



Member Handbook 2024

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan)
Effective January 1, 2024



Toll-free 1-877-542-9236, TTY 711
8 a.m.–8 p.m. local time, Monday–Friday
(voicemail available 24 hours a day, 7 days a week)



UHCCommunityPlan.com
myuhc.com/CommunityPlan

**United
Healthcare®**
Community Plan

+MyCareOhio
Connecting Medicare + Medicaid

Important Telephone Numbers	
Member Services 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week)	1-877-542-9236 TTY 711
24/7 Nurse HotlineSM (available 24 hours a day, 7 days a week)	1-800-542-8630 TTY 711
Healthy First Steps (for mothers-to-be)	1-800-599-5985
Care Management 8 a.m.–8 p.m. local time, Monday–Friday; ask to transfer to Care Mgmt. After hours, call our Nurse Hotline.)	1-877-542-9236
Fraud and Abuse Hotline UnitedHealthcare Ohio Department of Insurance	1-877-766-3844 1-800-686-1527 1-614-644-2671
Pharmacy Questions	1-877-542-9236
Ohio Medicaid Consumer Hotline	1-800-324-8680 TTY 711 ohiomh.com
Member Website	UHCommunityPlan.com
Your Health Providers	
Name:	Phone:
Name:	Phone:
Emergency Room:	Phone:
Pharmacy:	Phone:

Nurse HotlineSM is a service mark of UnitedHealth Group, Inc.

UnitedHealthcare Connected[®] for MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

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Welcome

ATTENTION: If you speak English, language services, free of charge, are available to you. Call **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday. The call is free.

ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al **1-877-542-9236 (TTY 711)**, de 8 a.m. a 8 p.m., hora local, de lunes a viernes. La llamada es gratuita.

We can explain this information in English or in your primary language. You can get this document for free in other formats, such as large print, braille, or audio. Call **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week). The call is free.

Welcome to UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) by UnitedHealthcare Community Plan of Ohio, Inc. You are now a member of a MyCare Ohio health care plan, also known as a MyCare Ohio managed care plan (MCOP). An MCOP is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has care managers and care teams to help you manage all your providers and services. They all work together to provide the care you need. UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) provides health care services to Ohio residents who are eligible.

If you have any problem reading or understanding this or any other UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) information, please contact Member Services at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time Monday–Friday (voice mail available 24 hours a day, 7 days a week) for help at no cost to you.

Who Is Eligible to Enroll in a MyCare Ohio Plan?

You are eligible for membership in our MyCare Ohio plan as long as you:

- Live in our service area; **and**
- Have Medicare Parts A, B and D; **and**
- Have full Medicaid coverage; **and**
- Are 18 years of age or older at time of enrollment.

You are not eligible to enroll in a MyCare Ohio plan if you:

- Do not have full Medicaid benefits and Medicare Parts A, B and D;
- Are younger than age 18;
- Are enrolled in PACE (Program for All-Inclusive Care for the Elderly);
- Have any private medical insurance, including retiree benefits, other than a Medicare Advantage plan; or
- Have intellectual or other developmental disabilities and receive services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)

Additionally, you have the option not to be a member of a MyCare Ohio plan if:

- you are a member of a federally recognized Indian tribe, regardless of your age.
- you are an individual who receives home and community based waiver services through the Ohio Department of Developmental Disabilities.

If you believe that you meet any of the above criteria and should not be enrolled, please contact Member Services at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) is available only to people who live in our service area. Our service area includes Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, and Wayne counties. If you move to an area outside of our service area, you cannot stay in this plan. If you move, please report the move to your County Department of Job and Family Services office and to UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

New Member Information

This handbook tells you about your coverage under UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan). It explains how to receive health care services, behavioral health coverage, prescription drug coverage, home and community-based waiver services, also called long-term care services and supports. Long-term services and supports help you stay at home instead of going to a nursing home or hospital. You will also find additional information such as: providers that you can use to receive care (also known as network providers), member rights, additional benefits, and steps you can take if you are unhappy or disagree with something.

You can request a printed Provider Directory by calling the Member Services department or by returning the postcard you received with your new member letter and member identification (ID) card. The Provider Directory lists all our panel providers as well as other non-panel providers you can use to receive services. You can also visit our website at **UHCCommunityPlan.com** to view up to date provider panel information or call Member Services at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week) for assistance.

Panel providers are MCOP's contracted providers available to the MCOP's general membership. Non-panel providers are non-contracted providers available to the MCOP's general membership.

While UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) is approved by the state and federal governments to provide both Medicare and Medicaid-covered services, you chose or were assigned to receive only your Medicaid-covered services from our plan. If you want to receive both your Medicare and Medicaid-covered services from your MyCare Ohio MCOP, see page 1 under section: Who is Eligible to Enroll in a MyCare Ohio Plan for more information.

Member Services

Member Services can be reached at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday. You can leave a voicemail 24 hours a day, 7 days a week. We will respond to all voicemails within 24 business hours.

Member Services can help you with the following: finding a provider, benefit questions, how to access services and specialty care, ordering new ID cards, help in understanding your Medicare or Medicaid benefits, prior authorizations (okay), filing a complaint including for discrimination or appeal/expedited appeal, changing PCPs, understanding this Member Handbook, co-pays for Rx, language help, etc.

You can keep your membership record up-to-date by letting us know when your information changes. The plan's network providers and pharmacies need to have the right information about you. **They use your membership record to know what services and drugs you get** and how much they will cost you. Because of this, it is very important that you help us keep your information up to date.

Let us know if any of these situations applies to you:

- If you are afraid for your safety
- If you have any changes to your name, address, or phone number
- If you get other health insurance coverage like coverage from your employer, your spouse's employer, or workers' compensation
- If you have any liability claims, such as claims from an automobile accident
- If you are admitted to a nursing facility or hospital
- If you get care in an out-of-area or out-of-network hospital or emergency room
- If there's a change in who is your caregiver (or anyone else responsible for you)
- If you become pregnant

If any information changes, please let us know by calling Member Services at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

You can also write to us:

Member Services
UnitedHealthcare Connected® for MyCare Ohio
5900 Parkwood Place
Dublin, OH 43016

Please visit our website (**UHCommunityPlan.com**) which includes up-to-date member information, health education, list of providers, and much more.

Language Help

ATTENTION: If you speak English, language services, free of charge, are available to you. Call **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday. The call is free.

If you have a problem reading or understanding this information or any other UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) information, please contact Member Services at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week) for help at no cost to you. We can explain this information,

in English or in your primary language. You can get this document for free in other formats, such as large print, braille, or audio. Call **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week). The call is free.

Members with hearing loss, please call 711. This is a free Telecommunications Relay Service (TRS) that allows persons with hearing or speech disabilities to place and receive telephone calls. Ask to be connected to UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) and give them the Member Services number **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

If needed, member information and literature can be made available in a different language, large print, Braille and audio tapes. Interpreters are also available for visual or hearing impaired members. If you need this information in Braille or large print, please call Member Services at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

Identification (ID) Cards

You should have received a UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) membership ID card. Each member of your family who has joined UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) will receive their own card. These cards replace your monthly Medicaid card. Each card is good for as long as the person is a member of UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan). You will not receive a new card each month as you did with the Medicaid card.

Always Keep Your ID Card(s) with You

You must show your UnitedHealthcare Connected® for MyCare Ohio member ID card and your Medicare ID card when you get any medical services or prescriptions. This means that you need your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) ID card when you:

- see your primary care provider (PCP)
- see a specialist or other provider
- go to an emergency room
- go to an urgent care facility
- go to a hospital for any reason
- go to a pharmacy
- go to labs or imaging providers
- go to nursing facilities
- receive waiver service or start with a new waiver provider
- get medical supplies
- get a prescription
- have medical tests

Call UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) Member Services as soon as possible at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week) if:

- you have not received your card(s) yet
- any of the information on the card(s) is wrong
- your card is damaged, lost or stolen
- you have a baby

Primary Care Provider

You can continue to get Medicare services from your doctors and other Medicare providers. You will also be asked to identify a primary care provider (PCP).

Your PCP will be the first point of contact for all of your health needs and will work with you to direct your health care. Your PCP should work with your UnitedHealthcare Connected® for MyCare Ohio care manager to coordinate your health and long-term care services. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

- It is important to contact your PCP before you see a specialist or after you have an urgent care or emergency department visit. This allows your PCP to manage your care for the best outcomes.

Changing your PCP

If for any reason you change your PCP, it is important to contact UnitedHealthcare Connected® for MyCare Ohio's Member Services to ensure your health and long-term care services are coordinated.

If you no longer see the PCP that is on your ID card, UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) will send you a new ID card.

If you need help finding a PCP or want the names of the PCPs in our network, you may look in your Provider Directory if you requested a printed copy, on our website at **UHCCommunityPlan.com**, or you can call Member Services at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

Get to Know Your PCP—Time for a Wellness Visit!

It's important for all UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) members to have regular wellness visits. This way your PCP can help you live a healthier life. See your PCP as soon as you become a UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) member. You don't have to wait until you are sick. Don't forget to take all of your insurance ID cards with you.

Some questions you can ask are:

- What are the office hours?
- What if I need night or weekend care?
- Who takes calls if your office is closed?

- Do you need an “O.K.” from me to get my records from another office?
- Am I due for any tests or check-ups?

It is important to know all the staff at your PCP’s office. They will help you with medical advice and much more. It is best to call during regular business hours if you want to speak to someone from the office.

Learn more about network doctors.

You can learn information about network doctors at **UHCCCommunityPlan.com** or by calling Member Services. We can tell you the following information:

- Name, address, telephone numbers.
- Professional qualifications.
- Specialty.
- Medical school attended.
- Residency completion.
- Board Certification status.
- Languages spoken.

What Is a Medical Home?

If you go to the same provider or medical practice all the time, this provider is your medical home.

Why Would I Want a Medical Home?

There are lots of reasons for you and your family to have a medical home.

- A medical home will already have your medical records. This lets the doctor see you faster.
- A medical home will know what shots, illnesses and prescriptions you have had and what works best.
- A medical home will know what your allergies and other health issues are.
- A medical home will know what behavior and health is normal for you.
- A medical home can answer your questions about previous treatment.

How Long Should It Take to Get a PCP Appointment?

Here are some general guidelines on how long it takes to get an appointment with your PCP.

Emergency appointments: Immediately or referred to an emergency facility

Urgent (but not an emergency) appointments: Within 24 hours

Routine symptomatic appointments: Within 48 hours

Routine asymptomatic appointments: Within 6 weeks

Preventive, well-child, and regular appointments: Within 6 weeks

Network Providers

It is important to understand that members must receive Medicaid services from facilities and/or providers in UnitedHealthcare Connected® for MyCare Ohio's (Medicare-Medicaid Plan) provider network. A network provider is a provider who works with our health plan and has agreed to accept our payment as payment in full.

Network providers include but are not limited to: nursing facilities, home health agencies, medical equipment suppliers, and others who provide goods and services that you get through Medicaid. The only time you can use providers that are not in network is for services that Medicare pays for OR an out-of-network provider of Medicaid services that UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) has approved you to see during or after your transition of care period.

- For a specified time after your enrollment in the MyCare Ohio program, we may allow you to receive care from a provider that is not a UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) panel provider (out-of-network provider). Additionally, we may allow you to continue to receive services that were authorized by Ohio Medicaid. This is called your transition of care period. Please note, the transition periods start on the first day you are effective with **any** MyCare Ohio plan. If you change your MyCare Ohio plan, your transition period for coverage of an out-of-network provider does not start over. The **New Member Letter** included with this Handbook has more information on transition time periods, services and providers. If you are currently seeing a provider that is not in our network or if you already have services approved or scheduled, it is important that you call Member Services immediately (today or as soon as possible) so we can arrange the services and avoid any billing issues.

You can request a Provider Directory by returning the enclosed post card, or you can find out which providers are in our network by calling Member Services at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week) or on our website at **UHCCommunityPlan.com**. You can also contact the Medicaid Hotline at **1-800-324-8680**, TTY users should call Ohio Relay at **7-1-1**, or on the Medicaid Hotline website at **ohiomh.com**. You can request a printed **Provider and Pharmacy Directory** at any time by calling Member Services at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week). Both Member Services and the website can give you the most up-to-date information about changes in our network providers.

After Hours Care or Care When Traveling Outside the UnitedHealthcare Service Area

Sometimes you may need your PCP when the office is closed or when you are traveling outside the UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) service area. If you need urgent or non-emergent care, call your PCP's office. You will receive directions on how to access care. There is someone to help you 24 hours a day, seven days a week. If your PCP tells you to go to the nearest emergency room, call UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) within 24 hours or as soon as possible.

You can also call UnitedHealthcare Connected® for MyCare Ohio's (Medicare-Medicaid Plan) Nurse Hotline services. Nurse Hotline nurses are available to answer your health-related questions 24 hours a day and 7 days a week. Call Nurse Hotline at **1-800-542-8630** (TTY **711**).

Prior Authorization

Prior authorization is an okay for services that must be approved by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) for your Medicaid-covered services. Your doctor must call Utilization Management (UM) at **1-800-600-9007** before you obtain a service or procedure that is listed as requiring an okay in this booklet. Our UM team is available Monday through Friday, 8 a.m. to 5 p.m. On-call staff is available 24 hours a day, 7 days a week for emergency okays.

If you have questions about UM decisions or processes, call Member Services at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

Informed Consent

Consent means that you say “yes” to medical treatment. Informed consent means the treatment was explained to you and you understand.

- You say yes before getting any treatment.
- Sometimes you may need to say yes in writing.
- If you do not want the medical treatment, your PCP will talk to you and tell you other choices.
- You have the right to say yes or no.

No Medical Coverage (Except Emergency Services) Outside of the United States

Any health care services (except Emergency Services) you receive while out of the country will not be covered by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan).

Behavioral Health Services

If you need mental health and/or substance use disorder treatment services, please call Member Services at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week). You can also find additional UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) providers on our website at **UHCCommunityPlan.com** and in our Provider Directory.

Self-Referred Services

You can receive some services without your PCP referring or recommending you to another doctor. These are called self-referred services. Please check with your Medicare plan first but, examples of services that you may be able to receive without your PCP referring you to another doctor include:

- Dental care
- Vision care
- Women's routine and preventive health care services provided by a women's health specialist (obstetrics, gynecology, certified nurse midwife)

-
- Specialty care (except for chemotherapy and pain management specialist services)
 - Emergency care
 - Services provided by Qualified Family Planning Providers (QFPP)
 - Mental health and substance use disorder treatment services
 - Services provided at Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC)
 - Dialysis
 - Radiation therapy
 - Mammograms

You must go to a participating provider for all self-referred services except for emergency care or for services provided at Federally Qualified Health Centers (FQHC)/Rural Health Clinics (RHC), Qualified Family Planning Providers (QFPP), Ohio Department of Mental Health certified community mental health centers, and Ohio Department of Alcohol and Drug Addiction Services certified treatment centers which are Medicaid providers.

Participating providers would be those providers listed in your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) Provider Directory. Your Provider Directory will include specialists such as oncologists, gynecologists, optometrists, dentists, and psychologists. If you do not see your provider listed, call Member Services or visit **UHCCommunityPlan.com** to find out if your provider is now accepting UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan).

To make sure you receive the best care, tell your PCP about any self-referred visits to specialists and other providers. By doing this, your PCP can help coordinate your health care. If you visit a provider that is not a participating provider with UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan), these services may require an okay.

Care Management

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) offers care management services to all members. When you first join our plan, you will receive a health care needs assessment within the first 15 to 75 days of your enrollment effective date, depending on your health status. You will receive a phone call from your Health Plan Care Manager to schedule and do the comprehensive in-home assessment.

The Care Manager is the director of your treatment plan. The Care Manager assists with assessing your needs and health issues and works with your care team to define a plan of care that meets your needs.

If you'd like to find out who your care manager is, please call Member Services at **1-877-542-9236** (TTY **711**). They will give you the contact information for your care manager and also let your care manager know you are trying to reach them. You can also ask any other questions about care management.

Our goal is to identify a care manager that best meets your needs; however, if you want to change your Care Manager, you can call Member Services at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

The Care Management Team.

You will be assigned a personal Care Manager. Your PCP is a part of the core team.

Our goal is to use a person-centered approach to assess and develop a care plan with you, your family and caregivers. Together your Care Management Team develops the right plan to meet your needs.

We will get to know your needs by reviewing your current health information. You will receive a welcome call from the Integrated Care Team to verify receipt of Welcome materials and identify any immediate health care needs.

We will identify what you need to maintain your health, and feel as good as possible, including: what types of medications do you need today or in the future? Do you have any medical needs that have been planned or recommended by your doctor?

Everything revolves around your health care needs.

How it works:

- We'll go over your health history and make sure we have everything ready.
- We'll create a customized plan of care based on your individual needs.
- We'll coordinate with family members, caregivers and health care providers.
- We'll help you to make sure you get the services you may need.

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) provides a seamless system of care for our members and providers that integrate Medicare and Medicaid service delivery through either coordinated or contractually integrated models.

Our goal is to serve our members through a comprehensive and integrated care management program that supports the individuals' choice to live in the least restrictive environment, maintain independence, and prevent functional decline.

Since your healthcare needs may change from time to time, your care manager will be responsible for sharing the changes with the care team that assists you. Of course, your input and permission are always considered when sharing the plan of care. In order to provide the best care for you, your care team needs to know your most up-to-date plan of care, which may include tests, procedures, and specialist visits. The care manager will track and follow your medications, as these can also change from time to time. It is important that you and your care team understand your medication changes.

Our care management program will:

- Conduct functional/social, behavioral/medical assessments, risk determinations and develop and implement member-centric, needs-based care/service plans
- Integrate acute care transition coordination, complex care management, chronic illness support, long-term care, behavioral health care and substance use disorder treatment, and coordination of services with multiple payers into **one holistic program**
- Engage community supports, services and other care stakeholders
- Engage member's medical/health home, Medicaid Health Home and PCP
- Use electronic member records to track status and outcomes over time

Our Personal Care Model™ cares for members who have serious health problems and/or on-going conditions. We want our members to enjoy the highest quality of life.

Services Covered by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan)

Medicaid helps with medical costs for certain people with limited incomes and resources. Ohio Medicaid pays for Medicare premiums for certain people, and may also pay for Medicare deductibles, co-insurance and co-payments except for prescriptions. Medicaid covers long-term care services such as home and community-based “waiver” services and assisted living services and long-term nursing home care. It also covers dental and vision services. Because you chose or were assigned to only receive Medicaid-covered services from our plan, Medicare will be the primary payer for most services. You can choose to receive both your Medicare and Medicaid benefits through UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) so all your services can be coordinated. Please see page 1 (Who is Eligible to Enroll in a MyCare Ohio Plan) for more information on how you can make this choice.

If you must travel 30 miles or more from your home to receive covered health care services, UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) will provide transportation to and from the provider's office. These services must be medically necessary and not available in your service area. You must also have a scheduled appointment (except in the case of urgent/emergent care). Please contact Member Services at 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week) at least 48 hours in advance of your appointment for assistance.

In addition to the transportation assistance that UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) provides, members can still receive assistance with transportation for certain services through the local County Department of Job and Family Services Non-Emergency Transportation (NET) program. Call your County Department of Job and Family Services for questions or assistance with NET services.

If you have been determined eligible and enrolled in a home- and community-based waiver program, there are also waiver transportation benefits available to meet your needs.

As a UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) member, you will continue to receive all medically-necessary Medicaid-covered services at no cost to you. These services may or may not require an okay before you receive the service. Please see the following charts to determine if your benefits require an okay. If you receive a bill for covered services please contact Member Services.

- Acupuncture — for pain management of migraine and lower back pain
- Ambulance and ambulette transportation
- Behavioral Health Services (including mental health and substance use disorder treatment)
- Chiropractic services
- Dental services
- Durable medical equipment and supplies
- Federally Qualified Health Center or Rural Health Clinic services
- Home and community-based waiver services
- Home health services
- Nursing facility services
- Prescription drugs (certain drugs not covered by Medicare Part D)
- Respite services
- Speech and hearing services, including hearing aids
- Vision care (optical) services, including eyeglasses

Services That DO NOT Require an Okay

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) encourages you to work with your PCP to help coordinate access to these services. However, it is not required that you see your PCP before you receive these services. Make sure you show both your Medicare and MyCare Ohio ID cards when getting any service.

Service	Coverage
Dental services	Oral exam and cleaning once every six months for members under the age of 21. Oral exam and cleaning once every year for members over the age of 21. Some non-routine dental services may require an okay.
Eye exams, routine vision (optical) services, including eyeglasses*	One comprehensive eye exam, complete frame, and pair of lenses (contact lenses, if medically necessary) are covered once per year for members age 20 and under and 60 and over, and once every 2 years for members age 21–59.
Family planning services and supplies	Covered
Free-standing birth center services at a free-standing birth center	Covered—Call Member Services to find a qualified clinic
Behavioral Health Services	Covered
Healthy Food Card	<p>Monthly credit is \$25</p> <p>With this benefit, you'll get a single prepaid card at the start of the plan year, to get healthy groceries at no cost. The prepaid card can be used at participating retailers. This is an in-store benefit. The prepaid card is loaded with credits every month to buy approved grocery items which include fruits and vegetables, dairy products, beans, bread, fish, poultry and more. Credits cannot be used to purchase tobacco or alcohol.</p> <p>Monthly credit is \$25</p> <p>Unused credits expire at the end of each month. You can get more information at myuhc.com/CommunityPlan, UHCommunityPlan.com, or by calling Member Services 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week)</p>
Physical exam required for employment or for participation in job training programs	Covered if the exam is not provided free of charge by another source.

Service	Coverage
Opioid Treatment Programs (OTPs)	The daily and weekly buprenorphine administration and buprenorphine-based medications will be available for federally-certified OTPs. The daily and weekly methadone administration will be available for state-licensed OTPs. These include: oral naltrexone, injectable/nasal naloxone.
Yearly Well Adult Exams	Covered when Medicare does not cover these.
Transportation Services	<p>Must use designated in-network provider. May offer bus tokens or vouchers. Authorization is required for trips over 60 miles (one-way), and will require prior approval by Health Plan staff. Mileage reimbursement may be available with appropriate documentation and request. Select modes of transportation for Plan Approved Health-related locations include:</p> <ul style="list-style-type: none"> • Taxi • Rideshare Services • Bus/Subway • Van • Medical Transport <p>Additional transportation available to critical care trip types: dialysis, chemotherapy, radiation, wound care, substance abuse and pregnancy. Note: In addition to the transportation assistance that UnitedHealthcare Connected® for MyCare Ohio provides, you can still get help with transportation for certain services through the Non-Emergency Transportation (NET) program. Call your local County Department of Job and Family Services for questions or assistance with NET services.</p> <p>Limited to 30 one-way trips every year to a Plan approved health-related location. Please refer to the waiver transportation benefit if you qualify for waiver services. Reservations are required and you must also have a scheduled appointment (except in the case of urgent/emergent care). Please contact Member Services at 1-877-542-9236 (TTY 711), 8 a.m.–8 p.m. local time, Monday–Friday (voice mail available 24 hours a day, 7 days a week) at least 48 hours in advance of your appointment for assistance.</p>

Services That DO Require an Okay

Your doctor must call UnitedHealthcare Connected® for MyCare Ohio's (Medicare-Medicaid Plan) Utilization Management Department at **1-800-366-7304** to get approval before you can receive the following services. Make sure you show both your Medicare and MyCare Ohio ID cards when getting any service.

Service	Coverage
Assisted Living Services	Covered
Home and Community-Based (Waiver) Services	Covered
Hospice care in a nursing facility (care for terminally ill, e.g., cancer patients)	Covered
Medicaid home health and private duty nursing services	Covered
Nursing facility and Long-term Care Services and Supports	Covered
Hearing services, including hearing aids	Covered
Respite services	For Supplemental Security Income (SSI) members under the age of 21, and have LTC or BH needs, as approved by CMS within the applicable 1915(b) waiver and as described in OAC rule 5160-26-03

Services That May Require an Okay

Depending on the level of care needed, these services may require an okay before you can receive them. Please see your Primary Care Provider (PCP) or talk to your Care Manager. Make sure you show both your Medicare and MyCare Ohio ID cards when getting any service.

Service	Coverage
Acupuncture	Coverage is limited to the pain management of migraine headaches and lower back pain. Thirty (30) visit limit without Prior Authorization. Covered for all state certified acupuncturists or orient medicine providers or any other provider holding a state certificate in acupuncture.
Ambulance and ambulette transportation	Covered
Durable medical equipment	Covered
Prescription Drugs, including certain prescribed over-the-counter drugs	Covered Please refer to the List of Covered Drugs that can be found on our website UHCCommunityPlan.com and the section in this Handbook listed as Non-Part D Drugs for details.
Services for children with medical handicaps (Title V)	Covered

New Technology Assessment

Some medical practices and treatments are not yet proven to be effective. New practices, treatments, tests and technologies are reviewed nationally by UnitedHealthcare Community Plan to make decisions about new medical practices and treatments and what conditions they can be used for. This information is reviewed by a committee of UnitedHealthcare Community Plan doctors, nurses, pharmacists and guest experts who make the final decision about coverage. If you would like more information about how we make decisions about new medical practices and treatments, call us at **1-877-542-9236**, TTY **711**.

Services Not Covered By UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan)

UnitedHealthcare Connected® for MyCare Ohio's (Medicare-Medicaid Plan) will not pay for services or supplies received that are not covered by Medicaid. If you have a question about whether a service is covered, please call Member Services at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

UnitedHealthcare Connected® for MyCare Ohio's (Medicare-Medicaid Plan) will not pay for the following services that are not covered by Medicaid:

- All services or supplies that are not medically necessary
- Paternity testing
- Services to find cause of death (autopsy) or services related to forensic studies
- Assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual

Services Not Covered By UnitedHealthcare Connected® for MyCare Ohio's (Medicare-Medicaid Plan) Unless Medically Necessary

UnitedHealthcare Connected® for MyCare Ohio's (Medicare-Medicaid Plan) will review applicable OAC rules (e.g. 5160-1-61) and conduct a medical necessity review if appropriate. If you have a question about whether a service is covered, please call Member Services at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

UnitedHealthcare Connected® for MyCare Ohio's (Medicare-Medicaid Plan) will not pay for the following services that are not covered by Medicaid **unless determined medically necessary**:

- Abortions except in the case of a reported rape, incest or to save the life of the mother
- Biofeedback services
- Experimental services and procedures, including drugs and equipment, not covered by Medicaid and not in accordance with customary standards of practice
- Infertility services for males or females, including reversal of voluntary sterilizations
- Inpatient treatment to stop using drugs and/or alcohol (in-patient detoxification services in a general hospital are covered)
- Plastic or cosmetic surgery
- Services for the treatment of obesity
- Services determined by Medicare or another third-party payer
- Sexual or marriage counseling
- Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure

Frequency Limitations

Your MyCare plan will review all requests for services from your provider. If you have a question about whether a service is covered, please call Member Services at **1-877-542-9236**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

Behavioral Health Services

Mental health and substance use disorder treatment services are available through the plan.

These services include:

- Diagnostic Evaluation and Assessment
- Psychological Testing
- Psychotherapy and Counseling
- Crisis Intervention
- Mental Health Services including Therapeutic Behavioral Service, Psychosocial Rehabilitation, Community Psychiatric Supportive Treatment, Assertive Community Treatment for Adults and Intensive Home-Based Treatment for Children/Adolescents
- Substance Use Disorder Treatment Services including Case Management, Peer Recovery Support, Intensive Outpatient, Partial Hospitalization, Residential Treatment, and Withdrawal Management
- Medication-Assisted Treatment for Addiction
- Opioid Treatment Program Services
- Medical Services
- Behavioral Health Nursing Services

If you need mental health and/or substance use disorder treatment services, or would like more information about these services, talk to your provider or call Member Services at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

Waiver Services

MyCare Ohio Waiver services are designed to meet the needs of members 18 years or older, who are determined by the State of Ohio, or its designee, to meet an intermediate or skilled level of care. These services help individuals to live and function independently. If you are enrolled in a waiver, please see your MyCare Ohio Home & Community-Based Services Waiver member handbook for waiver services information.

Nursing Facility/Long-Term Care Services And Supports

Nursing Facility/Long-term Care Services and Supports are covered by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan). A range of home and community-based services and supports are available to you as an alternative to long-term nursing facility care to enable you to live as independently as possible. The most appropriate setting for receiving long-term care services is considered by you, your PCP and your Care Management team to ensure we meet your needs and that you receive needed services whether it is in the community, an assisted living facility, or a nursing facility.

The Office of the State Long-Term Care Ombudsman helps people get information about long-term care services in nursing homes and in your home or community and resolve problems between providers and members or their families. They also can help you file a complaint or an appeal with our plan. For MyCare Ohio members, help with concerns about any aspect of care is available through the MyCare Ohio Ombudsman. You can call **1-800-282-1206** Monday through Friday 8:00 am to 5:00 pm. Calls to this number are free. You can submit an online complaint at: **aging.ohio.gov/contact/** or you can send a letter to:

Ohio Department of Aging: MyCare Ohio Ombudsman
246 N. High St./1st Fl
Columbus, Ohio 43215-2406

Prescription Drugs—Not Covered By Medicare Part D

While most of your prescription drugs will be covered by Medicare Part D, there are a few drugs that are not covered by Medicare Part D but are covered by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan). You can view our plan's **List of Covered Drugs** on our website at **UHCCommunityPlan.com**. Drugs with an asterisk are not covered by Medicare Part D but are covered by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan). You do not have any co-pays for drugs covered by our plan because we only cover your non-Part D/OTC drugs. Please talk to your Medicare carrier for any co-pays they will charge you for Part D drugs.

If you do not have the co-pay amount, you should tell the pharmacy and you can get your prescription. You will still owe the pharmacy the co-pay and the pharmacy can refuse to provide future services for unpaid co-pays if they notify you in advance.

We may also require that your provider submit information to us (a prior authorization request) to explain why a specific medication and/or a certain amount of a medication is needed. We must approve the request before you can get the medication. Reasons why we may prior authorize a drug include:

- There is a generic or pharmacy alternative drug available.
- The drug can be misused/abused.
- There are other drugs that must be tried first.
- Some drugs may have quantity (amount) limits.

If we do not approve a prior authorization request for a medication, we will send you information on how you can appeal our decision and your right to a state hearing. You can call Member Services to request information on medications that require prior authorization. You can also look on our website at **UHCCommunityPlan.com**. Make sure you are only looking at the drugs with an asterisk to see if they require prior authorization.

Please note that our list of medications that require prior authorization can change so it is important for you and/or your provider to check this information when you need to fill or refill a medication.

Healthchek (Well Child Exams)

Healthchek is Ohio's early and periodic screening, diagnostic, and treatment (EPSDT) benefit. Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for everyone eligible for Medicaid under the age of 21. These exams are important to make sure that young adults are healthy and are developing physically and mentally. Members under the age of 21 years should have at least one exam per year.

Healthchek also covers complete medical, vision, dental, hearing, nutritional, developmental, and behavioral health exams, in addition to other care to treat physical, mental, or other problems or conditions found by an exam. Healthchek covers tests and treatment services that may not be covered for people age 20 and under; some of the tests and treatment services may require prior authorization.

Healthchek services are available at no cost to members and include:

- Preventive check-ups for young adults under the age of 21.
- Healthchek screenings:
 - Medical exams (physical and development screenings)
 - Vision exams
 - Dental exams
 - Hearing exams
 - Nutrition checks
 - Developmental exams
 - Lead testing
- Laboratory tests (age and gender appropriate exams)
- Immunizations
- Medically necessary follow up care to treat health problems or issues found during a screening. This could include, but is not limited to, services such as:
 - visits with a primary care provider, specialist, dentist, optometrist and other UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) providers to diagnose and treat problems or issues
 - inpatient or outpatient hospital care
 - clinic visits
 - prescription drugs

- Health education

It is very important to get preventive check ups and screenings, so your providers can find any health problems early and treat them, or make a referral to a specialist for treatment, before the problem gets more serious. **Remember: Some services may require a referral from your PCP or a prior authorization by UnitedHealthcare Connected® for MyCare Ohio.** Also, for some EPSDT items or services, your provider may request prior authorization for UnitedHealthcare Connected® for MyCare Ohio to cover things that have limits or are not covered for members over age 20. Please look at the “covered services” section starting on page 13 of this booklet to see what services require prior authorization.

As a part of Healthchek, care management services are available to all members under the age of 21 who have special health care needs. Please see page 10 to learn more about the care management services offered by UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan).

UnitedHealthcare Connected® for MyCare Ohio will give you the help you need to get a Healthchek screening and any follow-up services. Call UnitedHealthcare Connected® for MyCare Ohio Member Services at **1-877-542-9236 (TTY 711)** to see if you are eligible for Healthchek and to receive information on how to obtain Healthchek services. You can also call your Medicare provider or Dentist to make an appointment for a Healthchek exam. Please make sure to ask for a Healthchek exam when you call. It is very important to make appointments with a PCP and dentist for regular check-ups.

We can help you find an in-network doctor, dentist or healthcare specialist. We will call you with reminders when your child is due for a Healthchek screen. If you need help making appointments, we will help you. If you do not have a way of getting to your appointments, ask us for help with transportation. If you suspect a problem with your child, schedule a Healthchek visit even if it is not yet time for one. This will help you detect and treat any problems early.

Emergency Services

Emergency Services are covered by Medicare. If you have an emergency, call 911, or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your primary care provider or the Nurse Hotline at **800-542-8630 (TTY 711)**. Your PCP or the Nurse Hotline can talk to you about your medical problem and give you advice on what you should do.

Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Be sure to show them your UnitedHealthcare Connected® for MyCare Ohio member ID card and your Medicare ID card.
- If the provider that is treating you for an emergency takes care of your emergency but thinks that you need other medical care to treat the problem that caused your emergency, the provider must call UnitedHealthcare Connected® for MyCare Ohio.
- Prior authorization is not required for emergency services.
- If you need emergency transportation, contact 911 or your local emergency service.

- If the hospital has you stay, please call Member Services at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week) within 24 hours, or as soon as possible.

Telehealth

Telehealth is the direct delivery of health care to a patient via audio and/or video. Instead of coming into the office for your appointment, you stay at your home or office and use your smartphone, tablet or computer to see and talk to your medical and behavioral health professionals. There is no cost for Medicaid members to use telehealth and telehealth removes the stress of needing transportation services.

Medicaid members can see medical and behavioral health professionals via telehealth for many illnesses and injuries, common health conditions, follow-up appointments and screenings as well as prescribing medication(s).

Check with your Medicare insurance plan for providers who offer telehealth services.

Additional Benefits or Services

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) also offers the following extra services and/or benefits to their members.

Care Management Team

All members have access to a care management team. This additional service/benefit is described in the Care Management section earlier in this Handbook.

Dental Services

Oral exam and cleaning once every six months for members under the age of 21. Oral exam and cleaning once every year for members over the age of 21. Some non-routine dental services may require an okay. Please refer to your Provider Directory for a list of dental providers that are in the UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) network to set up your dental appointment.

Vision Services

One comprehensive eye exam, complete frame, and pair of lenses (contact lenses, if medically necessary) are covered once per year for members age 20 and under and 60 and over, and once every 2 years for members age 21–59. Please refer to your Provider Directory for a list of optometrists that are in the UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) network to set up your eye appointment.

Nurse HotlineSM

As a member of UnitedHealthcare Connected[®] for MyCare Ohio (Medicare-Medicaid Plan), you can take advantage of our Nurse Hotline services. Nurse Hotline provides you with 24 hours a day, 7 days a week access through a toll-free telephone number to experienced registered nurses who understand your health care needs and concerns. You can rest easy knowing registered nurses with Nurse Hotline have an average of 15 years of experience. Nurse Hotline uses trusted, physician-approved information to help you make the right decisions. Nurse Hotline can help you make health-related decisions but it is not a substitute for your doctor's care. Please see the Nurse Hotline section earlier in this Handbook for more information.

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care.

Your health information is kept confidential in accordance with the law. The service is not an insurance program and may be discontinued at any time.

Member Rights

As a member of our health plan you have the following rights:

- To receive all information and services that our plan must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be able to discuss medically necessary treatment options for your condition(s), no matter the cost or benefit coverage.
- To be able to participate with practitioners in making decisions relating to your health care.
- To be given information about your health. This information may also be available to someone who you have legally approved to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your healthcare. Instances believed to work against your best interest may be overridden.
- To get information on any medical care treatment, given in a way that you understand and can follow.
- To be sure others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations.
- To request, and receive a copy of your medical records, and to be able to ask that a record be changed or corrected if needed.
- To be able to say yes or no to having any information about you given out unless we have to by law.
- To be able to say no to treatment or therapy. If you say no, the doctor or our plan must talk to you about what could happen and must put a note in your medical record about it.

- To be able to file an appeal, a grievance (complaint) or state hearing. See the section titled “How to let UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid plan) know if you are unhappy or do not agree with a decision we made—Appeals and Grievances” of this handbook (page 23) for information.
- To be able to get all MCOP-written member information from our plan:
 - at no cost to you;
 - in the prevalent non-English languages of members in the MCOP’s service area;
 - in other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help, free of charge, from our plan and its providers if you do not speak English or need help in understanding information.
- To be able to get help, free of charge, with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To be able to make recommendations regarding UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid plan) member rights and responsibilities policy.
- To make advance directives (that is a living will). See page 38, which explains about advance directives.
- To file any complaint about not following your advance directive with the Ohio Department of Health.
- To be free to carry out your rights and know that the MCOP, the MCOP’s providers or the Ohio Department of Medicaid will not hold this against you.
- To know that we must follow all federal and state laws, and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- To change your primary care provider (that is your doctor) no more than once a month.
- If you are a female, to be able to go to a woman’s health provider in our network for Medicaid covered woman’s health services.
- To be able to get a second opinion for Medicaid covered services from a qualified provider in our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network at no cost to you.
- To get information about UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) from us. This includes information about our services, our health care providers and your member rights and responsibilities.
- To contact the Ohio Department of Medicaid and/or the United States Department of Health and Human Services Office of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, genetic information, ancestry, health status or need for health services.

The Ohio Department of Medicaid
Office of Human Resources, Employee Relations
P.O. Box 182709
Columbus, Ohio 43218-2709
Email: ODM_EmployeeRelations@medicaid.ohio.gov
Fax: (614) 644-1434

Office for Civil Rights
United States Department of Health and Human Services
233 N. Michigan Ave.-Suite 240
Chicago, Illinois 60601
(312) 886-2359
(312) 353-5693 TTY

Laws require that we keep your medical records and personal health information private. We make sure that your health information is protected. For more information about how we protect your personal health information, see the Health Plan Notices of Privacy Practices on page 44.

Member Responsibilities

As a Member of UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan), you have the responsibility:

- To understand how UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) works by reading this book.
- To choose your Primary Care Provider (PCP).
- To carry your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) ID card; (You must show your card when receiving services as well as your Medicare card).
- To report a stolen or lost ID card as soon as possible.
- To inform UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) of any other insurance you may have, and to present current insurance information to your Primary Care Provider.
- To seek medical attention as needed.
- To be on time for all appointments.
- To tell your PCP's office or any medical office if you need to change an appointment.
- To respect the rights and property of your PCP, other healthcare workers, and other patients.
- To know when to take your medicine, how to take your medicine and to follow your doctor's instructions that you agreed to.
- To give the right medical information about yourself that UnitedHealthcare Connected and your health care providers need to provide care.
- To take full responsibility, think about the consequences of your decision if you refuse care (say no) to treatment, and ask questions if you don't understand.

- To understand as best you can your health problems and take part in developing mutually agreed upon treatments.
- To be sure that your PCP has all your medical records; (This includes all medical records from other doctors.)
- To let UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) know if you are in the hospital or use the Emergency Room: (Do this within 24 hours or as soon as possible.)
- To consent to the proper use of your health information
- To keep your Medicaid eligibility current so you do not lose your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) membership.

How to Let UnitedHealthcare Connected® for MyCare Ohio (Medicare Medicaid Plan) Know If You Are Unhappy or Do Not Agree with a Decision We Made—Appeals and Grievances

If you are unhappy with anything about our plan or its providers, you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you authorize to speak for you, can contact us. If you want someone to speak for you, you will need to let us know. UnitedHealthcare Connected® for MyCare Ohio wants you to contact us so we can help you.

To contact us, you can:

- Call the Member Services Department at **1-877-542-9236 (TTY 711)**,
- Fill out the form at the end of your member handbook,
- Call the Member Services Department to request they mail you a form,
- Visit our website at **UHCCommunityPlan.com**, or
- Write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
PO Box 6103
MS CA124-0187
Cypress, CA 90630
Expedited Fax: 1-866-373-1081

UnitedHealthcare Connected® for MyCare Ohio will send you something in writing if we make a decision to:

-
- deny a request to cover a service for you;
 - reduce, suspend or stop services before you receive all the services that were approved; or
 - deny payment for a service you received that is not covered by UnitedHealthcare Connected® for MyCare Ohio.

We will also send you something in writing if, by the date we should have, we did not:

- make a decision on whether to cover a service requested for you, or
- give you an answer to something you told us you were unhappy about.

If you do not agree with the decision or action listed in the letter, and you contact us **within 60 calendar days** of getting our letter to ask that we change our decision or action, this is called an **appeal**. The 60-calendar day period begins on the day after the mailing date on the letter.

If we have made a decision to reduce, suspend or stop services before you receive all the services that were approved, your letter will tell you how you can keep receiving the services if you choose and when you may have to pay for the services.

How do I make a Level 1 Appeal?

- To start your appeal, you, your authorized representative, or your doctor or other provider must contact us. You can call us at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week) or write to us at the following address:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
PO Box 6103
MS CA124-0187
Cypress, CA 90630
Expedited fax 1-866-373-1081

You should also include any information that helps explain your problem.

- If you decide to write to us, you can draft your own letter or you can use the appeal/complaint form. Be sure to include your first and last name, the number from the front of your UnitedHealthcare Connected® for MyCare Ohio Member ID Card, and your address and telephone number. You should also include any information that helps explain your problem.
- If you ask for a fast appeal, we will give you our answer within 72 hours after we get all information needed to decide your appeal. We will give you our answer sooner if your health requires us to do so.
- However, if you or your provider asks for more time or if we need to gather more information, we may take up to 14 more calendar days. If we take extra days to make the decision, we will send you a letter that explains why we need more time. We can't take extra time to make a decision if your request is for a Medicare Part B prescription drug.
- If you believe we should not take extra days, you can file a "fast complaint" about our decision to take extra days. When you file a fast complaint, we will give you an answer to your complaint within 24 hours.

- If we do not give you an answer to your appeal within 72 hours or by the end of the extra days (if we took them), we will automatically send your case to Level 2 of the appeals process if your problem is about coverage of a Medicare service or item. You will be notified when this happens. If your problem is about coverage of a Medicaid service or item, you can ask for a State Hearing.

You can also file a complaint about our failure to make an appeal decision within the required time frame.

Unless we tell you a different date, we must give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. If we do not change our decision or action as a result of your appeal, we will notify you of your right to request a state hearing. **You may only request a state hearing after you have gone through** UnitedHealthcare Connected® for MyCare Ohio **appeal process**.

If you contact us because you are unhappy with something about UnitedHealthcare Connected® for MyCare Ohio or one of our providers, this is called a **grievance**. UnitedHealthcare Connected® for MyCare Ohio will give you an answer to your grievance by phone (or by mail if we can't reach you by phone) within the following time frames:

- two working days for grievances about not being able to get medical care
- thirty calendar days for all other grievances

If we need more time to make a decision for either an appeal or a grievance, we will send you a letter telling you that we need to take up to 14 more calendar days. That letter will also explain why we need more time. If you think we need more time to make a decision on your appeal or grievance, you can also ask us to take up to 14 calendar days.

You also have the right to file a complaint **at any time** by contacting the:

Ohio Department of Medicaid
Bureau of Managed Care Compliance and Oversight
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-605-3040 or 1-800-324-8680
TTY: 1-800-292-3572

Ohio Department of Insurance
50 W. Town Street
3rd Floor–Suite 300
Columbus, Ohio 43215
1-800-686-1526

State Hearings

A state hearing is a meeting with you or your authorized representative, someone from the County Department of Job and Family Services, someone from UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan), and a hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS). In this meeting, you will explain why you think UnitedHealthcare Connected® for MyCare Ohio did not make the right decision and UnitedHealthcare Connected® for MyCare Ohio will explain the reasons for making our decision. The hearing officer will listen and then decide who is right based on the rules and the information given.

UnitedHealthcare Connected® for MyCare Ohio will notify you of your right to request a state hearing if we do not change our decision or action as a result of your appeal.

If you want a state hearing, you or your authorized representative must request a hearing **within 90 calendar days**. The 90-calendar day period begins on the day after the mailing date on the hearing form. If your appeal was about a decision to reduce, suspend, or stop services before you get all the approved services, your letter will tell you how you can keep getting the services if you choose to and when you may have to pay for the services.

Will my benefits continue during Level 1 appeals?

Yes, if you meet certain requirements. If we previously approved coverage for a service but then decided to change or stop the service before the authorization period expired, we will send you a notice at least 15 days in advance of taking the action. You, your authorized representative, or your doctor or other provider must **ask for an appeal on or before the later of the following** to continue the service during the appeal:

- Within 15 calendar days of the mailing date of our notice of action; or
- The intended effective date of the action.

If your benefits are continued, you can keep getting the service until one of the following happens: 1) you withdraw the appeal; or 2) 15 calendar days pass after we notify you that we said **No** to your appeal.

Note: Sometimes your benefits may continue even if we say **No** to your appeal. If the service is covered by Medicaid and you ask for a State Hearing, you may be able to continue your benefits until the Bureau of State Hearings makes a decision. If the service is covered by both Medicare and Medicaid, your benefits will continue during the Level 2 appeal process.

To request a hearing you can sign and return the state hearing form to the address or fax number listed on the form, call the Bureau of State Hearings at **1-866-635-3748**, or submit your request via e-mail at bsh@jfs.ohio.gov. If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association at **1-800-589-5888**, for the local number. **You may only request a state hearing after you have gone through UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) appeal process.**

State hearing decisions are usually issued no later than 70 calendar days after the request is received. However, if the MCOP or Bureau of State Hearings decides that the health condition meets the criteria for an expedited decision, the decision will be issued as quickly as needed but no later than 3 working days after the request is received. Expedited decisions are for situations when making the decision within the standard time frame could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function.

Accidental Injury Or Illness (Subrogation)

If you must see a doctor for an injury or illness that was caused by another person or business, you must call the Member Services department to let us know. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store then another insurance company might have to pay the doctor's and/or hospital's bill. When you call we will need the name of the person at fault, their insurance company and the name(s) of any attorney(s) involved.

Other Health Insurance (Coordination Of Benefits — COB)

We are aware that you also have health coverage through Medicare. If you have any other health insurance with another company, it is very important that you call the member services department and your county caseworker about the insurance. It is also important to call member services and your county caseworker if you have lost health insurance that you had previously reported. Not giving us this information can cause problems with getting care and with payment of potential medical bills.

Loss of Insurance Notice (Certificate Of Creditable Coverage)

Anytime you lose health insurance, you should receive a notice, known as a certificate of creditable coverage, from your old insurance company that says you no longer have insurance. It is important that you keep a copy of this notice for your records because you might be asked to provide a copy.

Loss of Medicaid Eligibility

It is important that you keep your appointments with the County Department of Job and Family Services. If you miss a visit or don't give them the information they ask for, you can lose your Medicaid eligibility. If this happened, our plan would be told to stop your membership as a Medicaid member and you would no longer be covered.

Automatic Renewal of MCOP Membership

If you lose your Medicaid eligibility but it is started again within 90 days, you will automatically be re-enrolled in UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan).

Ending Your MCOP Membership

You live in a MyCare Ohio mandatory enrollment area which means you must select a MyCare Ohio managed care plan unless you meet one of the exceptions listed on page 1. If your area would change to a voluntary enrollment area, the Ohio Department of Medicaid would notify you of the change.

Because you chose or were assigned to receive only your Medicaid benefits through UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan), you can only end your membership at certain times during the year. You can choose to end your membership during the first three (3) months of your initial membership or during the annual open enrollment period. The Ohio Department of Medicaid will notify you by mail when it is your annual open enrollment period. If you live in a MyCare Ohio mandatory enrollment area, you must choose another MyCare Ohio plan to receive your health care.

If you want to end your membership during the first three months of your membership, or during open enrollment period, you can call the Medicaid Hotline at **1-800-324-8680**. TTY users should call Ohio Relay at **7-1-1**. You can also submit a request on-line to the Medicaid Hotline website at **ohiomh.com**. Most of the time, if you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. If you chose another managed care plan, your new plan will send you information in the mail before your membership start date.

Choosing A New Plan

If you are thinking about ending your membership to change to another health plan, you should learn about your choices, especially if you want to keep your current provider(s) for Medicaid services. Remember, each health plan has a network of providers you must use. Each health plan also has written information which explains the benefits it offers and the rules you must follow. If you would like written information about a health plan you are thinking of joining, or if you simply would like to ask questions about the health plan, you may either call the plan or call the Medicaid Hotline at **1-800-324-8680**. TTY users should call Ohio Relay at **7-1-1**. You can also find information about the health plans in your area by visiting the Medicaid Hotline website at **ohiomh.com**.

Choosing to receive both your Medicare and Medicaid benefits from a MyCare Ohio plan

You can request to receive both your Medicare and Medicaid benefits from UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) and allow us to serve as your single point of contact for all of your Medicare and Medicaid services. If you would like more information or to request this change you can contact the Medicaid Hotline at **1-800-324-8680**. TTY users should call Ohio Relay at **7-1-1**.

Just Cause Membership Terminations

Sometimes there may be a special reason that you need to end your health plan membership. This is called a “Just Cause” membership termination. Before you can ask for a just cause membership termination you must first call your managed care plan and give them a chance to resolve the issue. If they cannot resolve the issue, you can ask for a just cause termination at any time if you have one of the following reasons:

1. You move and your current MCOP is not available where you now live, and you must receive non-emergency medical care in your new area before your MCOP membership ends.
2. The MCOP does not, for moral or religious objections, cover a medical service that you need.
3. Your doctor has said that some of the medical services you need must be received at the same time and all the services aren’t available on your MCOP’s panel.
4. You have concerns that you are not receiving quality care and the services you need are not available from another provider on your MCOP’s panel.
5. Lack of access to medically necessary Medicaid-covered services or lack of access to providers that are experienced in dealing with your special health care needs.
6. The PCP that you chose is no longer on your MCOP’s panel and he/she was the only PCP on your MCOP’s panel that spoke your language and was located within a reasonable distance from you. Another health plan has a PCP on their panel that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
7. Other–If you think staying as a member in your current health plan is harmful to you and not in your best interest.

You may ask to end your membership for Just Cause by calling the Medicaid Hotline at **1-800-324-8680**. TTY users should call Ohio Relay at **7-1-1**. The Ohio Department of Medicaid will review your request to end your membership for just cause and decide if you meet a just cause reason. You will receive a letter in the mail to tell you if the Ohio Department of Medicaid will end your membership and the date it ends. If you live in a mandatory enrollment area, you will have to choose another managed care plan to receive your health care unless the Ohio Department of Medicaid tells you differently. If your just cause request is denied, the Ohio Department of Medicaid will send you information that explains your state hearing right for appealing the decision.

Things to keep in mind if you end your membership

If you have followed any of the above steps to end your membership, remember:

- Continue to use UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) doctors and other providers until the day you are a member of your new health plan, unless you are still in your transition period or live in a voluntary enrollment area and choose to return to regular Medicaid.
- If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan’s Member Services Department. If they are unable to help you, call the Medicaid Hotline at **1-800-324-8680**. TTY users should call Ohio Relay at **7-1-1**.

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- If you were allowed to return to the previous Medicaid card and you have not received a new Medicaid card, call your county caseworker.
 - If you have chosen a new health plan and have any Medicaid services scheduled, please call your new plan to be sure that these providers are on the new plan's list of providers and any needed paperwork is done. Some examples of when you should call your new plan include: when you are getting home health, private duty nursing, mental health, substance use disorder treatment, dental, vision, and waiver services.
 - If you were allowed to return to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

Can UnitedHealthcare Connected® for MyCare Ohio End My Membership?

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) may ask the Ohio Department of Medicaid to end your membership for certain reasons. The Ohio Department of Medicaid must okay the request before your membership can be ended.

The reasons that we can ask to end your membership are:

- For fraud or for misuse of your member ID card
- For disruptive or uncooperative behavior to the extent that it affects the MCOP's ability to provide services to you or other members.

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) provides services to our members because of a contract that our plan has with the Ohio Department of Medicaid. If you want to contact the Ohio Department of Medicaid, you can call or write to:

Ohio Department of Medicaid
Bureau of Managed Care
P.O. Box 182709
Columbus, Ohio 43218-2709

1-800-324-8680 (Monday through Friday 7 a.m. to 8 p.m. and Saturday 8 a.m. to 5 p.m.)
TTY users should call Ohio Relay at **7-1-1**

You can also visit the Ohio Department of Medicaid on the web at: **medicaid.ohio.gov/PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx**.

You may also contact your local County Department of Job and Family Services if you have questions or need to submit changes to your address or income or other insurance.

You can contact UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) to get any other information you want including the structure and operation of our plan and how we pay our providers or if you have any suggestions on things we should change. Please call the Member Services department at **1-877-542-9236** (TTY **711**).

Additional Resources and Information

Quality Improvement

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) wants you to get quality health care and services. We study the care you get from your doctors and other health care providers. We look for ways to make our services to you better and find and fix any problems.

For a description of the UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) plan and information on how we are meeting our goals or information on our practice guidelines, please write to:

UnitedHealthcare Connected® for MyCare Ohio
Quality Improvement
5900 Parkwood Place
Dublin, OH 43016

Disease and Care Management Programs

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) offers care management services to all members. Our Personal Care Model™ cares for members who have serious health problems and/or on-going conditions. We want our members to enjoy the highest quality of life.

What can your UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) Care Manager provide for you?

- A health assessment to identify your special needs
- Contact by phone and home visits as needed
- Help finding community resources and home health care
- Help with medical transportation
- Arranging for Durable Medical Equipment (DME) and other services as needed or ordered by your physician
- Help with keeping doctor's appointments
- Health education and educational materials
- Disease management programs for conditions like:
 - Asthma
 - Diabetes
 - COPD (Lung diseases)
 - Heart Failure
 - Kidney Disease
 - Behavioral Health

UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) may ask you questions to learn more information about your condition(s). We may contact you if you or your doctor requests a phone call or if we think we have care management services that would be helpful to you.

UnitedHealthcare Connected® for MyCare Oho (Medicare-Medicaid Plan) staff will talk to your PCP and other service providers to coordinate care. Disease and Care Management staff may include nurses, care managers, health coaches, social workers, behavioral health team members, or Community Health Worker.

Call us if you have any questions about or feel you would benefit from Care Management services. To learn more about our programs, call Member Services at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

UnitedHealthcare’s Healthify Program

Sometimes a person’s health and safety needs require the assistance from community support programs. Here’s where UnitedHealthcare’s Healthify program can easily help. By calling 1-877-542-9236 our members can learn about and sign up for money-saving programs like: food, legal assistance, housing, utility discounts, free cell phone service; adult and child day care; and other social service programs.

If You Are Going to Have a Baby–Healthy First Steps™ (A Program for Our Pregnant Members)

A healthy mom is more likely to have a healthy baby. Pregnancy is an important time for women to take good care of themselves and their unborn baby. Some women may have risk factors that can cause problems during pregnancy. These problems could cause early labor. A baby born too early may be sick or have to stay in the hospital. We want the best possible health for the mom and baby.

We have a special program for pregnant members. Our Healthy First Steps™ program gives pregnant women the information, education and support they need during pregnancy. If you are pregnant, call to enroll in Healthy First Steps™ at **1-800-599-5985**. We want to help you have a healthy pregnancy. Our staff will assist you in getting the care you need. We can also help you get ready for the birth and care of your baby.

It is important to see a doctor as soon as you think you are pregnant. If you have problems finding a doctor or getting an appointment we can help you. We will also work with you in locating community services such as WIC, behavioral health care, and social services. Let Healthy First Steps™ help you make your pregnancy the healthiest it can be.

Women, Infants and Children Program (WIC)

WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. The WIC program provides nutritious food at no cost, breast-feeding support, nutrition education and health care referrals. If you are pregnant, ask your doctor to complete a WIC application at your doctor’s appointment. If you have an infant or child, ask your doctor to complete a WIC application or call Member Services at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week) for more information about the WIC program.

UnitedHealthcare Member Advisory Council and “Connected Advisors”

UnitedHealthcare Member Advisory Council and “Connected Advisors” is an advisory council to ensure that UnitedHealthcare actively engages consumers, families, advocacy groups, and other key stakeholders as partners in the program design and delivery system.

Who is involved?

- Any members, or a member’s representative, are eligible to participate.
- There are no term limits for participation.
- Representatives from member stakeholder or advocacy organizations.
- Representation reflects the diversity of the member population including: race, ethnicity, religion, sexual orientation, gender, disability (physical or mental), age, parental status, or genetic information.
- They will advise and guide the UnitedHealthcare Community Plan of Ohio on:
 - Clinical design and delivery
 - Strategies to support members in the community
 - Abuse and neglect initiatives
 - Promote member-centric culture
 - Provide input regarding research and best practices

How is it organized?

- One statewide council
- Three local groups of “Connected Advisors” with representation in the Northeast (Cuyahoga, Geauga, Lake, Lorain, and Medina counties); Northeast Central (Columbiana, Mahoning, and Trumbull counties); and East Central (Portage, Stark, Summit, and Wayne counties) MyCare Ohio regions.

What will they do?

- Participate in quarterly conference calls
- Receive electronic or printed newsletter(s).
- Attend three in-person or virtual, regional meetings held annually (UnitedHealthcare will provide a travel stipend at the request of a member. The amount of the stipend will follow the guidelines of the appropriate state governing rules and guidelines).
- There is no cost for participation.
- Decisions of the Member Council and Connected Advisors will be made by simple majority vote of members present.
- One member will be appointed/elected to participate in UnitedHealthcare’s National Peer Ambassador program. The goal of a peer ambassador program is to elevate and empower members through meaningful dialogue, information exchange, and inclusion in the development of best practices, innovations, and delivery/design in promotion of a member-centered culture.

The Community and National Peer Ambassadors connect virtually (via conference or web-based technology) to share experiences and insights regarding opportunities to better the quality of life and experience of the populations we serve. We leverage recommendations and insights shared by the Ambassadors to support improved outcomes and experiences in the promotion of a member-centered culture. The Ambassadors do not receive compensation for service in the ambassador role.

To learn more about UnitedHealthcare's Member Advisory Council and "Connected Advisors," or get involved, get information at **UHCCommunityPlan.com** or call Member Services at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week).

Fraud and Abuse Hotline

The Ohio Department of Insurance has a toll free number to call if you want to report a medical provider (for example a doctor, dentist, therapist, hospital, or home care provider) or business (medical supplier) for suspected fraud or abuse for services provided to anyone with a UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) Member ID Card or Medicaid card. The number is **1-800-686-1527** or **614-644-2671**.

You may also write to ODI at:

Ohio Department of Insurance:
Fraud Unit
50 W Town St
Third Floor – Suite 300
Columbus, Ohio 43215

Some common examples of fraud and abuse are:

- Billing or charging you for services that your health plan covers
- Offering you free services, equipment, or supplies in exchange for your Medicaid number
- Giving you treatment or services that you don't need
- Physical, mental, or sexual abuse by medical staff
- Someone using another person's Medicaid or UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) Member ID card. You do not have to give your name and if you do, the provider will not be told you called.

You can also report suspected fraud and abuse to UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) by calling toll-free at **1-877-766-3844** and leaving a detailed message. This also has been set up so you do not have to give your name.

Remember: never give your member ID card to anyone else to use.

Advance Directives

You Have the Right

Using Advance Directives to State Your Wishes About Your Medical Care

People often worry about the medical care they would get if they became too sick to make their wishes known.

Some people may not want to spend months or years on life support. Others may want every step taken to lengthen life.

You can state your medical care wishes in writing while you are healthy and able to choose. Your health care facility must explain your right to state your wishes about medical care. It also must ask you if you have put your wishes in writing.

This document explains your rights under Ohio law to accept or refuse medical care. The document also explains how you can state your wishes about the care you would want if you could not choose for yourself. This document does not contain legal advice, but will help you understand your rights under the law.

What are my rights to choose my medical care?

You have the right to choose your own medical care. If you don't want a certain type of care, you have the right to tell your doctor you do not want it.

What if I am too sick to decide? What if I cannot make my wishes known?

Most people can make their wishes about their medical care known to their doctors. But some people become too sick to tell their doctors about the type of care they want. Under Ohio law, you have the right to fill out a form while you are able to act for yourself. The form tells your doctors what you want done if you can't make your wishes known.

What kinds of forms are there?

Under Ohio law, there are four different forms, or advance directives, you can use: a Living Will, a Do Not Resuscitate (DNR) Order, a Health Care Power of Attorney (also known as a Durable Power of Attorney for Health Care) and a Declaration for Mental Health Treatment. You fill out an advance directive while you are able to act for yourself. The advance directive lets your doctor and others know your wishes about medical care.

Do I have to fill out an advance directive before I get medical care?

No. No one can make you fill out an advance directive. You decide if you want to fill one out.

Who can fill out an advance directive?

Anyone 18 years old or older who is of sound mind and can make his or her own decisions can fill one out.

Do I need a lawyer?

No, you don't need a lawyer to fill out an advance directive.

Do the people giving me medical care have to follow my wishes?

Yes, if your wishes follow state law. However, a person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so, they will help you find someone else who will follow your wishes.

Living Will

A Living Will states how much you want to use life-support methods to lengthen your life. It takes effect only when you are:

- In a coma that is not expected to end, or
- Beyond medical help with no hope of getting better and can't make your wishes known, or
- Expected to die and are not able to make your wishes known.

The people giving you medical care must do what you say in your Living Will. A Living Will gives them the right to follow your wishes. Only you can change or cancel your Living Will. You can do so at any time.

Do Not Resuscitate Order

A Do Not Resuscitate (DNR) Order is an order written by a doctor or, under certain circumstances, a certified nurse practitioner or clinical nurse specialist, that instructs health care providers not to do cardiopulmonary resuscitation (CPR). In Ohio, there are two types of DNR Orders: (1) DNR Comfort Care and (2) DNR Comfort Care–Arrest. You should talk to your doctor about DNR options.

Health Care Power of Attorney

A Health Care Power of Attorney is different from other types of powers of attorney. This document talks only about a Health Care Power of Attorney, not about other types of powers of attorney.

A Health Care Power of Attorney allows you to choose someone to carry out your wishes for your medical care. The person acts for you if you cannot act for yourself. This could be for a short time period or for a long time period.

Who should I choose?

You can choose any adult relative or friend whom you trust to act for you when you cannot act for yourself. Be sure to talk with the person about what you want. Then write down what medical care you do or do not want. You should also talk to your doctor about what you want. The person you choose must follow your wishes.

When does my Health Care Power of Attorney take effect?

The form takes effect only when you can't choose your care for yourself. The form allows your relative or friend to stop life support only in the following circumstances:

- If you are in a coma that is not expected to end,

–OR–

- If you are expected to die.

Declaration for Mental Health Treatment

A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows you, while capable, to appoint a representative to make decisions on your behalf when you lack the capacity to make a decision. In addition, the declaration can set forth certain wishes regarding treatment. For example, you can indicate medication and treatment preferences, and preferences concerning admission/retention in a facility.

What is the difference between a Health Care Power of Attorney and a Living Will?

Your Living Will explains, in writing, your wishes about the use of life-support methods if you are unable to make your wishes known.

Your Health Care Power of Attorney lets you choose someone to carry out your wishes for medical care when you cannot act for yourself.

If I have a Health Care Power of Attorney, do I need a Living Will, too?

You may want both. Each addresses different parts of your medical care.

Can I change my advance directive?

Yes, you can change your advance directives whenever you want. It is a good idea to look over your advance directives from time to time to make sure they still say what you want and that they cover all areas.

If I don't have an advance directive, who chooses my medical care when I can't?

Ohio law allows your next-of-kin to choose your medical care if you are expected to die and cannot act for yourself.

Where do I get the advance directive forms?

Many of the people and places that give you medical care have advance directive forms. You may also be able to get these forms at JFS 7236 R&R.indd (ohio.gov).

What do I do with my forms after filling them out?

You should give copies to your doctor and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Health Care Power of Attorney, give that person a copy. Put a copy with your personal papers. You may want to give one to your lawyer or clergy person. Be sure to tell your family and friends about what you have done. Do not just put these forms away and forget about them.

Organ and Tissue Donation

Ohioans can choose whether they would like their organs and tissues to be donated to others in the event of their death. By making their preference known, they can ensure that their wishes will be carried out immediately and that their families and loved ones will not have the burden of making

this decision at an already difficult time. Some examples of organs that can be donated are the heart, lung, liver, kidneys and pancreas. Some examples of tissues that can be donated are skin, bone, ligaments, veins and eyes.

There are two ways to register to become an organ and tissue donor:

- You can state your wishes for organ and/or tissue donation when you obtain or renew your Ohio Driver License or State I.D. Card,

-OR-

- You may register online for organ donation through the Ohio Donor Registry website: donatelifeohio.org.

Important Terms

Abuse–Harming someone on purpose (includes yelling, ignoring a person’s need and inappropriate touching).

Advance Directive–A decision about your health care that you make ahead of time in case you are ever unable to speak for yourself. This will let your family and your doctors know what decisions you would make if you were able to.

Appeal–An appeal is a dispute made by a member, his or her representative or a provider with the member’s permission, challenging an action by the health plan to deny or limit authorization of a service, including the type or level of service or reduce, suspend, or terminate payment for a previously authorized service; or any failure to authorize services in a timely manner or decide a grievance or appeal within the required time frames.

Authorization–An O.K. or approval for a service.

Benefits–Services, procedures and medications that UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) will cover for you.

Care Management–One-on-one help by a licensed professional providing education and coordination of UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) benefits, tailored to your needs.

Disenrollment–To stop your membership in UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan).

Durable Medical Equipment (DME)–Durable Medical Equipment includes things such as wheelchairs, walkers, and diabetic glucose meters. It can also be equipment that must be thrown away such as bandages, catheters and needles. DME must be requested by your doctor.

Emergency–A sudden and, at the time, unexpected change in a person’s physical or mental condition which, if a procedure or treatment is not performed right away, could be expected to result in 1) the loss of life or limb, 2) significant impairment to a bodily function, 3) permanent damage to a body part or health of unborn child.

Fraud–An untruthful act (example: if someone other than you uses your member ID card and pretends to be you).

Grievance—A grievance is an expression of dissatisfaction about the health plan, or a practitioner or any matter other than an action taken by the plan. Grievances can include issues with the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect a member's rights.

Health Information—Facts about your health and care. This information may come from UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) employee or a provider. It includes information about your physical and mental health, as well as payments for care.

ID card—An identification card that says you are a UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) member. You should have this card with you at all times.

Immunization—A shot that protects from a disease. Shots are often given during regular doctor visits.

Informed Consent—That all medical treatments have been explained to you; you understand and agree to them.

In-Network—Doctors, specialists, hospitals, pharmacies and other providers who have an arrangement with UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) to provide health care services to members.

Inpatient—When you are admitted into a hospital.

Member—An eligible person enrolled with UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) in the Medicaid or MyCare Ohio programs.

ODM—Ohio Department of Medicaid

Out-of-Network—Doctors, specialists, hospitals, pharmacies and other providers who do not have an arrangement with UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) to provide health care services to members.

Outpatient—When you have a procedure done that does not require a hospital stay overnight.

Prescription—A doctor's written instructions for drugs or treatment.

Primary Care Provider (PCP)—A doctor you choose to be your primary care provider. Your PCP will coordinate all of your health care.

Prior Authorization—Process that your doctor uses to get an okay for services that need to be approved before they can be done.

Provider Directory—A list of providers who participate with UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan) to help take care of your healthcare needs.

Provider or Practitioner—A person or facility that offers health care (doctor, pharmacy, dentist, clinic, hospital, etc.).

Self-Referral Services—Services for which you do not need to see your PCP in advance.

Specialist—Any doctor who has special training for a specific condition or illness.

Urgent Care—When you are sick but it is not an emergency, and you need treatment or medical advice before you are able to see your PCP.

WIC–Supplemental Food Program for Women, Infants and Children which provides nutrition counseling, nutrition education, and nutritious foods to pregnant and postpartum women, infants and children up to the age of 2.

HEALTH PLAN NOTICES OF PRIVACY PRACTICES

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

Effective January 1, 2024.

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

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

By law, we must follow the terms of our current notice.

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

How We Collect, Use, and Share Your Information

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

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

- **For Payment.** To process payments and pay claims. For example, we may tell a doctor whether we will pay for certain medical procedures and what percentage of the bill may be covered.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your HI with a hospital you are in, to help them provide medical care to you.
- **For Health Care Operations.** To run our business. For example, we may talk to your doctor to tell him or her about a special disease management or wellness program available to you. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** If you receive health insurance through your employer, we may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** To make health insurance underwriting decisions. We will not use your genetic information for underwriting purposes.
- **For Reminders on Benefits or Care.** We may send reminders about appointments you have and information about your health benefits.

- **For Communications to You.** We may contact you about your health insurance benefits, healthcare or payments.

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

- **As Required by Law.** To follow the laws that apply to us.
- **To Persons Involved with Your Care.** A family member or other person that helps with your medical care or pays for your care. This also may be to a family member in an emergency. This may happen if you are unable to tell us if we can share your HI or not. If you are unable to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share HI with family members or friends who helped with your care or paid for your care.
- **For Public Health Activities.** For example, to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with certain entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings,** for example, to answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** To public health agencies or law enforcement, for example, in an emergency or disaster.
- **For Government Functions.** For military and veteran use, national security, or certain protection services.
- **For Workers' Compensation.** If you were hurt at work or to comply with employment laws.
- **For Research.** For example, to study a disease or medical condition. We also may use HI to help prepare a research study.
- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help identify the person who died, why they died, or to meet certain laws. We also may give HI to funeral directors.
- **For Organ Transplant.** For example, to help get, store or transplant organs, eyes or tissues.
- **To Correctional Institutions or Law Enforcement.** For persons in custody, for example: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates.** To give you services, if needed. These are companies that provide services to us. They agree to protect your HI.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
 1. Alcohol and Substance Use Disorder

2. Biometric Information
3. Child or Adult Abuse or Neglect, including Sexual Assault
4. Communicable Diseases
5. Genetic Information
6. HIV/AIDS
7. Mental Health
8. Minors' Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

We will only use or share your HI as described in this notice or with your written consent. We will get your written consent to share psychotherapy notes about you, except in certain cases allowed by law. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain marketing mailings. If you give us your consent, you may take it back. To find out how, call the phone number on your health insurance ID card.

Your Rights

You have the following rights for your medical information.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests but may ask you to confirm your request in writing. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. We will respond to your request in the time we must do so under the law. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of when we shared your HI in the six years prior to your request. This will not include when we shared HI for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.

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- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website.
 - **In certain states, you may have the right to ask that we delete** your HI. Depending on where you live, you may be able to ask us to delete your HI. We will respond to your request in the time we must do so under the law. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

Using Your Rights

- **To Contact your Health Plan.** If you have questions about this notice, or you want to use your rights, **call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at **1-866-842-4968**, or TTY/RTT **711**.
- **To Submit a Written Request.** Mail to:
UnitedHealthcare Privacy Office
MN017-E300
PO Box 1459
Minneapolis MN 55440
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

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

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

FINANCIAL INFORMATION PRIVACY NOTICE

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

Effective January 1, 2024.

We² protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

Information We Collect

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

Sharing of FI

We will only share FI as permitted by law.

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

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

Confidentiality and Security

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

Questions About This Notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center at **1-866-842-4968**, or TTY/RTT **711**.

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

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Primary Care Provider (PCP) Change Request

Your PCP is the main person who gives you health care. Do you need to change your PCP? Page 5 of this handbook tells you about changing your PCP.

Fill this out and mail to:

UnitedHealthcare Community Plan, Attn: Member Services
5900 Parkwood Place
Dublin, OH 43016

When you choose a PCP, we will send you a new ID card. If we are unable to process your request, we will call you.

Member Information

Member Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip Code: _____

Member ID #: _____ Birth Date: _____ / _____ / _____
Month Day Year

Telephone Number: (_____) _____
Area code Number

Signature: _____ Date: _____

PCP Choice 1

Name of PCP you want: _____
Last First

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____
Area code Number

Provider ID number (listed in the Provider Directory): _____

PCP Choice 2

Name of PCP you want: _____
Last First

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____
Area code Number

Provider ID number (listed in the Provider Directory): _____

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Ohio Department of Job and Family Services
DESIGNATION OF AUTHORIZED REPRESENTATIVE

First Name of Applicant/Recipient	MI	Last Name	Medicaid billing # or SSN
Street Address, including Apt. #		City	County

I hereby authorize the following person or company to act as my representative:

First Name	MI	Last Name	Home Phone	
Title	Company		Work Phone	
Mailing Address		City	State	Zip

I authorize this person or company to represent me regarding:

- Food Assistance
 Cash Assistance
 Medicaid
 Child Care

This authority lasts until:

- My application has been approved
 I rescind this authority, or appoint a new representative
 Other (please specify a date or action) _____

I authorize this person or company to do the following on my behalf:

- Take any action that may be needed to ensure that I receive or continue to receive the benefits indicated above

OR only the specific actions selected below

- Present my application for benefits
 Represent me at a state hearing
 Provide verifications to the CDJFS on my behalf
 Collect my medical records
 Receive and respond to copies of all correspondence regarding my application
 Other (please specify) _____

While this authorization is in effect, all notices sent by the County Department of Job & Family Services or the Ohio Department of Job & Family Services will also be sent to your authorized representative.

Signatures. This form has no effect unless signed by the person granting authority and by the authorized representative or an employee of the company appointed to be the authorized representative.

Signature of Person Granting Authority	Date
Signature of Authorized Representative	Title (if employee of authorized company)
	Date

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