



Welcome to the community

**North Carolina Medicaid Managed Care
Member Handbook**

UnitedHealthcare Community Plan of North Carolina

January 2022

**United
Healthcare
Community Plan**



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits



Auxiliary Aids and Interpreter Services

You can request free auxiliary aids and services, including this material and other plan information in large print. Call **1-800-349-1855** (TTY/TDD **711**).

If English is not your first language, we can help. Call **1-800-349-1855** (TTY/TDD **711**). We can give you, free of charge, the information in this material in your language orally or in writing, access to interpreter services, and can help answer your questions in your language.

Spanish

Ayudas auxiliares y servicios de interpretación

Puede solicitar ayudas y servicios auxiliares gratuitos, incluido este material y otra información del plan en letra grande. Llame al **1-800-349-1855** (TTY/TDD **711**).

Si el inglés no es su lengua nativa, podemos ayudarle. Llame al **1-800-349-1855** (TTY/TDD **711**). Podemos ofrecerle, de forma gratuita, la información de este material en su idioma de forma oral o escrita, acceso a servicios de interpretación y podemos ayudarle a responder a sus preguntas en su idioma.

Chinese – simplified

辅助工具和翻译服务

您可以申请免费的辅助工具和服务，包括本资料和其他计划信息的大字版。请致电

1-800-349-1855 (TTY/TDD 711)。

如果英语不是您的首选语言，我们能提供帮助。请致电 **1-800-349-1855 (TTY/TDD 711)**。您可以通过口头或书面形式，用您使用的语言免费为您提供本资料中的信息，为您提供翻译服务，并且用您使用的语言帮助回答您的问题。

Vietnamese

Dịch Vụ Phiên Dịch và Hỗ Trợ Bổ Sung

Quý vị có thể yêu cầu các dịch vụ và hỗ trợ bổ sung miễn phí, bao gồm tài liệu này và thông tin kế hoạch khác dưới dạng bản in chữ lớn. Gọi đến **1-800-349-1855 (TTY/TDD 711)**.

Nếu Tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể giúp quý vị. Gọi đến **1-800-349-1855 (TTY/TDD 711)**. Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ của quý vị dưới dạng lời nói hoặc văn bản, quyền tiếp cận các dịch vụ phiên dịch, và có thể giúp trả lời các câu hỏi của quý vị bằng chính ngôn ngữ của quý vị.

Korean

보조 자료 및 통역사 서비스

귀하는 무료 보조 자료 및 서비스를 요청할 수 있으며, 여기에는 큰 활자체의 자료 및 기타 플랜 정보가 포함되어 있습니다. **1-800-349-1855 (TTY/TDD 711)**번으로 전화주시기 바랍니다.

영어가 모국어가 아닌 경우 저희가 도와드리겠습니다. **1-800-349-1855 (TTY/TDD 711)**번으로 전화주시기 바랍니다. 저희는 귀하께 구두로 또는 서면으로 귀하의 언어로 된 자료의 정보를, 그리고 통역 서비스의 사용을 무료 제공해 드리며 귀하의 언어로 질문에 대한 답변을 제공해 드리겠습니다.

French

Aides auxiliaires et services d'interprétation

Vous pouvez demander des aides et des services auxiliaires gratuits, y compris ce document et d'autres informations sur le plan en gros caractères. Composez le **1-800-349-1855 (TTY/TDD 711)**.

Si votre langue maternelle n'est pas l'anglais, nous pouvons vous aider. Composez le **1-800-349-1855 (TTY/TDD 711)**. Nous pouvons vous fournir gratuitement les informations contenues dans ce document dans votre langue, oralement ou par écrit, vous donner accès aux services d'un interprète et répondre à vos questions dans votre langue.

Hmong

Cov Khoom Pab Cuam thiab Kev Pab Cuam Txhais Lus

Koj tuaj yeem thov tau cov khoom pab cuam thiab cov kev pab cuam, suav nrog rau tej ntaub ntawv no thiab lwm lub phiaj xwm tej ntaub ntawv kom muab luam ua tus ntawv loj. Hu rau **1-800-349-1855 (TTY/TDD 711)**.

Yog tias Lus Askiv tsis yog koj thawj hom lus hais, peb tuaj yeem pab tau. Hu rau **1-800-349-1855 (TTY/TDD 711)**. Peb tuaj yeem muab tau rau koj yam tsis sau nqi txog ntawm tej ntaub ntawv muab txhais ua koj hom lus hais ntawm ncauj los sis sau ua ntawv, mus siv tau cov kev pab cuam txhais lus, thiab tuaj yeem pab teb koj cov lus nug hais ua koj hom lus.

Arabic - UAE

يمكنك طلب الخدمات والمساعدات الإضافية المجانية بما في ذلك، هذا المستند ومعلومات أخرى حول الخطة بأحرف كبيرة. اتصل على الرقم

.1-800-349-1855 (TTY/TDD 711)

إذا كانت اللغة الإنجليزية ليست لغتك الأولى، فيمكننا المساعدة. اتصل على الرقم **1-800-349-1855 (TTY/TDD 711)**. يمكننا أن نقدم لك المعلومات الواردة في هذا المستند بلغتك شفهيًا أو كتابيًا والوصول إلى خدمات الترجمة مجانًا ويمكننا مساعدتك في الحصول على إجابات لأسئلتك بلغتك.

Russian

Вспомогательные средства и языковая поддержка

Вы можете запросить бесплатные вспомогательные средства и услуги, включая этот справочный материал и другую информацию о плане, напечатанную крупным шрифтом. Позвоните по номеру **1-800-349-1855 (TTY/TDD 711)**.

Если английский не является Вашим родным языком, мы можем Вам помочь. Позвоните по номеру **1-800-349-1855 (TTY/TDD 711)**. Мы бесплатно предоставим Вам более подробную информацию этого справочного материала в устной или письменной форме, а также доступ к языковой поддержке и ответим на все вопросы на Вашем родном языке.

Tagalog

Mga Auxiliary Aid at Serbisyo ng Interpreter

Maaari kang humiling ng libreng mga auxiliary aid at serbisyo, kabilang ang materyal na ito at iba pang impormasyon ng plan sa malaking print. Tumawag sa **1-800-349-1855 (TTY/TDD 711)**.

Kung hindi English ang iyong unang wika, makakatulong kami. Tumawag sa **1-800-349-1855 (TTY/TDD 711)**. Maaari ka naming bigyan, nang libre, ng impormasyon sa materyal na ito sa iyong wika nang pasalita o nang pasulat, access sa mga serbisyo ng interpreter, at matutulungang sagutin ang mga tanong sa iyong wika.

Gujarati

સહાયક સહાય અને દુભાષિયા સેવાઓ

તમે મોટી પ્રિન્ટમાં આ સામગ્રી અને અન્ય પ્લાનની માહિતી સહિત મફત સહાયક સહાય અને સેવાઓની વિનંતી કરી શકો છો. **1-800-349-1855 (TTY/TDD 711)**. પર કોલ કરો

જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. **1-800-349-1855 (TTY/TDD 711)**. પર કોલ કરો તમારી ભાષામાં મૌખિક રીતે અથવા લેખિતમાં તમને આ સામગ્રીની માહિતી અમે વિના મૂલ્યે આપી શકીએ છીએ, દુભાષિયા સેવાઓની સુલભતા આપી શકીએ છીએ અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં અમે સહાયતા કરી શકીએ છીએ.

Khmer - Cambodian

សម្ភារៈជំនួយ និងសេវាអ្នកបកប្រែ

អ្នកអាចស្នើសុំសម្ភារៈនិងសេវាជំនួយដោយឥតគិតថ្លៃ រួមទាំងព័ត៌មានអំពីសម្ភារៈនេះ និងព័ត៌មានអំពីផែនការ ផ្សេងទៀតនៅជាអក្សរពុម្ពផង។ ហៅទូរសព្ទទៅលេខ **1-800-349-1855 (TTY/TDD 711)** ។ ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយអ្នកបាន។ ហៅទូរសព្ទទៅលេខ **1-800-349-1855 (TTY/TDD 711)** ។ យើងអាចផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃនូវព័ត៌មាននៅក្នុងឯកសារនេះជាភាសារបស់អ្នក ដោយផ្ទាល់មាត់ឬជាលាយលក្ខណ៍អក្សរ ទទួលបានសេវាអ្នកបកប្រែ និងអាចជួយឆ្លើយសំណួររបស់អ្នកជាភាសារបស់អ្នក ។

German

Hilfsmittel und Dolmetscherdienste

Sie können kostenlose Hilfsmittel und Services anfordern, darunter diese Unterlagen und andere Versicherungsinformationen in Großdruck. Rufen Sie uns an unter **1-800-349-1855 (TTY/TDD 711)**.

Sollte Englisch nicht Ihre Muttersprache sein, können wir Ihnen behilflich sein. Rufen Sie uns an unter **1-800-349-1855 (TTY/TDD 711)**. Wir können Ihnen die in diesen Unterlagen enthaltenen Informationen kostenlos mündlich oder schriftlich in Ihrer Sprache zur Verfügung stellen, Ihnen einen Dolmetscherdienst vermitteln und Ihre Fragen in Ihrer Sprache beantworten.

Hindi

अतिरिक्त सहायता और दुभाषिया सेवाएं

आप इस सामग्री और अन्य योजना की जानकारी बड़े प्रिंट में दिए जाने सहित मुफ्त अतिरिक्त सहायता और सेवाओं का अनुरोध कर सकते हैं। **1-800-349-1855 (TTY/TDD 711)** पर कॉल करें।

अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम मदद कर सकते हैं। **1-800-349-1855 (TTY/TDD 711)** पर कॉल करें। हम आपको मुफ्त में इस सामग्री की जानकारी आपकी भाषा में जबानी या लिखित रूप में दे सकते हैं, दुभाषिया सेवाओं तक पहुंच दे सकते हैं और आपकी भाषा में आपके सवालों के जवाब देने में मदद कर सकते हैं।

Lao (Laotian)

ການຊ່ວຍເຫຼືອເສີມແລະ ການບໍລິການນາຍແປພາສາ

ທ່ານສາມາດຂໍການຊ່ວຍເຫຼືອເສີມແລະ ການບໍລິການຕ່າງໆໄດ້ ແບບຟຣີ, ລວມທັງເອກະສານນິ້ວ ແລະ ຂໍ້ມູນອື່ນໆຂອງແຜນ ເປັນຕົວຢ່າງໃຫຍ່. ໂທຫາເບີ **1-800-349-1855 (TTY/TDD 711)**.

ຖ້າພາສາແມ່ຂອງທ່ານບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາເບີ **1-800-349-1855 (TTY/TDD 711)**. ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນໃນເອກະສານນິ້ວ ເປັນພາສາຂອງທ່ານທາງປາກເບີ ຫຼື ເປັນລາຍລັກອັກສອນ, ການເຂົ້າເຖິງການບໍລິການນາຍແປພາສາ ໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງ ແລະ ສາມາດຊ່ວຍຕອບຄໍາຖາມຂອງທ່ານເປັນພາສາຂອງທ່ານ.

Japanese

補助具・通訳サービス

この資料やその他の計画情報を大きな文字で表示するなど、無料の補助支援やサービスを要請することができます。 **1-800-349-1855 (TTY/TDD 711)**に電話してください。

英語が母国語でない方はご相談ください。 **1-800-349-1855 (TTY/TDD 711)**に電話してください。この資料に記載されている情報を、お客様の言語で口頭または書面にて無料でお伝えするとともに、通訳サービスへのアクセスを提供し、お客様のご質問にもお客様の言語でお答えします。



Notice of non-discrimination

UnitedHealthcare Community Plan of North Carolina complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. UnitedHealthcare Community Plan of North Carolina does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UnitedHealthcare Community Plan of North Carolina provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

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

UnitedHealthcare Community Plan of North Carolina provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call **1-800-349-1855** (TTY/TDD **711**).

If you believe that UnitedHealthcare Community Plan of North Carolina has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

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

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

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

By mail:

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

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

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

The NC Medicaid Ombudsman program can provide you with free, confidential support and education about the rights and responsibilities you have under NC Medicaid. Call **1-877-201-3750** or visit ncmedicaidombudsman.org.

Your UnitedHealthcare Community Plan of North Carolina quick reference guide

I want to:	I can contact:
Find a doctor, specialist or health care service	My primary care provider (PCP). (If you need help with choosing your PCP, call Member Services at 1-800-349-1855 , TTY 711).
Learn more about choosing or enrolling in a health plan	Call toll free: 1-833-870-5500
Get this handbook in another format or language	Member Services at 1-800-349-1855 , TTY 711
Keep track of my appointments and health services	My PCP or Member Services at 1-800-349-1855 , TTY 711
Get help with getting to and from my doctor's appointments	Member Services at 1-800-349-1855 , TTY 711 . You can also find more information on Transportation services in this handbook on page 41.
Get help to deal with thoughts or hurting myself or others, distress, severe stress or anxiety, or any other behavioral health crisis	Behavioral Health Crisis Line at 1-877-334-1141 , at any time, 24 hours a day, 7 days a week. If you are in danger or need immediate medical attention, call 911 .
Get answers to basic questions or concerns about my health, symptoms or medicines	NurseLine at 1-855-202-0992 at any time, 24 hours a day, 7 days a week, or talk with your PCP.
<ul style="list-style-type: none"> • Understand a letter or notice I got in the mail from my health plan • File a complaint about my health plan • Get help with a recent change or denial of my health care services 	Member Services at 1-800-349-1855 , TTY 711 , or the NC Medicaid Ombudsman at 1-877-201-3750 . You can also find more information about the NC Medicaid Ombudsman in this handbook on page 77.
Update my address	Call your local Department of Social Services (DSS) office to report an address change. A list of DSS locations can be found at dhhs.nc.gov/localdss .
Find my health plan's health care provider directory or other general information about my health plan	Visit our website at myuhc.com/CommunityPlan or call Member Services at 1-800-349-1855 , TTY 711 .

Key words used in this handbook

As you read this handbook, you may see some new words. Here is what we mean when we use them.

Adult Care Home: A licensed residential care setting with seven or more beds for elderly or disabled people who need some additional supports. These homes offer supervision and personal care appropriate to the person's age and disability.

Adult Preventive Care: Care consisting of wellness checkups, patient counseling and regular screenings to prevent adult illness, disease and other health-related issues.

Advance Directive: A written set of directions about how medical or mental health treatment decisions are to be made if you lose the ability to make them for yourself.

Adverse Benefit Determination: A decision your health plan can make to deny, reduce, stop or limit your health care services.

Appeal: If the health plan makes a decision you do not agree with, you can ask them to review it. This is called an "appeal." Ask for an **appeal** when you do not agree with your health care service being denied, reduced, stopped or limited. When you ask your health plan for an appeal, you will get a new decision within 30 days. This decision is called a "resolution." **Appeals and grievances are different.**

Behavioral Health Care: Mental health (emotional, psychological and social well-being) and substance use (alcohol and drugs) disorder treatment and recovery services.

Beneficiary: A person who is receiving Medicaid or NC Health Choice.

Benefits: A set of health care services covered by your health plan.

Care Coordination: A service where a care coordinator or care manager helps organize your health goals and information to help you achieve safer and more effective care. These services may include, but are not limited to, identification of health service needs, determination of level of care, addressing additional support services and resources or monitoring treatment attendance.

Care Management: A service where a care manager can help you meet your health goals by coordinating your medical, social and behavioral health services and helping you find access to resources like transportation, healthy food and safe housing.

Care Manager: A health professional who can help you meet your health goals by coordinating your medical, social and behavioral health services and helping you find access to sources like transportation, healthy food and safe housing.

Children’s Screening Services: A medical examination to monitor how a child is developing. Screening services can help identify concerns and problems early. The screenings assess social/emotional behavior, vision and hearing, motor skills and coordination, cognitive abilities, language and speech.

Complaint: Dissatisfaction about your health plan, provider, care or services. Contact your health plan and tell them you have a “complaint” about your services. **Complaints and appeals are different.**

Copayment (Copay) : An amount you pay when you get certain health care services or a prescription.

County Department of Social Services (DSS): The local (county) public agency that is responsible for determining eligibility for Medicaid, NC Health Choice and other assistance programs.

Covered Services: Health care services that are provided by your health plan.

Crossover: The timeframe immediately before and after the start of North Carolina Medicaid Managed Care.

Durable Medical Equipment: Certain items (like a walker or a wheelchair) your doctor can order for you to use at home if you have an illness or an injury.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): A Medicaid benefit that provides comprehensive and preventive health care services for children under 21 who receive Medicaid. When children need medical care, services are not limited by UnitedHealthcare Community Plan of North Carolina’s coverage policies. Medicaid makes sure that members under age 21 can get the medical care they need, when they need it, including health care services to prevent future illnesses and medical conditions. The EPSDT benefit does not apply to children who receive NC Health Choice.

Early Intervention: Services and support available to babies and young children with developmental delays and disabilities and their families. Services may include speech and physical therapy and other types of services.

Eastern Band of Cherokee Indians (EBCI) Tribal Option: The primary care case management entity (PCCMe) created by the Cherokee Indian Hospital Authority (CIHA). It manages the primary care needs of federally recognized tribal members and others who qualify for services through Indian Health Service (IHS) and live in Cherokee, Haywood, Graham, Jackson or Swain County or in a neighboring county of the 5-county region.

Emergency Department Care: Care you receive in a hospital if you are experiencing an emergency medical condition.

Emergency Medical Condition: A situation in which your life could be threatened, or you could be hurt permanently if you do not get care right away.

Emergency Medical Transportation: Ambulance transportation to the nearest hospital or medical facility for an emergency medical condition.

Emergency Services: Services you receive to treat your emergency medical condition.

Enrollment Broker: Unbiased, third party entity that provides managed care choice counseling and enrollment assistance and coordinates outreach and education to beneficiaries.

Enteral Formula: Balanced nutrition especially designed for the tube-feeding of children.

Fair Hearing: See “State Fair Hearing.”

Grievance: A complaint about your health plan, provider, care, or services. Contact your health plan and tell them you have a “grievance” about your services. **Grievances and appeals are different.**

Habilitation Services and Devices: Health care services that help you keep, learn or improve skills and functioning for daily living.

Health Insurance: A type of insurance coverage that pays for your health and medical costs. Your Medicaid coverage is a type of insurance.

Health Plan (or Plan): The Company providing you with health care services.

Home Health Care: Certain services you receive outside a hospital or a nursing home to help with daily activities of life, like home health aide services, skilled nursing or physical therapy services.

Hospice Services: Special services for patients and their families during the final stages of terminal illness and after death. Hospice services include certain physical, psychological, social and spiritual services that support terminally ill individuals and their families or caregivers.

Hospital Outpatient Care: Services you receive from a hospital or other medical setting that do not require hospitalization.

Hospitalization: Admission to a hospital for treatment that lasts more than 24 hours.

Institution: A Health care facility or setting that that may provide physical and/or behavioral supports. Some examples include, but are not limited to, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), Skilled Nursing Facility (SNF) and Adult Care Home (ACH).

Legal Guardian or Legally Responsible Person: A person appointed by a court of law to make decisions for an individual who is unable to make decisions on their own behalf (most often a family member or friend unless there is no one available, in which case a public employee is appointed).

Local Management Entity/Managed Care Organization (LME-MCO): The organization providing behavioral health services to beneficiaries in the NC Medicaid Direct program.

Long-Term Services and Supports (LTSS): Care provided in the home, in community-based settings or in facilities to help individuals with certain health conditions or disabilities with day-to-day activities. LTSS includes services like home health and personal care services. LTSS is not covered for children receiving NC Health Choice.

Managed Care: A health care program where North Carolina contracts with health plans, called managed care organizations (MCOs), to arrange for integrated and coordinated physical, behavioral health and other health services for Medicaid and NC Health Choice beneficiaries.

Medicaid: Medicaid is a health coverage program. The program helps some families or individuals who have low income or serious medical problems. It is paid with federal, state and county dollars and covers many physical health, behavioral health and I/DD services you might need. You must apply through your county's Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and protections. See the websites below for more information about Medicaid and your rights: <https://ncmedicaidplans.gov/> and <https://medicaid.ncdhhs.gov/medicaid/your-rights>.

Medically Necessary: Medical services, treatments or supplies that are needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Member: A person enrolled in and covered by a health plan.

NC Department of Health and Human Services (NCDHHS): The state agency that includes NC Medicaid (Division of Health Benefits), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), Division of Social Services (DSS), Division of Aging and Adult Services (DAAS) and other health and human services agencies.

12 **Questions?** Visit UHCCommunityPlan.com/NC, or call Member Services at **1-800-349-1855**, TTY **711**.

NC Health Choice: NC Health Choice offers health insurance coverage for children ages 6 through 18 when their families do not qualify for Medicaid. **Medicaid and NC Health Choice are different.** You must apply through your local Department of Social Services. NC Health Choice benefits are not the same as Medicaid benefits. The guarantees of Medicaid’s “EPSDT benefit” and Non-Emergency Medical Transportation (NEMT) do not apply.

NC Medicaid (State Medicaid Agency): Agency that manages the state’s Medicaid and NC Health Choice health care programs, pharmacy benefits and behavioral health services on behalf of NCDHHS.

NC Medicaid Direct: Previously known as Medicaid Fee-For-Service, this category of care includes those who are not a part of NC Medicaid Managed Care.

NC Medicaid Ombudsman: A new Department program to be established to provide education, advocacy and issue resolution for Medicaid beneficiaries whether they are in Medicaid Managed Care or NC Medicaid Direct. This program is separate and distinct from the Long-Term Care Ombudsman Program.

Network (or Provider Network): A group of doctors, hospitals, pharmacies and other health professionals who have a contract with your health plan to provide health care services for members.

Non-Covered Services: Health care services that are not covered by your health plan.

Non-Emergency Medical Transportation (NEMT): Transportation your plan can arrange to help you get to and from your appointments, including personal vehicles, taxis, vans, mini-buses, mountain area transports and public transportation.

Ongoing Course of Treatment: When a member, in the absence of continued services, reflected in a treatment or service plan or as otherwise clinically indicated, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization.

Ongoing Special Condition: A condition that is serious enough to require treatment to avoid possible death or permanent harm. A chronic illness or condition that is life-threatening, degenerative, or disabling and requires treatment over an extended period. This definition also includes pregnancy in its second or third trimester, scheduled surgeries, organ transplants, scheduled inpatient care or being terminally ill.

Out-of-Network Provider (or Non-Participating Provider): A provider that is not in your health plan’s provider network.

Palliative Care: Specialized care for a patient and family that begins at diagnosis and treatment of a serious or terminal illness. This type of care is focused on providing relief from symptoms and stress of the illness with the goal of improving quality of life for you and your family.

Physician: A person who is qualified to practice medicine.

Physician Services: Health care services you receive from a physician, nurse practitioner or physician assistant.

Plan (or Health Plan): Company providing you with health care services.

Postnatal: Pregnancy health care for a mother who has just given birth to a child.

Premium: The amount you pay for your health insurance every month. Most Medicaid and NC Health Choice beneficiaries do not have a premium.

Prenatal: Pregnancy health care for expectant mothers, prior to the birth of a child.

Prescription Drug Coverage: Refers to how the health plan helps pay for its members' prescription drugs and medications.

Prescription Drugs: A drug that, by law, requires a provider to order it before a beneficiary can receive it.

Primary Care: Services from a primary care provider that help you prevent illness (check-up, immunization) to manage a health condition you already have (like diabetes).

Primary Care Provider (PCP) (or Primary Care Physician): The doctor or clinic where you get your primary care (immunizations, well-visits, sick visits). Your PCP should also be available after hours and on weekends to give you medical advice. They also refer you to specialists (cardiologists, behavioral health providers) if you need it. Your PCP should be your first call for care before going to the emergency room.

Prior Authorization (or Preauthorization): Approval you must have from your health plan before you can get or continue getting certain health care services or medicines.

Provider: A health care professional or a facility that delivers health care services, like a doctor, hospital or pharmacy.

Provider Network (or Network): A group of doctors, hospitals, pharmacies and other health professionals who have a contract with your health plan to provide health care services for members.

Referrals: A documented order from your provider for you to see a specialist or receive certain medical services.

Rehabilitation and Therapy Services and Devices: Health care services and equipment that help you recover from an illness, accident, injury or surgery. These services can include physical or speech therapy.

Service Limit: The maximum amount of a specific service that can be received.

Skilled Nursing Care: Health care services that require the skill of a licensed nurse.

Specialist: A provider who is trained and practices in a specific area of medicine.

Standard Plan: A North Carolina Medicaid and NC Health Choice health plan that offers physical health, pharmacy and basic behavioral health services for members. Standard Plans offer added services for members who qualify. UnitedHealthcare Community Plan of North Carolina is a Standard Plan.

State Fair Hearing: When you do not agree with your health plan's resolution, you can ask for the state to review it. The NC Office of Administrative Hearings (OAH) will conduct your State Fair Hearing. The judge will carefully review the UnitedHealthcare Community Plan of North Carolina's resolution. The judge does not work for your health plan. You may give the judge more medical updates. You may also ask questions directly to a member of the team who worked on your resolution.

Substance Use Disorder: A medical disorder that includes the misuse or addiction to alcohol and/or legal or illegal drugs.

Telehealth: Use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations.

Transition of Care: Process of assisting you to move between health plans or to another Medicaid program, such as NC Medicaid Direct. The term Transition of Care also applies to the assistance provided to you when your provider is not enrolled in the health plan.

Urgent Care: Care for a health condition that needs prompt medical attention but is not an emergency medical condition. You can get urgent care in a walk-in clinic for a non-life-threatening illness or injury.

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Welcome to UnitedHealthcare Community Plan of North Carolina's North Carolina Medicaid Managed Care Program

North Carolina Medicaid Managed Care Program

This handbook will help you understand the Medicaid health care services available to you. You can also call Member Services with questions at **1-800-349-1855**, TTY **711** or visit our website at UHCCommunityPlan.com/NC.

How Managed Care works

You have a health care team

Managed Care works like a central home to coordinate your health care needs.

UnitedHealthcare Community Plan of North Carolina has a contract to meet the health care needs of people with North Carolina Medicaid. We partner with a group of health care providers (doctors, therapists, specialists, hospitals, home care providers and other health care facilities) who make up our **provider network**.

When you join UnitedHealthcare Community Plan of North Carolina, our provider network is here to support you. Most of the time, your main contact will be your primary care provider (PCP). If you need to have a test, see a specialist or go into the hospital, your PCP can help arrange it. Your PCP is available to you day and night. If you need to speak to your PCP after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for health care, in some cases, you can go to certain doctors for some services without checking with your PCP. See page 31 for details.

You can visit our website at UHCCommunityPlan.com/NC to find the provider directory online or call Member Services at **1-800-349-1855** to get a copy of the provider directory.

How to use this handbook

This handbook tells you how UnitedHealthcare Community Plan of North Carolina works. It is your guide to health and wellness services.

Read pages 25–34 now. These pages have information that you need to start using your plan.

When you have questions about your health plan, you can:

- Use this handbook
- Ask your primary care provider (PCP)
- Call Member Services at **1-800-349-1855**, TTY **711**
- Visit our website at UHCCommunityPlan.com/NC

Help from Member Services

Member Services has people to help you. You can call Member Services at **1-800-349-1855**, TTY **711**.

For help with non-emergency issues and questions, call Member Services 7:00 a.m.–6:00 p.m., Monday–Saturday. After hours, members will have the option to leave a voicemail which will be handled within one business day. Members may also access plan information after hours on UHCCommunityPlan.com/NC or register with myuhc.com/CommunityPlan for member specific information

In case of a medical emergency, call 911.

If you have basic questions or concerns about your health, you can call our NurseLine at 1-855-202-0992 at any time, 24 hours a day, 7 days a week. This is a free call. You can get advice on when to go to your PCP or ask questions about symptoms or medications.

If you are experiencing emotional or mental pain or distress, call the Behavioral Health Crisis Line at 1-877-334-1141 at any time, 24 hours a day, 7 days a week, to speak with someone who will listen and help. This is a free call. We are here to help you with problems list stress, depression, or anxiety. We can get you the support you need to feel better. **If you are in danger or need immediate medical attention, call 911.**

You can call Member Services to get help when you have a question. You may call us to choose or change your primary care provider (PCP), to ask about benefits and services, to get help with referrals, to replace a lost Medicaid card, to report the birth of a new baby or ask about any change that might affect you or your family's benefits.

North Carolina Medicaid Managed Care Program

If you are or become pregnant, your child will become part of UnitedHealthcare Community Plan of North Carolina on the day your child is born. Call us and your local Department of Social Services right away if you become pregnant. We can help you to choose a doctor for both you and your baby.

If English is not your first language, we can help. Just call us at **1-800-349-1855**, TTY **711** and we will find a way to talk with you in your own language.

For people with hearing, vision or speech disabilities

You have the right to receive information about your health plan, care and services in a format that you can understand and access. UnitedHealthcare Community Plan of North Carolina provides free services to help people communicate effectively with us. See below for specific information on some types of accommodations.

For people with hearing loss

If you are deaf, hard of hearing or feel that you have difficulty hearing and need help communicating, UnitedHealthcare Community Plan of North Carolina has resources available to help you. These include but are not limited to:

- Qualified American Sign Language interpreters
- Certified deaf interpreters
- Communication Access Realtime Translation (CART) captioning
- Personal amplification listening devices (ALDs) for your use
- Information in large print
- Staff trained to appropriately handle your relay service calls (videophone, captioned phone or TTY)

For people with vision loss

If you have vision loss, UnitedHealthcare Community Plan of North Carolina has resources available to help you. These include but are not limited to:

- Written materials in accessible formats (large print, Braille, audio or other electronic format)

For people with speech disabilities

If you have a speech disability, UnitedHealthcare Community Plan of North Carolina has resources available to help you. These include but are not limited to:

- Speech-to-speech relay
- Artificial larynx

North Carolina Medicaid Managed Care Program

For people with multiple disabilities

Access needs for people with disabilities vary. Special aids and services are always provided free of charge.

Other special aids and services for people with disabilities

- Help in managing or getting to appointments
- Care managers who can help you get the care you need
- Names and addresses of providers who specialize in your condition
- If you use a wheelchair, we can tell you if a doctor's office is wheelchair accessible and help in making or getting to appointments
- Easy access to any from services (like ADA accessible, ramps, handrails and other services)

To ask for services, call Member Services at **1-800-349-1855**, TTY **711**. UnitedHealthcare Community Plan of North Carolina complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability or sex. If you believe that UnitedHealthcare Community Plan of North Carolina failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Member Services at **1-800-349-1855**, TTY **711**.

If you have issues that you have been unable to resolve with UnitedHealthcare Community Plan of North Carolina, you may contact the NC Medicaid Ombudsman at 1-877-201-3750 or ncmedicaidombudsman.org.

Your Medicaid card


Your Medicaid card has been mailed separately from the welcome packet and member handbook. We used the mailing address on file at your local Department of Social Services. Your Medicaid card has:

- Your primary care provider's (PCP's) name and phone number
- Your Medicaid Identification Number
- Information on how to contact us with questions

If anything is wrong on your Medicaid card or if you lose your Medicaid card, call Member Services at **1-800-349-1855**, TTY **711**. Always carry your Medicaid card with you. You will need to show it each time you go for care. If you do not have your Medicaid card with you, you can still get services. Your doctor, hospital, pharmacy, or other care provider can call us so you can get care. You can also view and print your Medicaid card online at myuhc.com/CommunityPlan.

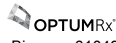
North Carolina Medicaid Managed Care Program

Your Medicaid card



Health Plan (80840) **911-87726-04**
Member ID: A999999992 **Group Number: NCMC**

Member:
MEMBER NAME Payer ID: 87726



Rx Bin: 610494
 Rx Grp: ACUNC
 Rx PCN: 4949

AMH/PCP Name:
PROVIDER NAME
 AMH/PCP Phone: (000)000-0000
 Effective Date: 00/00/0000
PROVIDER ADDRESS
 CITY, STATE, ZIP

UnitedHealthcare Community Plan of North Carolina
 Administered by UnitedHealthcare of North Carolina, Inc.

0501

In an emergency go to nearest emergency room or call 911. Printed: 10/21/2020



If you suspect a doctor, clinic, hospital, home health services, or any other kind of medical provider is committing Medicaid fraud, report it. Call the Medicaid Investigations Division at (919)881-2320.
 For questions about services not covered by UnitedHealthcare Plan of North Carolina, please contact the NC Medicaid Call Center at 888-245-0179 or 919-813-5550.


For Members: myuhc.com
 Member Services: 800-349-1855 TTY 711
 Behavioral Health Crisis Line: 877-334-1141 TTY 711
 NurseLine: 855-202-0992 TTY 711

For Providers: UHCprovider.com 800-638-3302
 Claims: PO Box 5280, Kingston, NY, 12402-5280

Pharmacy Claims: OptumRx, PO Box 650334, Dallas, TX 75265-0334
 Pharmacy Services Line: 855-258-1593

NC Health Choice ID card

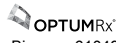
If your child is in the NC Health Choice health care program, the ID Card will include a Health Choice logo on the card. NC Health Choice offers health insurance coverage for children ages 6 through 18 years old when their families do not qualify for Medicaid.



Health Choice

Health Plan (80840) **911-87726-04**
Member ID: A999999991 **Group Number: NCMC**

Member:
MEMBER NAME Payer ID: 87726



Rx Bin: 610494
 Rx Grp: ACUNC
 Rx PCN: 4949

AMH/PCP Name:
PROVIDER NAME
 AMH/PCP Phone: (000)000-0000
 Effective Date: 00/00/0000
PROVIDER ADDRESS
 CITY, STATE, ZIP

UnitedHealthcare Community Plan of North Carolina
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 Pharmacy Services Line: 855-258-1593

Part I: First things you should know

How to choose your PCP

Your primary care provider (PCP) is a doctor, nurse practitioner, physician assistant or another type of provider who will:

- Care for your health
- Coordinate your needs
- Help you get specialized services if you need them

As a Medicaid beneficiary, you had an opportunity to choose your own PCP. If you did not choose a PCP, we chose one for you based on your past health care. You can find your PCP's name and contact information on your Medicaid card. If you would like to change your PCP, you have 30 days from the date of receiving this packet to make the change. (See "How to change your PCP" on page 27 to learn how to make those changes).

When deciding on a PCP, you may want to find a PCP who:

- You have seen before
- Understands your health history
- Is taking new patients
- Can serve you in your language
- Is easy to get to

Each family member enrolled in UnitedHealthcare Community Plan of North Carolina can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Call Member Services at **1-800-349-1855**, TTY **711** to get help with choosing a PCP that is right for you and your family.

Part I: First things you should know

You can find the list of all the doctors, clinics, hospitals, labs and others who partner with UnitedHealthcare Community Plan of North Carolina in our provider directory. You can visit our website at UHCCommunityPlan.com/NC or the UnitedHealthcare® app to look at the most up-to-date provider directory online. You can also call Member Services at **1-800-349-1855**, TTY **711** to get a paper copy of the provider directory.

Women can choose an OB/GYN to serve as their PCP. Women do not need a PCP referral to see a health plan OB/GYN doctor or another provider who offers women's health care services. Women can get routine check-ups, follow-up care if needed and regular care during pregnancy.

If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP. Call Member Services at **1-800-349-1855**, TTY **711** to get help with choosing a specialist as your PCP.

If your provider leaves our provider network

- If your provider leaves, we will tell you within 15 days from when we know about this. If the provider who leaves UnitedHealthcare Community Plan of North Carolina is your PCP, we will tell you within 7 days and help make sure you choose a new PCP.
- If your provider leaves our network, we can help you find a new one
- Even if your provider leaves our network, you may be able to stay with your provider for a while longer in certain situations.

Please read "Your care when you change health plans or providers" under "Transition of care" on page 66 for more information about how long you can stay with a provider who has left our network.

If you have any questions about the information in this section, please visit our website UHCCommunityPlan.com/NC or call Member Services at **1-800-349-1855**, TTY **711**.

How to change your PCP

You can find your primary care provider's (PCP's) name and contact information on your Medicaid card. You can change your PCP within 30 days from the date you receive your Medicaid card. You can change your PCP by signing in to myuhc.com/CommunityPlan or with the UnitedHealthcare app. To see providers near you, search by your zip code and sort the results by distance. You can also call Member Services at **1-800-349-1855**, TTY **711**. We're happy to help you find a network PCP that works for you. After that, you can change your PCP only one time each year. You do not have to give a reason for the change.

To change your PCP more than once a year, you need to have a good reason (good cause). For example, you may have good cause if:

- Your PCP does not provide accessible and proper care, services or supplies (e.g., does not set up hospital care or consults with specialists when required for treatment)
- You disagree with your treatment plan
- Your PCP moves to a different location that is not convenient for you
- Your PCP changes the hours or days that patients are seen
- You have trouble communicating with your PCP because of a language barrier or another issue
- Your PCP is not able to accommodate your special needs
- You and your PCP agree that a new PCP is what is best for your care

To learn more about how you can change your PCP, sign in to myuhc.com/CommunityPlan or the UnitedHealthcare app, or call Member Services at **1-800-349-1855**, TTY **711**.

Part I: First things you should know

How to get regular health care

“Regular health care” means exams, regular check-ups, shots or other treatments to keep you well, address illness or other symptoms. It also includes giving you advice when you need it and referring you to the hospital or specialists when needed. You and your primary care provider (PCP) work together to keep you well or to see that you get the care you need.

Your PCP is always available. Call your PCP when you have a medical question or concern. If you call after hours or on weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.

Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If you ever cannot keep an appointment, call to let your PCP know.

Making your first regular health care appointment

As soon as you choose or are assigned a PCP, if it is a new provider, call to make a first appointment. There are several things you can do to help your PCP get to know you and your health care needs.

How to prepare for your first visit with a new provider:

- Request a transfer of medical records from your current provider to your new PCP
- Make a list of health concerns you have now, as well as being prepared to discuss your general health, past major illnesses, surgeries, etc.
- Make a list of questions you want to ask your PCP
- Bring medications and supplements you are taking to your first appointment

It is best to visit your PCP within three months of joining the health plan.

If you need care before your first appointment, call your PCP’s office to explain your concern. Your PCP will give you an earlier appointment to address that particular health concern. You should still keep the first appointment to talk about your medical history and ask questions.

It is important to UnitedHealthcare Community Plan of North Carolina that you can visit a doctor within a reasonable amount of time. The Appointment guide (below) lets you know how long you may have to wait to be seen.

Part I: First things you should know

Appointment guide	
If you call for this type of service:	Your appointment should take place:
Adult preventive care (services like routine health check-ups or immunizations)	within 30 days
Pediatric preventive care (services like well-child check-ups)	within 14 days for members younger than 6 months; within 30 days for members 6 months or older
Urgent care services (care for problems like sprains, flu symptoms or minor cuts and wounds)	within 24 hours
Emergency or urgent care requested after normal business office hours	Go to hospital emergency room immediately (available 24 hours a day, 365 days a year) or go to urgent care clinic
First prenatal visit (1st or 2nd trimester)	within 14 days
First prenatal visit (3rd trimester or high-risk pregnancy)	within 5 days
Mental health	
Routine services	within 14 days
Urgent care services	within 24 hours
Emergency services (services to treat a life-threatening condition)	Go to hospital emergency room immediately (available 24 hours a day, 365 days a year) or go to Behavioral Health urgent care clinic
Mobile crisis management services	within 2 hours
Substance use disorders	
Routine services	within 14 days
Urgent care services	within 24 hours
Emergency services (services to treat a life-threatening condition)	Go to hospital emergency room immediately (available 24 hours a day, 365 days a year) or go to urgent care clinic

Questions? Visit [UHCCommunityPlan.com/NC](https://www.uhccommunityplan.com/NC), 29
or call Member Services at **1-800-349-1855**, TTY 711.

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Part I: First things you should know

If you are not getting the care you need within the time limits above, call Member Services at **1-800-349-1855**, TTY **711**.

How to get specialty care – Referrals

If you need specialized care that your primary care provider (PCP) cannot give, your PCP will refer you to a **specialist** who can. A specialist is a doctor who is trained and practices in a specific area of medicine (like a cardiologist or a surgeon). If your PCP refers you to a specialist, we will pay for your care if it is medically necessary. Most specialists are UnitedHealthcare Community Plan of North Carolina providers. Talk with your PCP to be sure you know how referrals work. See below for the process on referrals to a specialist who is not in our provider network.

If you think a specialist does not meet your needs, talk with your PCP. Your PCP can help you find a different specialist.

There are some treatments and services that your PCP must ask UnitedHealthcare Community Plan of North Carolina to approve before you can get them. Your PCP will tell you what those services are.

If you have trouble getting specialist requests you think you need, contact Member Services at **1-800-349-1855**, TTY **711**.

Out-of-network referral

If UnitedHealthcare Community Plan of North Carolina does not have a specialist in our provider network who can give you the care you need, we will refer you to a specialist outside our health plan. This is called an **out-of-network referral**. Your PCP or another network provider must ask UnitedHealthcare Community Plan of North Carolina for approval before you can get an out-of-network referral.

To request care from an out of network specialist/provider contact Member Services at **1-800-349-1855**, TTY **711**. Your request will be resolved within 14 calendar days.

Sometimes we may not approve an out-of-network request because we have a provider in UnitedHealthcare Community Plan of North Carolina who can treat you. If you do not agree with our decision, you can **appeal** our decision. See page 60 to find out how.

Sometimes, we may not approve an out-of-network request for a specific treatment because you asked for care that is similar to what you can get from a UnitedHealthcare Community Plan of North Carolina provider. If you do not agree with our decision, you can **appeal** our decision. See page 60 to find out how.

If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP. To request to have a specialist as your PCP contact Member Services at **1-800-349-1855**, TTY **711**. Your specialist must ask UnitedHealthcare Community Plan of North Carolina for approval to be designated as your PCP.

To request to have a specialist as your PCP, contact Member Services at **1-800-349-1855**, TTY **711**. Your specialist must ask UnitedHealthcare Community Plan of North Carolina for approval to be designated as your PCP.

Out-of-network providers

If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our plan, or an **out-of-network provider**. For more information about getting services from an out-of-network provider, talk to your primary care provider (PCP) or call Member Services at **1-800-349-1855**, TTY **711**.

Get these services from UnitedHealthcare Community Plan of North Carolina without a referral

A referral is a documented order from your provider for you to see a specialist or receive certain medical services. You do not need a referral to get these services:

Primary care

You do not need a referral to get primary care services. If you need a check-up or have a question about your health, call your primary care provider (PCP) to make an appointment. **Your assigned PCP's name and contact information are listed on your Medicaid card.**

Women's health care

You do not need a referral from your PCP if:

- You are pregnant and need pregnancy-related services
- You need OB/GYN services
- You need family planning services
- You need to have a breast or pelvic exam

Part I: First things you should know

Family planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. You do not need a referral from your PCP for family planning services. Family planning services include:

- Birth control
- Birth control devices such as IUDs, implantable contraceptive devices, and others that are available with a prescription
- Emergency contraception
- Sterilization services
- HIV and sexually transmitted infection (STI) testing, treatment and counseling
- Screenings for cancer and other related conditions

Children's screening

You do not need a referral to get children's screening services or school-based services.

Local health department services

You do not need a referral to get services from your local health department.

Behavioral health services

You do not need a referral for your first behavioral health or substance use disorder assessment completed in a 12-month period. Ask your PCP or call Member Services at **1-800-349-1855**, TTY **711** for a list of mental health providers and substance use disorder providers. You can also find a list of our behavioral health providers online at UHCCommunityPlan.com/NC.

Emergencies

You are always covered for emergencies. An emergency medical condition is a situation in which your life could be threatened, or you could be hurt permanently if you don't get care right away. Some examples of an emergency are:

- A heart attack or severe chest pain
- Bleeding that won't stop or a bad burn
- Broken bones
- Trouble breathing, convulsions or loss of consciousness
- When you feel you might hurt yourself or others
- If you are pregnant and have signs like pain, bleeding, fever or vomiting
- Drug overdose

32 **Questions?** Visit UHCCommunityPlan.com/NC, or call Member Services at **1-800-349-1855**, TTY **711**.

Some examples of **non-emergencies** are colds, upset stomach or minor cuts and bruises. Non-emergencies may also be family issues or a break up.

If you believe you have an emergency, call 911 or go to the nearest emergency room

You can go to any hospital or other setting to get emergency care. You **do not** need approval from your plan or your PCP before getting emergency care, and you are not required to use our hospitals or doctors.

If you are not sure, call your PCP at any time, day or night. Tell the person you speak with what is happening. Your PCP's team will:

- Tell you what to do at home
- Tell you to come to the PCP's office
- Tell you about community services you can get
- Tell you to go to the nearest urgent care emergency room

Remember: If you need to speak to your PCP after hours or weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible.

If you are out of the area when you have an emergency:

- Go to the nearest emergency room

Remember: Use the emergency department only if you have an emergency. If you have questions, call your PCP or UnitedHealthcare Community Plan of North Carolina Member Services at **1-800-349-1855**, TTY **711**.

If you need help with a mental health or drug situation, feel stressed or worried, or need someone to talk to, you can call the Behavioral Health Crisis Line at 1-877-334-1141.

Part I: First things you should know

Urgent Care

You may have an injury or an illness that is not an emergency but still needs prompt care and attention. This could be:

- A child with an ear ache who wakes up in the middle of the night and won't stop crying
- The flu
- A cut that needs stitches
- A sprained ankle
- A bad splinter you cannot remove

Whether you are at home or away, you can walk into an urgent care clinic to get care the same day or make an appointment for the next day. If you would like assistance making an appointment:

Call your PCP any time day or night.

If you are unable to reach your PCP, call Member Services at **1-800-349-1855**, TTY **711**. Tell the person who answers what is happening. They will tell you what to do.

Care outside North Carolina and the United States

In some cases, UnitedHealthcare Community Plan of North Carolina may pay for health care services you get from a provider located along the North Carolina border or in another state. Your PCP and UnitedHealthcare Community Plan of North Carolina can give you more information about which providers and services are covered outside of North Carolina by your health plan and how you can get them if needed.

- If you need medically necessary emergency care while traveling anywhere **within** the United States and its territories, UnitedHealthcare Community Plan of North Carolina will pay for your care
- Your health plan will not pay for care received **outside** of the United States and its territories

If you have any questions about getting care outside of North Carolina or the United States, talk with your PCP or call Member Services at **1-800-349-1855**, TTY **711**.

Part II: Your benefits

NC Medicaid Managed Care provides **benefits** or health care services covered by your plan.

This section describes:

- Covered and non-covered services. “Covered services” means UnitedHealthcare Community Plan of North Carolina will pay for the services. These are also called benefits. “Non-covered services” means UnitedHealthcare Community Plan of North Carolina will not pay for the services.
- What to do if you are having a problem with your health plan

UnitedHealthcare Community Plan of North Carolina will provide or arrange for most services you need. Your health benefits can help you stay as healthy as possible if you:

- Are pregnant
- Are sick or injured
- Experience a substance use disorder or have behavioral health needs
- Need assistance with tasks like eating, bathing, dressing or other activities of daily living
- Need help getting to the doctor’s office
- Need medications

The section below describes the specific services covered by UnitedHealthcare Community Plan of North Carolina. Ask your primary care provider (PCP) or call Member Services at **1-800-349-1855**, TTY **711** if you have any questions about your benefits. You can also sign in to myuhc.com/CommunityPlan and search under “Benefits” or use the UnitedHealthcare app to learn more about your benefits.

You can get some services without going through your PCP. These include primary care, emergency care, women’s health services, family planning services, children’s screening services, services provided at local health departments, school-based services and some behavioral health services. You can find more information about these services on page 31.

Services covered by UnitedHealthcare Community Plan of North Carolina's network

You must get the services below from the providers who are in UnitedHealthcare's network. Services must be medically necessary, and provided, coordinated or referred by your PCP. Talk with your PCP or call Member Services at **1-800-349-1855**, TTY **711** if you have questions or need help.

Regular health care

- Office visits with your PCP, including regular check-ups, routine labs and tests
- Specialists visits
- Eye/hearing exams
- Well-baby care
- Well-child care
- Immunizations (shots) for children and adults
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under age 21 (see page 50 for more information about EPSDT services)
- Help with quitting smoking or other tobacco use

Maternity care

- Prenatal, delivery and post-partum care
- Childbirth education classes
- Professional and hospital services related to maternal care and delivery
- One medically necessary post-partum home visit for newborn care and assessment following discharge, but no later than 60 days after delivery
- Care management services for high-risk pregnancies during pregnancy and for two months after delivery (see page 47 for more information)

Hospital care

- Inpatient care
- Outpatient care
- Labs, X-rays and other tests

Home health services

- Must be medically necessary and arranged by UnitedHealthcare Community Plan of North Carolina
- Time-limited skilled nursing services
- Specialized therapies, including physical therapy, speech-language pathology and occupational therapy
- Home health aide services for help with activities such as bathing, dressing, preparing meals and housekeeping
- Medical equipment and supplies

Personal care services

- Must be medically necessary and arranged by UnitedHealthcare Community Plan of North Carolina
- Help with common activities of daily living, including eating, dressing and bathing, for individuals with disabilities and ongoing health conditions

Hospice care

- Hospice care will be arranged by UnitedHealthcare if medically necessary
- Hospice helps patients and their families with the special needs that come during the final stages of illness and after death
- Hospice provides medical, supportive and palliative care to terminally ill individuals and their families or caregivers
- You can get these services in your home, in a hospital or in a nursing home

Vision care

- Services provided by ophthalmologists and optometrists, including routine eye exams, medically necessary contact lenses, and dispensing fees for eyeglasses. Opticians may also fit and dispense medically necessary contact lenses and eyeglasses.
- Specialist referrals for eye diseases or defects
- The fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses and ophthalmic frames, is provided to you through the NC Medicaid Direct program. Although these eyeglasses are covered through NC Medicaid Direct, UnitedHealthcare Community Plan of North Carolina providers who work in an office that offers eye exams and eyeglasses must give you your eye exam and your NC Medicaid Direct eyeglasses (see page 52 for more information on benefits covered by Medicaid but not through your Health Plan).

Part II: Your benefits

Pharmacy

- Prescription drugs
- Some medicines sold without a prescription (also called “over-the-counter”), like allergy medicines
- Insulin and other diabetic supplies like syringes, test strips, lancets and pen needles
- Smoking cessation agents, including over-the-counter products
- Emergency contraception
- Medical and surgical supplies, available through DME pharmacies and suppliers
- We also provide a Pharmacy-Prescriber Home Program that helps identify Members that are at risk for possible overuse or improper use of pain medications (opioid analgesics) and nerve medications (benzodiazepines and certain anxiolytics). See page 49 for more information on our pharmacy lock-in program.

Emergency care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency
- After you have received emergency care, you may need other care to make sure you remain in stable condition
- Depending on the need, you may be treated in the Emergency Department, in an inpatient hospital room or in another setting

For more about emergency services, see page 32.

Specialty care

- Respiratory care services
- Podiatry services
- Chiropractic services
- Cardiac care services
- Surgical services

Nursing home services

- Must be ordered by a physician and authorized by UnitedHealthcare Community Plan of North Carolina
- Includes short-term or rehabilitation stays and long-term care for up to 90 days in a row. Starting the first of the month following the 90th day, your nursing services will be covered by NC Medicaid Direct and not UnitedHealthcare Community Plan of North Carolina. Talk with your PCP or call Member Services at **1-800-349-1855**, TTY **711** if you have questions.
- Covered nursing home services include medical supervision, 24-hour nursing care, assistance with daily living, physical therapy, occupational therapy and speech-language pathology
- Nursing home services must come from a nursing home that is in UnitedHealthcare Community Plan of North Carolina's provider network. Call Member Services at **1-800-349-1855**, TTY **711** for help with questions about nursing home providers and health plan networks.

Behavioral health services (mental health and substance use disorder services)

Behavioral health care includes mental health (your emotional, psychological and social well-being) and substance (alcohol and drugs) use disorder treatment. All members have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders.

The behavioral health services covered by UnitedHealthcare Community Plan of North Carolina include the following:

- Ambulatory detoxification services
- Diagnostic assessment services
- Early and periodic screening, diagnostic and treatment services (EPSDT) for members under age 21
- Facility-based crisis services for children and adolescents
- Inpatient behavioral health services
- Medically supervised or alcohol and drug abuse treatment center detoxification crisis stabilization
- Mobile crisis management services
- Non-hospital medical detoxification services
- Outpatient behavioral health emergency room services
- Outpatient behavioral health services provided by direct-enrolled providers
- Outpatient opioid treatment services

Part II: Your benefits

- Partial hospitalization
- Peer support services
- Professional treatment services in a facility-based crisis program
- Research-based behavioral health treatment

Some behavioral health services for people with a mental health disorder, substance use disorder, intellectual/developmental disability, or traumatic brain injury are only available through the LME-MCOs and in NC Medicaid Direct. The following behavioral health services are not covered by UnitedHealthcare Community Plan of North Carolina but, if needed, members may access these services through the LME-MCOs and NC Medicaid Direct programs:

- Residential treatment facility services for children and adolescents
- Child and adolescent day treatment services
- Intensive in-home services
- Multi-systemic therapy services
- Psychiatric residential treatment facilities
- Assertive community treatment
- Community support team
- Psychosocial rehabilitation
- Substance Abuse Comprehensive Outpatient Treatments (SACOT)
- Substance abuse intensive outpatient program (SAIOP)
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Innovations Waiver services
- Traumatic Brain Injury Waiver services (only available in counties served by the LME-MCO Alliance Health)
- 1915(b)(3) services

If you believe you need access to any of the behavioral health services that UnitedHealthcare Community Plan of North Carolina does not provide, call Member Services at **1-800-349-1855**, TTY 711.

Transportation services

- **Emergency:** If you need emergency transportation (an ambulance), call **911**.
- **Non-emergency:** UnitedHealthcare Community Plan of North Carolina can arrange and pay for your transportation to help you get to and from your appointments for Medicaid-covered care. This service is free to you. If you need an attendant to go with you to your doctor's appointment, or if your child (age 18 or younger) is a member of the plan, transportation is also covered for the attendant, parent or guardian. Non-emergency transportation includes personal vehicles, taxis, vans, mini-buses, mountain area transports and public transportation. **NC Health Choice members are not eligible to receive non-emergency transportation services.**

How to get non-emergency transportation. Members should arrange for transportation as far in advance as possible, but no less than two business days before their appointment. Call **1-800-349-1855**, TTY **711** to schedule transportation. Non-emergency transportation services via personal vehicles, taxis, vans, mini-buses, mountain area transports and public transportation are provided through our contracted transportation company ModivCare. You can contact ModivCare to request or cancel a trip by calling Member Services at **1-800-349-1855**, TTY **711** and choosing the option for Transportation. Rides for routine appointments can be scheduled at least 2 business days in advance by calling between 7:00 a.m. and 6:00 p.m., Monday through Saturday. Rides for urgent appointments can also be made after hours by calling Member Services.

Responsibilities of the member:

1. To use those transportation resources which are available and appropriate to their needs in the most efficient and effective manner.
2. To utilize transportation services appropriately.
3. To travel to the requested location and receive a Medicaid covered service.
4. To make timely requests for transportation assistance.
5. To be ready and at the designated place for transportation pick-up or cancel the transportation request timely.
6. To follow the instructions of the driver.
7. To respect and not violate the rights of other passengers and the driver, such as not creating a disturbance or engaging in threatening language or behavior.

To learn more, sign in to myuhc.com/CommunityPlan and select "Coverage & Benefits" to search for transportation coverage.

Part II: Your benefits

Member no-shows:

A no-show is when the member does not go to the medical appointment.

1. The member must be ready and at the designated place for pick-up at the time required by the transportation vendor.
2. The member must complete their trip and show evidence in order to be issued reimbursement for their mileage.
3. The member must call the number provided for trip requests to cancel scheduled transportation at least 24 hours in advance.

Members who miss three or more trips in a three-month period, or who risk the safety of other passengers or the driver may be suspended from transportation services for up to 30 days.

For certain types of trips, UnitedHealthcare Community Plan of North Carolina may need to review the request or require additional information before we can schedule the trip. This is called **preauthorization** (see page 57 for more information on service authorization). The following types of trips must be reviewed by us and/or require additional information before we can schedule the trip:

- Rides with a one-way distance greater than 75 miles
- Lodging and meal reimbursement
- Out of state care

Members can request these services by calling **1-800-349-1855**, TTY **711** and ModivCare will work with UnitedHealthcare Community Plan of North Carolina for the preauthorization. Approvals may take up to 2 business days.

Meals and lodging may be approved when the medical service is available only in another county, city, or state, medical condition, travel time and distance may warrant staying overnight. Allowable expenses can include overnight lodging and meals for eligible members while in transit to and from the medical resource.

You can get additional information on our Non-Emergency Medical Transportation policy by calling Member Services at **1-800-349-1855**, TTY **711** or by visiting our website at [UHCCommunityPlan.com/NC](https://www.UHCCommunityPlan.com/NC).

Member Services can provide information such as:

- How to request, schedule or cancel a trip
- Any limitations on non-emergency medical transportation services
- Expected member conduct and procedures for no-shows
- How to get mileage reimbursement if you use your own car

42 **Questions?** Visit [UHCCommunityPlan.com/NC](https://www.UHCCommunityPlan.com/NC), or call Member Services at **1-800-349-1855**, TTY **711**.

When taking a ride to your appointment, you can expect to:

- Be able to arrive at your appointment on time and no sooner than one hour before the appointment
- Not to have to wait more than one hour after the appointment for a ride home
- Not to have to leave the appointment early

If you disagree with a decision made about your transportation services, you have the right to appeal our decision. See page 60 for more information on appeals. If you are dissatisfied with your transportation service, you may file a grievance. See page 65 for more information on grievances.

Long-Term Services and Supports (LTSS)

If you have a certain health condition or disability, you may need help with day-to-day activities like eating, bathing or doing household chores. You can get help through a UnitedHealthcare Community Plan of North Carolina benefit known as “Long-Term Services and Supports” (LTSS). LTSS includes services like home health and personal care services. You may get LTSS in your home, community or in a nursing home.

If you need LTSS, you may have a **care manager** on your care team. A care manager is a specially trained health professional who works with you and your doctors and other providers of your choice to make sure you get the right care when and where you need it. For more information about what a care manager can do for you, see “Extra support to manage your health (Care Management)” on page 46.

If you are leaving a nursing home and are worried about your living situation, we can help. Our Housing Specialist can connect you to housing options. Call Member Services at **1-800-349-1855**, TTY **711** to learn more.

If you have questions about using LTSS benefits, talk with your PCP, a member of your care team or call Member Services at **1-800-349-1855**, TTY **711**.

Family planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. You do not need a referral from your PCP for family planning services. Family planning services include:

- Birth control
- Birth control devices such as IUDs, implantable contraceptive devices, and others that are available with a prescription
- Emergency contraception
- Sterilization services

Part II: Your benefits

- HIV and sexually transmitted infection (STI) testing, treatment and counseling
- Screenings for cancer and other related conditions

Other covered services

- Durable medical equipment/prosthetics/orthotics
- Hearing aid products and services
- Telehealth
- Extra support to manage your health (see page 46 for more information)
- Home infusion therapy
- Rural Health Clinic (RHC) services
- Local health department services
- Federally Qualified Health Center (FQHC) services
- Free Clinic services

If you have any questions about any of the benefits above, talk to your PCP or call Member Services at **1-800-349-1855**, TTY **711**. You can also sign in to myuhc.com/CommunityPlan and search under “Benefits” or use the UnitedHealthcare app to learn more about your benefits.

In lieu of services

UnitedHealthcare Community Plan of North Carolina offers services or settings that are medically appropriate, cost-effective substitutions for services covered by NC Medicaid. These are called “in lieu of” services. UnitedHealthcare Community Plan of North Carolina offers the following in lieu of services. Members have the right to refuse the substitution and to insist upon receiving the original state plan or waiver service instead:

- **Behavioral Health Urgent Care (BHUC):** An alternative to hospital ER services, this helps members with urgent behavioral health crisis needs see behavioral health professionals faster.
- **Institutions for Mental Disease (IMD) for acute psychiatric care:** We offer members more choices for places to receive acute mental health hospitalization, so we are covering placement in freestanding psychiatric centers.

If you have any questions about any of the benefits or services above, call Member Services at **1-800-349-1855**, TTY **711**.

Added services included in UnitedHealthcare Community Plan of North Carolina

As a member of UnitedHealthcare Community Plan of North Carolina, you have access to services that are not generally covered through Medicaid fee-for-service. These are known as “enhanced benefits.” We provide the following enhanced benefits:

Assistance for Asthmatics — A hypoallergenic mattress cover and pillowcase to reduce asthma attacks.

Cell Phone — Get health-related texts sent to you. No mobile phone? Get one at no cost from the federal Lifeline program. Call 1-800-641-1902, TTY 771 to learn more.

FreshEBT — A phone app that helps manage Supplemental Nutrition Assistance Program (SNAP) benefits.

Youth Club Membership — Up to \$75.00 yearly for membership at participating Boys & Girls Club or YMCA, for qualified members under the age of 19.

WeightWatchers — Learn valuable skills about healthy eating and weight loss, 13 meeting vouchers each year.

Healthy Weight and Your Child — a 4-month group-based program for families for children between the ages of 7 and 13.

Healthy First Steps Rewards — With Healthy First Steps Rewards, you and baby can earn gifts and rewards by completing your prenatal and postpartum doctor visits.

Breast Pumps — Medicaid members can be provided manual, electronic, or hospital grade breast pumps. To be eligible, beneficiary must be at least 36 weeks pregnant and be committed to breastfeeding.

Alternative Healing Benefit — \$100 annual reimbursement for alternative healing for purchases and/or services such as herbal medications/herbal remedies, therapeutic massage, acupuncture, vitamins and minerals.

Non-Emergent Transportation — Adult TANF Members — Round trip employment-related transportation up to three round trips or six one-way ground trips per calendar year, and up to 100 miles one way. NC Health Choice members are not eligible to receive non-emergency transportation services.

Part II: Your benefits

Community Care Package (Acute Home Delivered Meals) — Members being discharged from acute hospital or skilled nursing facility setting, who are deemed eligible based on clinical criteria, will have access to 14 prepared home-delivered meals post-discharge.

On My Way (OMW) — Help prepare young adult members for adult life. OMW teaches life skills like managing money, getting housing, finding job training and applying for college.

Education — Member 18 and older can access free GED exam preparation materials, and the GED test to receive their diploma.

Local Community Baby Showers — Pregnant or new Moms can attend a local community baby shower and receive educational resources and needed baby care items.

Sanvello — An app that offers access to on-demand help for stress, anxiety, and depression.

Sesame Street Toolkits — Toolkits, videos, education and tips on developing healthy habits for families, adults and children. No Internet access? Members will be mailed toolkits.

Kicks for Grades — A \$25.00 gift card offered to eligible members in grades 9-12 who obtain a 3.5 GPA or higher in school.

Extra support to manage your health (Care Management)

Managing your health care alone can be hard, especially if you are dealing with many health problems at the same time. If you need extra support to get and stay healthy, we can help. As a member of UnitedHealthcare Community Plan of North Carolina, you may have a care manager on your health care team. A care manager is a specially trained health care professional who works with you and your doctors to make sure you get the right care when and where you need it.

Your care manager can:

- Help coordinate your appointments and help arrange for transportation to and from your doctor
- Support you in reaching your goals to better manage your ongoing health conditions
- Answer questions about what your medicines do and how to take them
- Follow up with your doctors or specialists about your care
- Connect you to helpful resources in your community
- Help you continue to receive the care you need if you switch health plans or doctors

UnitedHealthcare Community Plan of North Carolina can also connect to you to a care manager who specializes in supporting:

- People who need access to services like nursing home care or personal care services to help manage daily activities of living like eating or bathing and household tasks
- Pregnant women with certain health issues such as diabetes or other concerns such as wanting help to quit smoking
- Children from birth to age 5 who may live in stressful situations or have certain health conditions or disabilities

At times, a member of your primary care provider's (PCP's) team will be your care manager. To learn more about how you can get extra support to manage your health, talk to your PCP or call Member Services at **1-800-349-1855**, TTY **711**.

Pregnancy management program

At UnitedHealthcare Community Plan of North Carolina, we want you to have a healthy pregnancy and a healthy baby. We want you and your baby to get all the care you both need. That's why we have a special program for you – and your baby. We will help you learn what to expect when you see your doctor and how to take care of your changing body.

Here are some of the things your doctor will help you learn about:

- Local resources
- Nutrition, weight, and well-being
- Sexual health
- Substance abuse
- Domestic violence
- Low birth weight
- Early childhood
- Infant mortality

Care management for high-risk pregnancy program

Your doctor will ask you questions that will help them decide if you may need extra help. The Local Health Departments in your area can provide Care Management services for you if you are high risk and need this service.

Let us help you. If you are pregnant, or are thinking of getting pregnant, please let us know by calling Member Services at **1-800-349-1855**, TTY **711**.

Care management for at-risk children (age 0–5 years)

Your doctor will ask you questions about your child that will help them decide if they may need extra help. Some doctors and Local Health Departments in your area can provide Care Management services for children if they are high risk and need this service.

Part II: Your benefits

Let us help you. If you think your child may need extra help, please let us know by calling Member Services at **1-800-349-1855**, TTY **711**.

At times, a member of your primary care provider's (PCP's) team will be your care manager. To learn more about how you get can extra support to manage your health, talk to your PCP or call Member Services at **1-800-349-1855**, TTY **711**.

Substance use disorder helpline

When you're pregnant, using alcohol and illegal drugs puts the health of your unborn child in danger. The chemicals that you breathe and come in contact with goes right to your baby. And it puts your baby at risk for low birth weight, birth defects, behavioral issues, developmental delays and even death. And if you've just had a baby and are breastfeeding, drinking alcohol or taking drugs can still be very harmful to your baby. If you are having problems with substance abuse as a mom or a mom-to-be, we can help.

Get help for yourself today

Call the Substance Use Disorder Helpline toll-free at **1-855-780-5955** or visit liveandworkwell.com recovery to use live chat. Available 24/7.

Help with problems beyond medical care (healthy opportunities)

It can be hard to focus on your health if you have problems with your housing or worry about having enough food to feed your family. UnitedHealthcare Community Plan of North Carolina can connect you to resources in your community to help you manage issues beyond your medical care.

Call Member Services at **1-800-349-1855**, TTY **711** if you:

- Worry about your housing or living conditions
- Have trouble getting enough food to feed you or your family
- Find it hard to get to appointments, work or school because of transportation issues
- Feel unsafe or are experiencing domestic or community violence. If you are in immediate danger, call **911**

These services may be covered by UnitedHealthcare Community Plan of North Carolina based on where you live and other reasons, such as if you have a physical or behavioral health condition. To learn more about these services or see if you qualify, contact your care manager or call Member Services at **1-800-349-1855**.

Other programs to help you stay healthy

UnitedHealthcare Community Plan of North Carolina wants to help you and your family get and stay healthy. If you want to quit smoking or are a new mom who wants to learn more about how to best feed your baby, we can connect you with the right program for support.

Call Member Services at **1-800-349-1855**, TTY **711** to learn more about:

- Tobacco cessation services to help you stop smoking or using other tobacco products
- Women, Infants and Children (WIC) special supplemental nutrition program
- Newborn screening program
- Hearing screening program
- Early intervention program

Opioid misuse prevention program

Opioids are powerful prescription medications that can be the right choice for treating severe pain. However, opioids may also have serious side effects, such as addiction and overdose. UnitedHealthcare Community Plan of North Carolina supports safe and appropriate opioid use through our Opioid Misuse Prevention Program. If you have any questions about our program, call Member Services at **1-800-349-1855**, TTY **711**.

Pharmacy Lock-in Program

The Pharmacy-Prescriber Home Program helps identify members who are at risk for possible overuse or improper use of pain medications (opioid analgesics) and nerve medications (benzodiazepines and certain anxiolytics). The Pharmacy-Prescriber Home Program also helps identify members who get the medications from more than one prescriber (doctor, nurse practitioner or physician's assistant). If you qualify for this program, UnitedHealthcare Community Plan of North Carolina will only pay for your pain medications and nerve medications when:

- Your medications are ordered by one prescriber. You will be given a chance to pick a prescriber in the UnitedHealthcare Community Plan of North Carolina's network.
- You have these prescriptions filled from one pharmacy. You will be given a chance to pick a pharmacy in UnitedHealthcare Community Plan of North Carolina's network.

If UnitedHealthcare Community Plan of North Carolina decides that you should be in Pharmacy-Prescriber Home Program, you will be in the program for a two-year period. If you do not agree with our decision that you should be in the program, you can appeal our decision before you are placed in the program (see page 60 for more information on Appeals).

Part II: Your benefits

The Plan will ensure alignment of activities with the State’s Quality Strategy and the State’s Healthy NC 2020 and 2030 goals for population health improvement and develop programs that will assist with meeting these goals.

Benefits you can get from UnitedHealthcare Community Plan of North Carolina or a NC Medicaid Direct provider

You can choose where to get some services. You can get these services from providers in the UnitedHealthcare Community Plan of North Carolina network or from another Medicaid provider. You do not need a referral from your primary care provider (PCP) to get these services. If you have any questions, talk to your PCP or call Member Services at **1-800-349-1855**, TTY **711**.

HIV and STI screening

You can get human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing, treatment and counseling service any time from your PCP or UnitedHealthcare Community Plan of North Carolina doctors. When you get this service as part of a family planning visit, you can go to any doctor or clinic that takes Medicaid and offers family planning services. You do not need a referral when you get this service as part of a family planning visit.

You can choose to go either to your PCP or to the local health department for diagnosis and/or treatment. You do not need a referral to go to the local health department.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): The Medicaid health benefit for members under age 21

Members under age 21 (excluding NC Health Choice members) have access to a broad menu of federal health care benefits referred to as “Early and Periodic Screening, Diagnosis and Treatment Services.” The “EPSDT guarantee” covers wellness visits and treatment services.

Early and Periodic Screening and Diagnosis

These “screening” visits are wellness care. They are free for members under age 21. These visits include a complete exam, free vaccines and vision, and hearing tests. Your provider will also watch your child’s physical and emotional growth and well-being at every visit and “diagnose” any conditions that may exist. At these visits, you will get referrals to any treatment services your child needs to get well and to stay healthy.

The “T” in EPSDT: Treatment for members under age 21

Sometimes children need medical treatment for a health problem. UnitedHealthcare Community Plan of North Carolina may not offer every service covered by the federal Medicaid program. When a child needs treatment, we will pay for any service that the federal government’s Medicaid plan covers. The proposed treatment must be evaluated on its ability to treat, fix or improve your child’s health problem or condition. This decision is made specifically for your child. UnitedHealthcare Community Plan of North Carolina cannot deny your child’s service just because of a policy limit. Also, we cannot deny a service just because that service is not included in our coverage policies. We must complete a special “EPSDT review” in these cases.

When UnitedHealthcare Community Plan of North Carolina approves services for children, important rules apply:

- There are no copays for Medicaid covered services to members under age 21
- There are no limits on how often a service or treatment is given
- There is no limit on how many services the member can get on the same day
- Services may be delivered in the best setting for the child’s health. This might include a school or a community setting.

You will find the entire menu of Medicaid-covered services in the Social Security Act. The federal Medicaid program covers a broad menu of medical care, including:

- Dental services
- Comprehensive health screening services (well-child checks, developmental screenings and immunizations)
- Health education
- Hearing services
- Home health services
- Hospice services
- Inpatient and outpatient hospital services
- Lab and X-ray services
- Mental health services
- Personal care services
- Physical and occupational therapy
- Prescription drugs
- Prosthetics

Part II: Your benefits

- Rehabilitative and therapy services for speech, hearing and language disorders
- Transportation to and from medical appointments
- Vision services
- Any other necessary health services to treat, fix or improve a health problem

If you have questions about EPSDT services, talk with your child's PCP. You can also find out more about the federal EPSDT guarantee online. Visit our website at myuhc.com/CommunityPlan or go to the NC Medicaid EPSDT webpage at <https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services-right-you/medicaids-benefit-children-and-adolescents>.

Benefits covered by NC Medicaid Direct but not by your health plan

There are some Medicaid and NC Health Choice services that UnitedHealthcare Community Plan of North Carolina **does not** cover, but if you need them, the services are covered for you by the NC Medicaid Direct program. You can get these services from any provider who takes Medicaid:

- Dental services
- Services provided or billed by Local Education Agencies that are included in your child's Individualized Education Program, Individual Family Service Plan, section 504 Accommodation Plan, Individual Health Plan, or Behavior Intervention Plan
- Services provided and billed by Children's Developmental Agencies (CDSAs) or providers contracted with CDSAs that are included in your child's Individualized Family Service Plan
- Fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses and ophthalmic frames (see page 37 for more information on vision services)

If you have questions or need help with accessing benefits you can only get through NC Medicaid Direct, talk with your primary care provider (PCP) or call Member Services at **1-800-349-1855**, TTY **711**.

Services not covered

Below are some examples of services that are **not available** from UnitedHealthcare Community Plan of North Carolina or NC Medicaid Direct. If you get any of these services, you may have to pay the bill:

- Cosmetic surgery if not medically necessary
- Personal comfort items such as cosmetics, novelties, tobacco or beauty aids
- Routine foot care, except for beneficiaries with diabetes or a vascular disease
- Routine newborn circumcision (medically necessary circumcision is covered for all ages)
- Experimental drugs, procedures or diagnostic tests
- Infertility treatments
- Sterilization reversal
- Sterilization for patients under age 21
- Medical photography
- Biofeedback
- Hypnosis
- Blood tests to determine paternity (contact your local child support enforcement agency)
- Chiropractic treatment unrelated to the treatment of an incomplete or partial dislocation of a joint in the spine
- Erectile dysfunction drugs
- Weight loss or weight gain drugs
- Liposuction
- “Tummy tuck”
- Ultrasound to determine sex of child
- Hearing aids for beneficiaries age 21 and older
- Services from a provider who is not part of UnitedHealthcare Community Plan of North Carolina, unless it is a provider you are allowed to see as described elsewhere in this handbook or UnitedHealthcare Community Plan of North Carolina, or your primary care provider (PCP) sent you to that provider
- Services for which you need a referral (approval) in advance, and you did not get it
- Services for which you need prior authorization in advance, and you did not get it
- Medical services provided out of the United States
- Tattoo removal

Part II: Your benefits

This list does not include all services that are not covered. To determine if a service is not covered, call Member Services at **1-800-349-1855**, TTY **711**.

A provider who agrees to accept Medicaid generally cannot bill you. You may have to pay for any service that your PCP or UnitedHealthcare Community Plan of North Carolina does not approve. Or, if before you get a service, you agree to be a “private pay” or “self-pay” patient, you will have to pay for the service. This includes:

- Services not covered (including those listed above)
- Unauthorized services
- Services provided by providers who are not part of UnitedHealthcare Community Plan of North Carolina

UnitedHealthcare Community Plan of North Carolina can choose not to cover counseling or service requests because of an objection on moral or religious grounds. If you want to leave our health plan because of this objection, you have good cause and the right to do so. See page 69 for more information.

If you get a bill

If you get a bill for a treatment or service you do not think you owe, do not ignore it. Call Member Services at **1-800-349-1855**, TTY **711** right away. We can help you understand why you may have gotten a bill. UnitedHealthcare Community Plan of North Carolina will not hold you responsible if:

- UnitedHealthcare Community Plan of North Carolina does not pay the individual or health care provider that furnished the services when the provider has a contractual referral or other arrangement for payment
- The services from a provider, who is not part of UnitedHealthcare Community Plan of North Carolina, is a provider you are allowed to see as described elsewhere in this handbook, or your primary care provider (PCP) sent you to that provider for services covered under Medicaid

You have the right to ask for an appeal and a State Fair Hearing if you think you are being asked to pay for something Medicaid or UnitedHealthcare Community Plan of North Carolina should cover. See the Appeals section on page 60 in this handbook for more information. If you have any questions, call Member Services at **1-800-349-1855**, TTY **711**.

Health plan member copays

Some members may be required to pay a copay. A “copay” is a fee you pay when you get certain health care services from a provider or pick up a prescription from a pharmacy.

Copays if you have Medicaid*

Service	Your copay
Non-emergency emergency department visits Optometrist visits Doctor visits Outpatient services Podiatrist visits	\$3 per visit
Generic and brand prescriptions	\$3 for each prescription
Chiropractic visits Optical services/supplies	\$2 per visit

*There are NO copays for the following members or services:

- Members under age 21
- Members who are pregnant
- Members receiving hospice care
- Federally recognized tribal members
- North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) beneficiaries
- Children in foster care
- People living in an institution who are receiving coverage for cost of care
- Behavioral health services
- Intellectual or developmental disability (I/DD) services
- Traumatic brain injury (TBI) services

A provider cannot refuse to provide services if you cannot pay your copay at the time. If you have any questions about Medicaid copays, please call Member Services at **1-800-349-1855**, TTY **711**.

Part II: Your benefits

Copays if your child has NC Health Choice

Service	Your copay
If you do not pay an annual enrollment fee for your child or children:	
Office visits	\$0 per visit
Generic prescription Brand prescription when generic is not available Over-the-counter (OTC) medications	\$1 for each prescription
Brand prescription when generic is available	\$3 for each prescription
Non-emergency Emergency Department visits	\$10 per visit
If you do pay an annual enrollment fee for your child or children:	
Office visit Outpatient hospital	\$5 per visit
Generic prescription Brand prescription when no generic is available Over-the-counter medications	\$1 for each prescription
Brand prescription when generic is available	\$10 for each prescription
Non-emergency Emergency Department visits	\$25 per visit

If you have any questions about NC Health Choice copays, call Member Services at **1-800-349-1855**, TTY **711**.

If your PCP is not able to accommodate your special needs, call Member Services at **1-800-349-1855**, TTY **711** to learn more about how you can change your PCP.

Service authorization and actions

UnitedHealthcare Community Plan of North Carolina will need to approve some treatments and services **before** you receive them. UnitedHealthcare Community Plan of North Carolina may also need to approve some treatments or services for you to **continue** receiving them. This is called **preauthorization**. The following treatments and services must be approved before you get them:

- Some scheduled surgeries
- Facility admissions (skilled nursing facility, acute inpatient, behavioral health, rehab and long-term acute care)
- Durable medical equipment
- Outpatient therapies
- Pain management implants or injections
- Private duty nursing and home health
- Radiology
- Some non-emergent transportation
- Behavioral partial hospitalization
- Psychological/neuropsychological testing
- Non-hospital medical detoxification
- Medically supervised or alcohol drug abuse treatment center (ADATC) detoxification crisis stabilization

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services you or your doctor may call Member Services at **1-800-349-1855**, TTY **711**.

What happens after we get your service authorization request?

UnitedHealthcare Community Plan of North Carolina uses a group of qualified health care professionals for reviews. Their job is to be sure that the treatment or service you asked for is covered by our health plan and that it will help with your medical condition. UnitedHealthcare nurses, doctors and behavioral health clinicians will review your provider's request.

UnitedHealthcare Community Plan of North Carolina uses policies and guidelines approved by the North Carolina Department of Health and Human Services (NCDHHS) to see if the service is medically necessary.

Part II: Your benefits

Sometimes UnitedHealthcare Community Plan of North Carolina may deny or limit a request your provider makes. This decision is called an adverse benefit determination. When this happens, you can request any records, standards and policies we used to decide on your request.

If you receive a denial and you do not agree with our decision, you may ask for an “appeal.” You can call or send in the appeal form you will find with your decision notice. See page 60 for more information on appeals.

Prior authorization requests for children under age 21 (applies to Medicaid members only)

Special rules apply to decisions to approve medical services for children under age 21.

UnitedHealthcare Community Plan of North Carolina cannot say no to a request for children under age 21 just because of our health plan policies, policy limits or rules. We must complete another review to help approve needed care. UnitedHealthcare Community Plan of North Carolina will use federal EPSDT rules for this review. These rules help UnitedHealthcare Community Plan of North Carolina take a careful look at:

- Your child’s health problem
- The service or treatment your provider asked for

UnitedHealthcare Community Plan of North Carolina must approve services that are not included in our coverage policies when our review team finds that your child needs them to get well or to stay healthy. This means that the UnitedHealthcare Community Plan of North Carolina’s review team must agree with your provider that the service will:

- Correct or improve a health problem
- Keep the health problem from getting worse
- Prevent the development of other health problems

Important details about services coverable by the Federal EPSDT Guarantee:

- Your provider must ask UnitedHealthcare Community Plan of North Carolina for the service
- Your provider must ask us to approve services that are not covered by UnitedHealthcare Community Plan of North Carolina
- Your provider must explain clearly why the service is needed to help treat your child’s health problem. UnitedHealthcare Community Plan of North Carolina’s EPSDT reviewer must agree. We will work with your provider to get any information our team needs to make a decision. UnitedHealthcare Community Plan of North Carolina will apply EPSDT rules to your child’s health condition. Your provider must tell us how the service will help improve your child’s health problem or help keep it from getting worse.

UnitedHealthcare Community Plan of North Carolina must approve these services with an “EPSDT review” before your provider gives them.

To learn more about the Medicaid health plan for children (EPSDT), see page 50, visit our website at myuhc.com/CommunityPlan and visit the state of North Carolina website for the EPSDT guarantee at <https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services-right-you/medicaids-benefit-children-and-adolescents>.

Preauthorization and timeframes

We will review your request for a preauthorization within the following timeframes:

- **Standard review:** A decision will be made **within 14 calendar days** after we receive your request.
- **Expedited (fast track) review:** A decision will be made, and you will hear from us **within 72 hours** of your request.

In most cases, you will be given at least 10 days' notice if any change (to reduce, stop or restrict services) is being made to current services. **If we approve a service and you have started to receive that service, we will not reduce, stop or restrict the service during the approval period unless we determine the approval was based on information that was known to be false or wrong.**

If we deny payment for a service, we will send a notice to you and your provider the day the payment is denied. These notices are not bills. **You will not have to pay for any care you received that was covered by UnitedHealthcare Community Plan of North Carolina or by Medicaid, even if we later deny payment to the provider.**

Information from Member Services

You can call Member Services at **1-800-349-1855**, TTY **711** to get a PCP, to ask about benefits and services, to get help with service requests, to replace a lost Medicaid card, to report the birth of a new baby, or ask about any change that might affect you or your family's benefits. We can answer any questions about the information in this handbook.

If English is not your first language, we can help. Just call us and we will find a way to talk with you in your own language.

For people with disabilities: If you have difficulty hearing or need assistance communicating, please call us. If you are reading this on behalf of someone who is blind, deaf-blind or has difficulty seeing, we can help. We can tell you if a doctor's office is equipped with special communications devices. Also, we have services like:

- TTY machine. Our TTY phone number is **711**.
- Information in large print
- Help in making or getting to appointments
- Names and addresses of providers who specialize in your condition

Part II: Your benefits

If you use a wheelchair, we can tell you if a doctor's office is wheelchair accessible and assist in making or getting to appointments.

You can help with health plan policies

We value your ideas. You can help us develop policies that best serve our members. We have several member committees in our health plan or with NCDHHS, like:

- UnitedHealthcare Community Plan of North Carolina Member Advisory Committee (MAC) — A group that meets at least quarterly where you can give input on our programs and policies.
- UnitedHealthcare Community Plan of North Carolina Long-Term Services and Supports (LTSS) Advisory Committee — A group that meets at least quarterly where you can give input on our Long-Term Services and Supports programs and policies.
- Medical Care Advisory Committee (MCAC) — A statewide group that gives advice to NC Medicaid about Medicaid and Health Choice medical care policies and quality of care.
- State Consumer and Family Advisory Committee (CFAC) — A statewide group that gives advice to NC Medicaid and lawmakers to help them plan and manage the state's behavioral health program.

Call Member Services at **1-800-349-1855**, TTY **711** to learn more about how you can help.

Appeals

Sometimes UnitedHealthcare Community Plan of North Carolina may decide to deny or limit a request your provider makes for you for benefits or services offered by our health plan. This decision is called an adverse benefit determination. You will receive a letter from UnitedHealthcare Community Plan of North Carolina notifying you of any adverse benefit determination. Medicaid and NC Health Choice members have a right to appeal adverse benefit determinations to UnitedHealthcare Community Plan of North Carolina. You have 60 calendar days from the date on your letter to ask for an appeal. When members do not agree with our decisions on an appeal, they can ask the NC Office of Administrative Hearings for a State Fair Hearing.

When you ask for an appeal, UnitedHealthcare Community Plan of North Carolina has 30 calendar days to give you an answer. You can ask questions and give any updates (including new medical documents from your providers) that you think will help us approve your request. You may do that in person, in writing or by phone.

You can ask for an appeal yourself. You may also ask a friend, a family member, your provider or a lawyer to help you. You can call UnitedHealthcare Community Plan of North Carolina at **1-800-349-1855**, TTY **711** or visit our website at myuhc.com/CommunityPlan if you need help with your appeal request. It's easy to ask for an appeal by using one of the options below:

- **Mail:** Fill out and sign the Appeal Request Form in the notice you receive about our decision. Mail it to the address listed on the form. We must receive your form no later than 60 calendar days from the date on the notice.
- **Fax:** Fill out, sign and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax number listed on the form. We must receive your form no later than 60 calendar days from the date on the notice.
- **By phone:** Call **1-800-349-1855**, TTY **711** and ask for an appeal.

You can also contact the NC Medicaid Ombudsman to get more information about your options. See page 77 for more information about the NC Medicaid Ombudsman.

When you appeal, you and any person you have chosen to help you can see the health records and criteria UnitedHealthcare Community Plan of North Carolina used to make the decision. If you choose to have someone help you, you must give them permission.

Expedited (faster) appeals

You or your provider can ask for a faster review of your appeal when a delay will cause serious harm to your health or to your ability to attain, maintain or regain your good health. This faster review is called an expedited appeal.

Your provider can ask for an expedited appeal by calling us at **1-800-349-1855**, TTY **711**.

You can ask for an expedited appeal by phone, by mail, or by fax. There are instructions on your Appeal Request Form that will tell you how to ask for an expedited appeal.

Provider requests for expedited appeals

If your provider asks us for an expedited appeal, we will give a decision no later than 72 hours after we get the request for an expedited appeal. We will call you and your provider as soon as there is a decision. We will send you and your provider a written notice of our decision within 72 hours from the day we received the expedited appeal request.

Part II: Your benefits

Member requests for expedited appeals

UnitedHealthcare Community Plan of North Carolina will review all member requests for expedited appeals. If your request for an expedited appeal is denied, we will call you during our business hours promptly following our decision. We also will tell you and the provider in writing if your request for an expedited appeal is denied. We will tell you the reason for the decision. UnitedHealthcare Community Plan of North Carolina will mail you a written notice within two calendar days.

If you do not agree with our decision to deny an expedited appeal request, you may file a grievance with us (see page 65 for more information on grievances).

When we deny a member's request for an expedited appeal, there is no need to make another appeal request. The appeal will be decided within 30 calendar days of your request. In all cases, we will review appeals as fast as a member's medical condition requires.

Timelines for standard appeals

If we have all the information we need, we will make a decision on your appeal within 30 days from the day that we get your appeal request. We will mail you a letter to tell you about our decision. If we need more information to decide about your appeal, we:

- Will write to you and tell you what information is needed
- Will explain why the delay is in your best interest
- May take an additional 14 days to make a decision on your appeal if you request it or if there is a need for additional information, and the delay is in your best interest

If you need more time to gather records and updates from your provider, just ask. You or a helper you name may ask us to delay your case until you are ready. Ask for an extension by calling Member Services at **1-800-349-1855**, TTY **711** or writing to:

UnitedHealthcare Community Plan
Attn: Grievances and Appeals Unit
P.O. Box 31364
Salt Lake City, UT 84131-0364

Decisions on appeals

When we decide your appeal, we will send you a letter. This letter is called a Notice of Decision. If you do not agree with our decision, you can ask for a State Fair Hearing. You can ask for a State Fair Hearing within 120 calendar days from the date on the Notice of Decision.

State Fair Hearings

If you do not agree with UnitedHealthcare Community Plan of North Carolina's decision on your appeal, you can ask for a State Fair Hearing. In North Carolina, State Fair Hearings include an offer of a free and voluntary mediation session. This meeting is held before your State Fair Hearing date.

Free and voluntary mediations

When you ask for a State Fair Hearing, you will get a phone call from The Mediation Network of North Carolina. The Mediation Network will call you within 5 business days after you request a State Fair Hearing. During this call you will be offered a mediation meeting. The state offers this free meeting to help resolve your disagreement quickly. These meetings are held by phone.

You do not have to accept this meeting. You can ask to schedule just your State Fair Hearing. When you do accept, a Mediation Network counselor will lead your meeting. This person does not take sides. A member of UnitedHealthcare Community Plan of North Carolina's review team will also attend. If the meeting does not help with your disagreement, you will have a State Fair Hearing.

State Fair Hearings

State Fair Hearings are held by the NC Office of Administrative Hearings (OAH). An administrative law judge will review your request along with new information you may have. The judge will make a decision on your service request. You can give any updates and facts you need to at this hearing. A member of UnitedHealthcare Community Plan of North Carolina's review team will attend. You may ask questions about the UnitedHealthcare Community Plan of North Carolina's decision. The judge in your State Fair Hearing is not a part of UnitedHealthcare Community Plan of North Carolina in any way.

It is easy to ask for a State Fair Hearing. Use one of the options below:

- **Mail:** Fill out and sign the State Fair Hearing Request Form that comes with your notice. Mail it to the addresses listed on the form.
- **Fax:** Fill out, sign and fax the State Fair Hearing Request Form that comes with your notice. You will find the fax numbers you need listed on the form.
- **By phone:** Call OAH at 1-984-236-1860 and ask for a State Fair Hearing. You will get help with your request during this call.

If you are unhappy with your State Fair Hearing decision, you can appeal to the North Carolina Superior Court in the county where you live. You have **30 days** from the day you get your decision from your State Fair Hearing to appeal to the Superior Court.

Part II: Your benefits

State Fair Hearings and disenrollment decisions

If you disagree about a decision to change your health plan, you can ask for a State Fair Hearing. The process to ask for a State Fair Hearing for disenrollment decisions is different than the process to ask for a State Fair Hearing when UnitedHealthcare Community Plan of North Carolina limits or denies a service that you requested. For more information about requesting a State Fair Hearing for disenrollment decisions see page 71 and 72.

Continuation of benefits during an appeal

Sometimes UnitedHealthcare Community Plan of North Carolina's decision reduces or stops a health care service you are already getting. You can ask to continue this service without changes until your appeal is finished. You can also ask the person helping you with your appeal to make that request for you. Your provider cannot ask for your services to continue during an appeal.

The rules in the section are the same for appeals and State Fair Hearings.

There are special rules about continuing your service during your appeal. Please read this section carefully!

You will get a notice if UnitedHealthcare Community Plan of North Carolina is going to reduce or stop a service you are receiving. You have 10 calendar days from the date we send the letter to ask for your services to continue. The notice you get will tell you the exact date. The notice will also tell you how to ask for your services to continue while you appeal.

If you ask for your services to continue, UnitedHealthcare Community Plan of North Carolina will continue your services from the day you ask for them to continue until you the day get your appeal decision. You or your authorized representative may contact Member Services at **1-800-349-1855**, TTY **711** or contact the Appeals Coordinator on your adverse benefit determination letter to ask for your service to continue until you get a decision on your appeal.

Your appeal might not change the decision the health plan made about your services. When this happens, Medicaid allows UnitedHealthcare Community Plan of North Carolina to bill you for services we paid for during your appeal. We must get approval from NC Medicaid before we can bill you for services we paid for during your appeal.

Appeals during your transition out of UnitedHealthcare Community Plan of North Carolina

If you decide to leave UnitedHealthcare Community Plan of North Carolina, your appeal may be impacted by this transition. If you will be transitioning out of our health plan soon and have an appeal with us, please contact Member Services at **1-800-349-1855**, TTY **711** for additional information.

If you have problems with your health plan you can file a grievance

We hope our health plan serves you well. If you are unhappy or have a complaint, you may talk with your primary care provider, and you may call Member Services at **1-800-349-1855**, TTY **711** or write to:

UnitedHealthcare Community Plan
Attn: Grievances and Appeals Unit
P.O. Box 31364
Salt Lake City, UT 84131-0364

A grievance and a complaint are the same thing. Contacting us with a grievance means that you are unhappy with your health plan, provider or your health services. Most problems like this can be solved right away. Whether we solve your problem right away or need to do some work, we will record your call, your problem and our solution. We will inform you that we have received your grievance in writing. We will also send you a written notice when we have finished working on your grievance.

You can ask a family member, a friend, your provider or a legal representative to help you with your complaint. If you need our help because of a hearing or vision impairment, or if you need translation services, or help filing out any forms, we can help you.

You can contact us by phone or in writing:

- By phone, call Member Services at **1-800-349-1855**, TTY **711**, 24 hours a day, 7 days a week. After business hours, you may leave a message, and we will contact you during the next business day.
- You can write us with your complaint to:

UnitedHealthcare Community Plan
Attn: Grievances and Appeals Unit
P.O. Box 31364
Salt Lake City, UT 84131-0364

Resolving your grievance

We will let you know in writing that we got your grievance within 5 calendar days of receiving it.

- We will review your complaint and tell you how we resolved it in writing within 30 calendar days from receiving your complaint
- If your grievance is about your request for an expedited (faster) appeal, we will tell you how we resolved it in writing within 5 calendar days of getting your complaint
- You may file a grievance with UnitedHealthcare Community Plan of North Carolina at anytime by following the process described above

Questions? Visit [UHCCommunityPlan.com/NC](https://www.uhc.com/community-plan), 65
or call Member Services at **1-800-349-1855**, TTY **711**.

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Transition of care

Your care when you change health plans or providers

If you join UnitedHealthcare Community Plan of North Carolina from another health plan, we will work with your previous health plan to get your health information, like your service history, service authorizations and other information about your current care into our records.

You can finish receiving any services that have already been authorized by your previous health plan. After that, if necessary, we will help you find a provider in our network to get any additional services if you need them.

In almost all cases, your providers under your former plan will also be UnitedHealthcare Community Plan of North Carolina providers. If your provider is not part of our network, there are some instances when you can still see the provider that you had before you joined UnitedHealthcare Community Plan of North Carolina. You can continue to see your provider if:

- At the time you join UnitedHealthcare Community Plan of North Carolina, you are receiving an ongoing course of treatment or have an ongoing special condition. In that case, you can ask to keep your provider for up to 90 days.
- You are more than 3 months pregnant when you join UnitedHealthcare Community Plan of North Carolina and you are getting prenatal care. In that case, you can keep your provider until after your delivery and for up to 60 days of post-partum care.
- You are pregnant when you join UnitedHealthcare Community Plan of North Carolina and you are receiving services from a behavioral health treatment provider. In that case, you can keep your provider until after your delivery.
- You have a surgery, organ transplant or inpatient stay already scheduled that your provider is doing. In these cases, you may be able to stay with your provider through the scheduled procedure, discharge from the hospital and for up to 90 days of follow-up care.
- You are terminally ill, and the provider is supporting you in your care. You are considered terminally ill if you have been told by your provider that he or she expects you have six months or less to live. In that case, you can keep your provider for the remainder of your life.

If your provider leaves UnitedHealthcare Community Plan of North Carolina, we will tell you in writing within 15 days from when we know this will happen. If the provider who leaves UnitedHealthcare Community Plan of North Carolina is your primary care provider (PCP), we will tell you in writing within 7 days from when we know this will happen. We will tell you how you can choose a new PCP or how we will choose one for you if you do not make a choice within 30 days.

If you want to continue receiving care from a provider who is not in our network, contact Member Services at **1-800-349-1855**, TTY **711**. Your request will be resolved within 14 calendar days.

If you have any questions, call Member Services at **1-800-349-1855**, TTY **711**.

66 **Questions?** Visit UHCCommunityPlan.com/NC, or call Member Services at **1-800-349-1855**, TTY **711**.

Member rights and responsibilities

As a member of UnitedHealthcare Community Plan of North Carolina, you have certain rights and responsibilities. UnitedHealthcare Community Plan of North Carolina will respect your rights and make sure that no one working for our plan, or any of our providers, will prevent you from using your rights. Also, we will make sure that you are aware of your responsibilities as a member of our plan.

Your rights

As a member of UnitedHealthcare Community Plan of North Carolina, you have a right to:

- Be cared for with respect, dignity and privacy without regard for health status, sex, race, color, religion, national origin, age, marital status, sexual orientation or gender identity
- Be told what services are available to you
- Be told where, when and how to get the services you need from UnitedHealthcare Community Plan of North Carolina
- Be told by your primary care provider (PCP) what your options are when getting services so you or your guardian can make an informed choice
- Be told by your PCP what health issues you may have, what can be done for you and what will likely be the result, in a way you understand. This includes additional languages.
- Get a second opinion about your care
- Give your approval of any treatment
- Give your approval of any plan for your care after that plan has been fully explained to you
- Refuse care and be told what you may risk if you do
- Get information about your health care
- Get a copy of your medical record and talk about it with your PCP
- Ask, if needed, that your medical record be amended or corrected
- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract or with your approval
- Use the UnitedHealthcare Community Plan of North Carolina complaint process to settle complaints. You can also contact the **NC Medicaid Ombudsman** any time you feel you were not fairly treated (see page 77 for more information about the NC Medicaid Ombudsman).
- Use the State Fair Hearing system
- Appoint someone you trust (relative, friend or lawyer) to speak for you if you are unable to speak for yourself about your care and treatment
- Receive considerate and respectful care in a clean and safe environment free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation

Part II: Your benefits

Additionally, if you are a NC Health Choice member, UnitedHealthcare Community Plan of North Carolina will make sure that we do not refer you to publicly supported health care resources to avoid costs for covered benefits and services.

Your responsibilities

As a member of UnitedHealthcare Community Plan of North Carolina, you agree to:

- Work with your PCP to protect and improve your health
- Find out how your health plan coverage works
- Listen to your PCP's advice and ask questions
- Call or go back to your PCP if you do not get better or ask for a second opinion
- Treat health care staff with respect
- Tell us if you have problems with any health care staff by calling Member Services at **1-800-349-1855, TTY 711**
- Keep your appointments. If you must cancel, call as soon as you can
- Use the emergency department only for emergencies
- Call your PCP when you need medical care, even if it is after hours

How to change your health plan (disenrollment)

At set times during your benefit year, you will be given a chance to pick a different health plan without needing a good reason (without cause). You can always ask to change health plans if you have a good reason (with cause).

The set times where you **do not** need a good reason to change health plans include:

- At least once every 12 months. This usually happens at the same time that your eligibility for Medicaid or NC Health Choice is being reviewed.
- During the first 90 days that UnitedHealthcare Community Plan of North Carolina starts managing your care (you may hear this called your choice period). You may leave UnitedHealthcare Community Plan of North Carolina and join another health plan at any time during the 90 days.

You will receive a letter letting you know when you can change health plans without a good reason. During those set times, you may choose to stay a member of UnitedHealthcare Community Plan of North Carolina or pick a different health plan that offers benefits and services where you live.

If you want to leave UnitedHealthcare Community Plan of North Carolina at any other time, you can do so **only** with a good reason (with cause). Some examples of a good reason to change health plans include:

- You move out of our service area
- You have a family member in another health plan
- Your requested related services are not available in our provider network, and there is risk to getting the services separately
- Your medical condition requires treatment that you are unable to receive in our plan
- Your Long Term Services and Supports (LTSS) provider is no longer with our health plan
- We do not provide the services you need due to religious or moral reasons
- Other reasons (poor quality of care, lack of access to covered services, lack of access to providers experienced in dealing with your health care needs)

If you need certain services to address needs related to a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI), you may have other choices. Call 1-833-870-5500, TTY: 711 or [RelayNC.com](https://www.relaync.com).

Part II: Your benefits

How to request to change health plans

You can ask to change health plans by phone, mail or electronically. You will receive help and information to choose a new health plan from the Enrollment Broker. If you want to change your health plan, you can change in one of these ways:

- Go to ncmedicaidplans.gov
- Use the NC Medicaid Managed Care mobile app
- Call 1-833-870-5500, TTY 711 or RelayNC.com

You can also ask for a form when you call so that you can mail or fax your request to change plans. If your request is approved, you will get a notice that the change will take place by a certain date. UnitedHealthcare Community Plan of North Carolina will provide the care you need until then.

You can ask for faster action if you believe the timing of the regular process will cause risk to your health. In that case, you will get a notice about your request to leave the plan within 3 days of making the request.

Reasons why you may have to leave UnitedHealthcare Community Plan of North Carolina

There are also some reasons why you may have to leave UnitedHealthcare Community Plan of North Carolina, even when you did not ask to leave our health plan. The following are reasons why you may have to leave UnitedHealthcare Community Plan of North Carolina when you did not ask to leave:

- If UnitedHealthcare Community Plan of North Carolina's request for you to leave our plan is approved:
 - We may request that you leave our health plan only if your actions or behavior seriously limits our ability to care for you or other members of our health plan. UnitedHealthcare Community Plan of North Carolina is **not allowed** to request that you leave our health plan because of a change in your health status, your use of benefits and services, your mental capacity diminishes, or for any disruptive behavior due to your health needs.
 - Before UnitedHealthcare Community Plan of North Carolina would make a request for you to leave our health plan, we would try our best to work with you to address any concerns that we may have in providing your care.
 - If UnitedHealthcare Community Plan of North Carolina's request for you to leave our health plan is approved, you will get a letter letting you that our request was approved and what new health plan is going to take over your care. If you do not like the new health plan who takes over your care, you will be given the option to choose a different health plan.

- If you lose your Medicaid Managed Care program eligibility:
 - You may lose your eligibility for the Medicaid Managed Care program if any of the following happen:
 - You stay in a nursing home for more than 90 days in a row (see page 39 for more information on nursing services)
 - You become eligible for and are transferred for treatment to a state-owned Neuro-Medical Center or a Department of Military & Veteran Affairs-operated Veterans Home
 - You change in Medicaid eligibility category
 - You begin receiving Medicare

If you are no longer eligible for Medicaid Managed Care, you will receive a letter letting you know that you will continue to receive your benefits and services through NC Medicaid Direct instead of through UnitedHealthcare Community Plan of North Carolina. If this happens, you can call the NC Medicaid Contact Center at 1-888-245-0179 for help.

- If you lose your Medicaid or NC Health Choice eligibility:
 - You may have to leave our health plan if you are notified that you are no longer eligible to receive benefits and services through the Medicaid or NC Health Choice programs. **If you are no longer eligible for Medicaid or NC Health Choice, you will receive a letter letting you know that all benefits and services that you may be receiving under the program will stop.** If this happens, call your local Department of Social Services.

State Fair Hearings for disenrollment decisions

You have a right to ask for a State Fair Hearing if you disagree with a decision to:

- Deny your request to change health plans
- Approve a request made by UnitedHealthcare Community Plan of North Carolina for you to leave the plan

State Fair Hearings are held by OAH. You will have a chance to give more information and facts, and to ask questions about the decision for you to change plans before an administrative law judge. The judge in your State Fair Hearing is not a part of UnitedHealthcare Community Plan of North Carolina in any way. In North Carolina, State Fair Hearings include an offer of a free and voluntary mediation session that is held before your Hearing date (see page 63 for more information on mediations).

Part II: Your benefits

Requesting a State Fair Hearing for disenrollment decisions

If you disagree with a decision for you to change health plans, you have **30 days** from the date on the letter notifying you of the decision to ask for a State Fair Hearing. You can ask for a State Fair Hearing yourself. You may also ask a friend, a family member, your provider or a lawyer to help you. You can call the Enrollment Broker at **1-833-870-5500** if you need help with your State Fair Hearing request.

You can use one of the following ways to request a State Fair Hearing:

- **Mail:** Fill out and sign the State Fair Hearing Request Form that comes with your notice. Mail it to the addresses listed on the form.
- **Fax:** Fill out, sign and fax the State Fair Hearing Request Form that comes with your notice. The fax numbers you need are listed on the form.
- **By phone:** Call OAH at **1-984-236-1860** and ask for a State Fair Hearing. You will get help with your request during this call.

When you ask for a State Fair Hearing, you and any person you have chosen to help you can see the records and criteria used to make the decision. If you choose to have someone help you, you must give them written permission. Include their name and contact information on the State Fair Hearing Request Form.

If you are unhappy with your State Fair Hearing decision, you can appeal to the North Carolina Superior Court in the county where you live. You have **30 days** from the day you get your decision from your State Fair Hearing Final Decision to appeal to the Superior Court.

Advance Directives

There may come a time when you become unable to manage your own health care. If this happens, you may want a family member or other person close to you making decisions on your behalf. By planning in advance, you can arrange now for your wishes to be carried out. An advance directive is a set of directions you give about the medical and mental health care you want if you ever lose the ability to make decisions for yourself.

Making an advance directive is your choice. If you become unable to make your own decisions, and you have no advance directive, your doctor or behavioral health provider will consult with someone close to you about your care. Discussing your wishes for medical and behavioral health treatment with your family and friends now is strongly encouraged, as this will help to make sure that you get the level of treatment you want if you can no longer tell your doctor or other physical or behavioral health providers what you want.

North Carolina has three ways for you to make a formal advance directive. These include living wills, health care power of attorney and advance instructions for mental health treatment.

Living will

In North Carolina, a **living will** is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time
- Are unconscious and your doctor determines that it is highly unlikely that you will regain consciousness
- Have advanced dementia or a similar condition which results in a substantial loss of attention span, memory, reasoning, and other brain functions, and it is highly unlikely the condition will be reversed

In a living will, you can direct your doctor not to use certain life-prolonging treatments such as a breathing machine (called a “respirator” or “ventilator”), or to stop giving you food and water through a feeding tube.

A living will goes into effect only when your doctor and one other doctor determine that you meet one of the conditions specified in the living will. You are encouraged to discuss your wishes with friends, family and your doctor now, so that they can help make sure that you get the level of care you want at the end of your life.

Health care power of attorney

A **health care power of attorney** is a legal document in which you can name one or more people as your health care agents to make medical and behavioral health decisions for you as you become unable to decide for yourself. You can always say what medical or behavioral health treatments you would want and not want. You should choose an adult you trust to be your health care agent. Discuss your wishes with the people you want as your agents before you put them in writing.

Again, it is always helpful to discuss your wishes with your family, friends and your doctor. A health care power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your health care choices. If, due to moral or religious beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do it.

Part II: Your benefits

Advance instruction for mental health treatment

An **advance instruction for mental health treatment** is a legal document that tells doctors and mental health providers what mental health treatments you would want and what treatments you would not want if you later become unable to decide for yourself. It can also be used to nominate a person to serve as guardian if guardianship proceedings are started. Your advance instruction for behavioral health treatment can be a separate document or combined with a health care power of attorney or a general power of attorney. An advance instruction for behavioral health may be followed by a doctor or behavioral health provider when your doctor or an eligible psychologist determines in writing that you are no longer able to make or communicate behavioral health decisions.

Forms you can use to make an Advance Directive

You can find the advance directive forms at www.sosnc.gov/ahcdr. The forms meet all the rules for a formal advance directive. For more information, you can also call 919-814-5400 or write to:

Advance Health Care Directive Registry
Department of the Secretary of State
P.O. Box 29622
Raleigh, NC 27626-0622

You can change your mind and update these documents at any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you cannot speak for yourself. Talk to your primary care provider (PCP) or call Member Services at **1-800-349-1855**, TTY **711** if you have any questions about advance directives.

Concerns about abuse, neglect and exploitation

Your health and safety are very important. You should be able to lead your life without fear of abuse or neglect by others or someone taking advantage of them (exploitation). Anyone who suspects any allegations of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult **must** report these concerns to the local Department of Social Services (DSS). A list of DSS locations can be found at dhhs.nc.gov/localdss. There are also rules that no one will be punished for making a report when the reporter is concerned about the health and safety of an individual.

Providers are required to report any concerns of abuse, neglect or exploitation of a child or disabled adult receiving mental health, substance use disorder, intellectual/developmental disability services (I/DD) or traumatic brain injury (TBI) services from an unlicensed staff to the local DSS and the Healthcare Personnel Registry Section of the North Carolina Division of Health Service Regulation for a possible investigation. The link to the Healthcare Personnel Registry Section is www.ncnar.org/verify_listings1.jsp. The provider will also take steps to ensure the health and safety of individuals receiving services.

For additional information on how to report concerns, call Member Services at **1-800-349-1855**.

Fraud, waste and abuse

If you suspect that someone is committing Medicaid fraud, report it. Examples of Medicaid fraud include:

- An individual does not report all income or other health insurance when applying for Medicaid
- An individual who does not get Medicaid uses a Medicaid member's card with or without the member's permission
- A doctor or a clinic bills for services that were not provided or were not medically necessary

You can report suspected fraud and abuse in any of the following ways:

- Call the Medicaid Fraud, Waste and Program Abuse Tip Line at 1-877-DMA-TIP1 (1-877-362-8471)
- Call the UnitedHealthcare fraud, waste, and abuse line at **1-800-349-1855**, TTY **711**
- Call the State Auditor's Waste Line at 1-800-730-TIPS (1-800-730-8477)
- Call the U.S. Office of Inspector General's Fraud Line at 1-800-HHS-TIPS (1-800-447-8477)

Part II: Your benefits

Important phone numbers

Member Services	1-800-349-1855, TTY 711
7:00 a.m.–6:00 p.m. ET, Monday–Saturday	
Behavioral Health Crisis Line	1-877-334-1141
24 hours a day, 7 days a week	
NurseLine	1-855-202-0992
24 hours a day, 7 days a week	
Enrollment Broker	1-833-870-5500 (TTY 1-833-870-5588)
7:00 a.m.–5:00 p.m., Monday–Saturday	
NC Medicaid Ombudsman	1-877-201-3750
8:00 a.m.–5:00 p.m., Monday–Friday except State holidays	
NC Medicaid Contact Center	1-888-245-0179
8:00 a.m.–5:00 p.m., Monday–Friday, except State holidays	
Provider Services	1-800-638-3302
8:00 a.m.–6:00 p.m., Monday–Saturday	
Pharmacy Service Line for Pharmacists and Prescribers	1-855-258-1593
7:00 a.m.–6:00 p.m. ET, Monday–Saturday	
Mediation Network of North Carolina	336-461-3300
Legal Aid Helpline	1-866-219-LANC (5262)
8:30 a.m.–4:30 p.m., Monday–Friday	
5:30 p.m.–8:30 p.m., Monday and Thursday	
Advance Health Care Directive Registry	919-814-5400
NC Medicaid Fraud, Waste and Abuse Tip Line	1-800-730-TIPS (1-800-730-8477)
State Auditor Waste Line	1-800-730-TIPS (1-800-730-8477)
U.S. Office of Inspector General Fraud Line	1-800-HHS-TIPS (1-800-447-8477)

Keep us informed

Call Member Services at **1-800-349-1855**, TTY **711** whenever these changes happen in your life:

- You have a change in Medicaid eligibility
- You give birth
- There is a change in Medicaid coverage for you or your children

If you no longer get Medicaid, check with your local Department of Social Services. You may be able to enroll in another program.

NC Medicaid Ombudsman

The NC Medicaid Ombudsman is a resource you can contact if you need help with your health care needs. The NC Medicaid Ombudsman is an independently operated, nonprofit organization whose only job is to ensure that individuals and families under NC Medicaid Managed Care get access to the care that they need.

The NC Medicaid Ombudsman can:

- Answer your questions about benefits
- Help you understand your rights and responsibilities
- Provide information about NC Medicaid Managed Care
- Answer your questions about enrolling with or disenrolling from a health plan
- Help you understand a notice you have received
- Refer you to other agencies that may be able to assist you with your health care needs
- Help to resolve issues you are having with your health care provider or health plan
- Be an advocate for members if you are dealing with an issue or a complaint affecting access to health care
- Provide information to assist you with your appeal, grievance, mediation or fair hearing
- Connect you to legal help if you need it to help resolve a problem with your health care

You can contact the NC Medicaid Ombudsman at **1-877-201-3750** or ncmedicaidombudsman.org.

Part II: Your benefits

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, 2019.

By law, we¹ must protect the privacy of your Protected Health Information (“PHI”). We must send you this notice. It tells you:

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

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

PHI is information about your health or health care services. We have the right to change our privacy practices for handling PHI. 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 PHI. We collect and keep your PHI to run our business. PHI may be oral, written or electronic. We limit employee and service provider access to your PHI. We have safeguards in place to protect your PHI.

How We Use or Share Your Information

We must use and share your PHI with:

- You or your legal representative
- Government agencies

We have the right to use and share your PHI 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 PHI as follows.

- **For Payment.** We may use or share your PHI to process premium payments and claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may share your PHI 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 PHI to your employer. We may give them other HI if they properly limit its use.

78 **Questions?** Visit UHCCommunityPlan.com/NC, or call Member Services at **1-800-349-1855**, TTY **711**.

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

We may use or share your PHI 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 PHI 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 PHI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the PHI. 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 PHI 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 PHI. They are not allowed to use PHI other than as allowed by our contract with them.

Part II: Your benefits

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

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

Your Rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request 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. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete, you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.

- **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.; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus Wisconsin Insurance; Health Plan of Nevada, Inc.; Optimum Choice, Inc.; Oxford Health Plans (NJ), Inc.; Physicians Health Choice of Texas LLC; Preferred Care Partners, Inc.; Rocky Mountain Health Maintenance Organization, Inc.; Symphonix Health Insurance, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of River Valley; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc. This list of health plans is completed as of the effective date of this notice. For a current list of health plans subject to this notice go to www.uhc.com/privacy/entities-fn-v2-en or call the number on your health plan ID card.



We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-349-1855**, TTY **711**, 7:00 a.m.–6:00 p.m. ET, Monday–Saturday. You can also visit our website at UHCCommunityPlan.com/NC.

UnitedHealthcare Community Plan

UHCCommunityPlan.com/NC

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