، الهاتف النصي: 711.

Russian

ВНИМАНИЕ! Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-800-587-5187, TTY 711.

Vietnamese

LƯU Ý: Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho bạn. Hãy gọi 1-800-587-5187, TTY 711.

Kru (Bassa)

TÒ ĐỤỖ NÒMÒ DYÍIN CÁO: À bédé gbo-kpá-kpá bó wuḍu-dù kò-kò po-nyò bĕ bìi nō à gbo bó pídyi. M̄ dyi gbo-kpá-kpá m̄wín, ḍá nòbà nìà ke: 1-800-587-5187, TTY 711.

Igbo

NRỤBAMA: Ọrụ enyemaka asụsụ, n'efu, dijirị gị. Kpọọ 1-800-587-5187, TTY 711.

Yoruba

AKIYESI: Iranlowo siso ede, o wa ni ofe fun o. Pe 1-800-587-5187, TTY 711.

Polish

UWAGA: Zapewniamy bezpłatne wsparcie tłumaczeniowe. Prosimy o kontakt telefoniczny: 1-800-587-5187, TTY 711.

