



Idaho – June 2025



Welcome to the community

Idaho Medicaid Plus Member Handbook

Handbook revised March 2025

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Important information

Member Services **1-866-785-1628**, TTY/TDD **711**
8:00 a.m.–6:00 p.m. MT, Monday–Friday, excluding State holidays
After-hours. **1-866-785-1628**

Urgent or emergency care:

If you need urgent care, your PCP should see you within 48 hours. If you need emergency care, your PCP should see you that day. For life-threatening emergencies, call **911** or go to the nearest emergency room.

Websites:

uhc.com/communityplan/Idaho

This is the site for members of Idaho Medicaid Plus plan.
Visit this site if you have Idaho Medicaid Plus.

<https://healthandwelfare.idaho.gov/services-programs/medicaid-health/medicaidmedicare-participants>

Idaho Department of Welfare’s Medicaid/Medicare Participants page. This website explains the free or low-cost benefits for Medicaid/Medicare participants in Idaho.

Your health providers

Be sure to fill in the blanks so you will have these numbers ready.

My Idaho Medicaid Plus ID# is: _____
(located on your member ID card)

My Care Coordinator’s name is: _____

My Care Coordinator’s phone number is: _____

My PCP’s name is: _____

My PCP’s phone number is: _____

My PCP’s address is: _____

Pharmacy: _____

Behavioral health providers: _____

My numbers for non-emergency transportation are:

MTM reservation line **1-877-503-1261, TTY 711**

(Call this number for a ride.)

You can also use the MTM Link web portal to book your trip at any time.

<https://www.mtm-inc.net/idaho/> You must schedule your trip at least two business days before your appointment, unless your trip is urgent, or you are discharged from a hospital.

Rides are scheduled 24 hours a day, seven days a week.

Care Coordinator **1-866-785-1628, TTY 711**

Your Care Coordinator helps set up services for you and will help you with any behavioral health, medical or social service needs. If you do not have your Care Coordinator's name or phone number, contact Member Services.

Medical management/prior authorization **1-866-785-1628, TTY 711**

Providers may be required to get approval before a service is rendered. If you have questions about this process or the authorization, contact your Care Coordinator or Member Services.

NurseLine **1-855-873-2377, TTY 711**

Get 24/7 health advice from a nurse (toll-free)

Urgent problems usually need care within 24 hours. If you are not sure a problem is urgent, call your doctor or an urgent care clinic. You may also call our 24-hour Nurse Advice Line at **1-855-873-2377**. To find an urgent care center, call Member Services at **1-866-785-1628** or visit uhc.com/communityplan/idaho/faq.

Updates to Member Handbook

Members will receive notice of any significant change, as defined by the state of Idaho, in the information specified in the Member Handbook at least 30 days before the intended effective date of the change.

Health plan highlights

Welcome to UnitedHealthcare Community Plan

We are glad to have you as a member. We look forward to serving your health care needs. United Healthcare Idaho Medicaid Plus is a managed care organization. That means all the IMPlus care and services members receive must be requested and provided by a doctor or health provider who is an Idaho Medicaid Plus registered provider. This Member Handbook will help you find services, understand how managed care works, and provide you with valuable resources.

The Idaho Department of Health and Welfare has partnered with UnitedHealthcare Community Plan to administer the Idaho Medicaid Plus (IMPlus) program, which covers most Medicaid services and provides members with a care specialist called a Care Coordinator. The Care Coordinator serves as a single point of contact to assist participants in navigating their Medicaid services.

The Idaho Medicaid Plus (IMPlus) program is for Dual Eligible participants who are 21 years of age or older and are eligible and enrolled in both Medicare (Parts A, B, and D) and Enhanced Medicaid.

IMPlus is a mandatory program in the following counties if you aren't enrolled in MMCP: Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Clearwater, Elmore, Freemont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lincoln, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, and Washington.

IMPlus covers all medically necessary Medicaid benefits:

- Hospital costs after Medicare payment
- Medical costs after Medicare payment
- Behavioral health, including community based rehabilitation services
- Nursing home after Medicare payment
- Aged & Disabled (A&D) waiver
- Personal care services
- Care specialist

Member Services

Member Services is here to help you with questions. They can:

- Answer questions about your physical and behavioral health benefits
- Help solve a problem or concern you might have with your doctor or any part of the health plan
- Help you find a doctor, dentist, behavioral health or other services
- Tell you about our doctors, their backgrounds, and the care facilities in our network
- Help you if you get a medical bill
- Tell you about community resources available to you
- Help you if you speak another language, are visually impaired, need interpreter services, or sign language services
- Tell you how to contact your Care Coordinator
- Help answer other questions you may have
- Provide you with a copy of the Member Handbook at no cost to you

Member Services is here to help you

Call **1-866-785-1628**, TTY **711**, 8:00 a.m.–6:00 p.m., MT, Monday–Friday, excluding state holidays.

After-hours: **1-866-785-1628**

When you call us ...

We ask questions to check your identity. We do this to protect your privacy. This is federal and state law. Gather the following information before you call:

- Member ID number
- Current address and phone number on file with Idaho Medicaid Plus
- Date of birth

NurseLine **1-855-873-2377**, TTY/TDD **711**
(available 24 hours per day/7 days a week)

Health plan highlights

Visit our website – uhc.com/communityplan/Idaho

It has resources and helpful information. For example:

- Information about UnitedHealthcare Community Plan
- Member Handbook and Member Newsletter
- Links to the Idaho Department of Health and Welfare website
- How to find a doctor, behavioral health, or other providers
- How to find a pharmacy
- How to find a prescription medication
- Links to health information
- Member education

Visit uhc.com/communityplan/Idaho for personalized information

You can:

- View and print your member ID card
- Find a provider
- Manage your prescriptions
- View your benefits
- View claims and visits
- View your member handbook
- And much more!

Web Tech team

If you have any website or technical questions, please reach out to the Web Tech team. The Web Tech team ensures you have all that you need to take full advantage of available UnitedHealthcare Community Plan services.

You can receive assistance with:

- How to access our website
- How to navigate our website
- Updating your account settings
- Troubleshooting any issues you may have

The Web Tech team has experience assisting members and is here to help. For help, please call 1-877-542-9239, TTY 711, 8:00 a.m.–5:00 p.m., Monday–Friday.

UnitedHealthcare® mobile app

Get information on-the-go with the UnitedHealthcare mobile app. Download the UnitedHealthcare mobile app to your Apple® or Android® smartphone or tablet and see how easy it is to find nearby doctors, view the Member Handbook, find help and support in your community, or view your ID card.



Care Coordination

What is a Care Coordinator or Care Specialist?

A Care Coordinator, sometimes referred to as a Care Specialist, is a person who helps you set up and schedule your care.

You will get a Care Coordinator when you enroll. Your Care Coordinator will contact you after you enroll, to talk about your healthcare needs.

Your Care Coordinator cannot give you medical care. You go to your doctor or a nurse for medical care. Your Care Coordinator will help set up services for you and send you for services. Your Care Coordinator will help you with any behavioral health, medical or social service needs. They will also help you develop a Care Plan that is focused on your preferences and strengths to help you to meet your personal goals – this is called Member Empowerment.

Write your Care Coordinator's name and phone number on the inside cover of this handbook.

How to contact your Care Coordinator

Your Care Coordinator will provide you with their business card. Your Care Coordinator will review this information with you each time they visit you. Please call your Care Coordinator if you have any needs or questions between your care planning meetings with your Care Coordinator. If you do not have your Care Coordinator's telephone number, please call **1-866-785-1628, TTY 711.**

The call center representative will help you to contact your Care Coordinator.

Urgent and after-hours care

If you are sick, or have a sudden health problem, but it is not an emergency, call your PCP. Even if the office is closed, an answering service will take your call. Tell the answering service or the PCP what is wrong and listen to their instructions. They may send you to another doctor or tell you to go to an urgent care center that is contracted with UnitedHealthcare Community Plan. If you need help finding an urgent care center or you cannot contact your PCP, call Member Services at **1-866-785-1628**, TTY **711** or go to the UnitedHealthcare Community Plan website at [UHCCommunityPlan.com](https://uhc.com/communityplan/Idaho) to locate the nearest urgent care center.

If you are not sure your symptoms are life-threatening:

- Contact NurseLine at 1-855-873-2377, TTY 711, available 24 hours per day
- Call your PCP
- Call your Care Coordinator

Behavioral health crisis services

What if I am experiencing a behavioral health crisis?

If you are experiencing a behavioral health crisis, it is important to get help right away. For assistance with a mental health crisis please call or text **988**. Remember, you should always call **911** if you are experiencing a medical, police and/or fire emergency situation.

Crisis hotlines:

National Suicide and Crisis Lifeline:

- Phone or text **988**
- Chat <https://suicidepreventionlifeline.org/chat>
- Online <https://suicidepreventionlifeline.org>

National substance use and disorder issues:

- Referral and treatment hotline **1-800-662-HELP (4357)**
- Text. Text the word “**HOME**” to **741741**

Veterans crisis line/Beconnected line:

- Veteran’s Crisis Line **988, Option 1**

National Maternal Mental Health Hotline | MCHB

24/7, no cost, confidential hotline for pregnant and new moms in English and Spanish. Interpreter services are available in 60 languages (US only).

- Call or text **1-833-943-5746 (1-833-9-HELP4MOMS)**
- TTY users can use a preferred relay service or dial **711** and then **1-833-943-5746**

Not intended as an emergency response line.

Language and cultural services

At UnitedHealthcare Community Plan of Idaho, we celebrate people, ideas and experiences by creating a culture where all members are appreciated, valued, and able to contribute to their full potential.

Clear communication is important to get the health care you need. UnitedHealthcare Community Plan of Idaho provides member materials to you in a language or format that may be easier for you to understand. We also have interpreters for you to use if your doctor or service provider does not speak your language. If your doctor or service provider does not understand your cultural needs, we can help. We will work with your doctor or service provider or help you pick a new doctor or service provider.

If you require additional assistance to communicate, such as auxiliary aids, contact your Care Coordinator or Member Services. Auxiliary Aids are services or devices that help people with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in the health plan.

Auxiliary Aids may be provided at no cost to you, such as obtaining an audio reading of plan materials for the visually impaired. UnitedHealthcare Community Plan of Idaho offers language and interpretation services in over 240 languages.

UnitedHealthcare Community Plan of Idaho complies with all applicable federal and state laws, including:

- Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80
- The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91
- The Rehabilitation Act of 1973
- Title IX of the Education Amendments of 1972 (regarding education programs and activities)
- Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the Americans with Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, UnitedHealthcare Community Plan prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. UnitedHealthcare Community Plan must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. UnitedHealthcare Community Plan will provide sign language interpreters for people who are deaf and enlarged print materials.

It also means that UnitedHealthcare Community Plan will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible.

Visit our website or contact Member Services to obtain a copy of the UnitedHealthcare Community Plan Provider Directory at no cost to you. Our directory contains information about how our providers can meet your cultural, language, or accessibility needs. Members with high acuity illness or high service utilization can get assistance in navigating the provider network by calling Member Services at **1-866-785-1628**.

Members can also use the Provider Lookup feature online which is a provider search tool to find a doctor, hospital, other health care provider or facility. The tool allows you to search by specific categories. Members can follow this link directly to the Provider Lookup feature: <https://www.uhc.com/communityplan/idaho>.

Members can receive a paper copy of the provider directory, at no cost, by contacting Member Services at **1-866-785-1628**, TTY **711**.

Notice of availability of language assistance services and alternate formats

English: ATTENTION: If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Please call the toll-free number on your member identification card.

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فتوجد هناك خدمات مساعدة لغوية مجاناً ورسائل مجانية بتنسيقات أخرى، مثل الطباعة بحروف كبيرة. يُرجى الاتصال بالرقم المجاني المدون على بطاقة تعريف العضو الخاصة بك.

Chinese: 注意: 如果您說中文, 免費語言協助服務和其他格式 (例如大字版) 的免費通訊可提供給您。請撥打會員身份識別卡上的免付費電話。

Farsi: توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمکی زبان رایگان و مطالب رایگان در قالب‌های دیگر، مانند پرینت درشت، برای شما فراهم است. لطفاً با شماره رایگان درج شده در پشت کارت شناسایی اعضا تماس بگیرید.

French: ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits et des communications gratuites dans d'autres formats, tels que du texte en gros caractères, sont à votre disposition. Veuillez composer le numéro gratuit figurant sur votre carte de membre.

German: HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienste und kostenlose Mitteilungen in anderen Formaten, wie in Großdruck, zur Verfügung. Rufen Sie bitte die kostenfreie Nummer auf Ihrem Mitgliedsausweis an.

Japanese : 注意 : 日本語を話される場合は、無料の言語支援サービスや、大きな活字などの他の形式での無料コミュニケーションをご利用いただけます。会員IDカードに記載されているフリーダイヤル番号までお電話ください。

Korean: 참고: 귀하가 한국어를 구사하시는 경우, 무료 언어 지원 서비스와 다른 형식의 무료 커뮤니케이션(예, 큰 활자체로 된 정보)을 이용하실 수 있습니다. 가입자 식별 카드에 기재된 무료 전화번호로 전화하십시오.

Nepali: ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, ठूलो अक्षर जस्ता अन्य ढाँचाहरूमा निःशुल्क भाषा सहायता सेवाहरू र निःशुल्क सञ्चार सेवाहरू तपाईंको लागि उपलब्ध छन्। कृपया तपाईंको सदस्यता परिचय कार्डमा भएको टोल-फ्री नम्बरमा फोन गर्नुहोस्।

Romanian: ATENȚIE: Dacă vorbiți limba română, aveți la dispoziție servicii de asistență lingvistică gratuită și opțiuni de comunicare gratuite într-un alt format, precum text cu caractere mari. Vă rugăm să sunați la numărul de telefon gratuit de pe legitimația dvs. de membru.

Russian: ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться помощью переводчика и информационными материалами в альтернативных форматах, например, крупным шрифтом. Позвоните по номеру телефона для бесплатных звонков, указанному на Вашей идентификационной карточке участника.

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How managed care works

UnitedHealthcare Community Plan is a managed care plan. This means that the care you receive in the Idaho Medicaid Plus (IMPlus) program must be requested and provided by a health care provider that is in the UnitedHealthcare Community Plan of Idaho network. Our Care Coordinators will work with you on a plan of care. One of the first steps is for our Care Coordinator to do an assessment with you. The Care Coordinator will contact you to schedule an in-person assessment to discuss your care and services needs. You are responsible for working with your doctor, known as your PCP. A Primary Care Provider (PCP) is your doctor or Nurse Practitioner. Your PCP is chosen through your primary Medicare insurance provider. They take care of your medical and clinical treatment. Your PCP may also refer you to a specialist. Your PCP works with you to manage your care. Talk to your PCP about all of your health care needs.

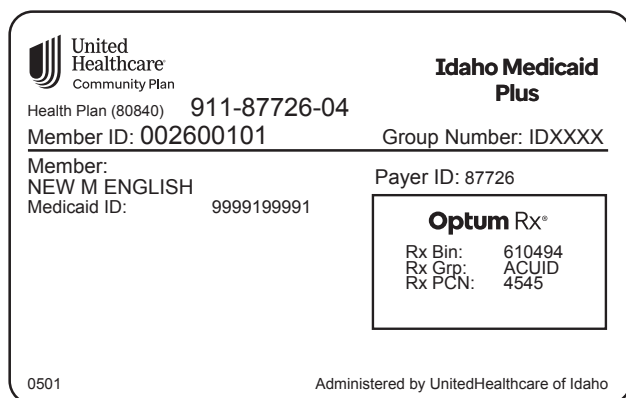
It is important that you have honest and straightforward communication with your PCP and follow your PCP's instructions. Your PCP will be able to identify the services that you need to keep you healthy.

Health plan highlights

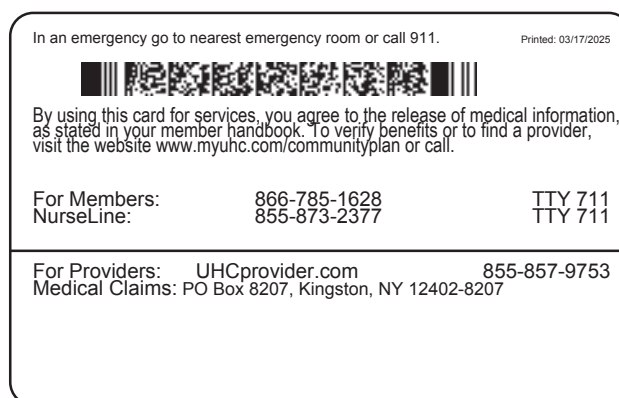
ID card

When you join our plan, you will receive an ID card from UnitedHealthcare Community Plan. Your ID card is your key to getting health care services including behavioral health. It has your ID number, your name, and other important information. Your ID card identifies you as a UnitedHealthcare Community Plan member.

When you get your card, check it carefully. Call Member Services right away if any of the information on your card is wrong. Member Services can be reached by calling **1-866-785-1628, TTY 711.**



Front



Back

Quick tips

- Your ID card is for your use only. Don't let others use it.
- Carry your ID card at all times and keep it in a safe place
- Do not lose your card or throw it away
- You will need your card when you get medical care or when you pick up medicine at the pharmacy
- Misusing your medical ID number, like loaning or selling the card or the information on it, is against the law
- Misusing your card or medical ID number may result in legal actions and you could lose your Idaho Medicaid Plus eligibility, benefits and health care services

Member rights

As a member you have the right to:

- Be treated with respect and due consideration for your dignity and privacy
- Participate in decisions regarding your health care, including the right to refuse treatment
- File a grievance (complaint) or an appeal about your health plan. You have the right to have someone speak for you during your grievance or appeal. You have the right to ask UnitedHealthcare for help when filing your appeal or grievance.
- Request information on the structure and operation of the health plan or its subcontractors and how to make recommendations
- Be treated fairly regardless of your race, color, ethnicity, national origin, religion, gender, age, sex, behavioral health condition (intellectual) or physical disability, gender identity, genetic information, or ability to pay
- Be examined with privacy
- Talk about your medical care in private
- Have your medical records read only by people involved in your care or if you give specific permission
- Have records about your care, including your being in Idaho Medicaid Plus, kept private
- Know that at times the health plan may coordinate care state agencies as allowed
- Request a second opinion from a qualified health care professional within UnitedHealthcare Community Plan's network at no cost to you. A second opinion may be received from an out-of-network provider, at no cost to you, if there is no in-network coverage.
- Get information from your doctor on your diagnosis, care and possible outcome(s)
- Get information on treatment options including alternatives, and any information the member needs in order to decide, regardless of cost or benefit coverage in a format you can understand or that your Care Coordinator will explain
- Develop contingency planning with your provider agency to decide your preferences when a scheduled caregiver visit is late, missed, or short
- Be provided with information on how to set up Advance Directives
- Request your medical records annually at no cost to you as allowed by law and receive a response within 30 days to your request for a copy of the medical records. The response may be the copy of the medical record or a written denial that includes the basis for the denial and information about how to seek review of the denial in accordance with 45 CFR Part 164.

Health plan highlights

- Have the right to inspect your medical records
- To request your medical record be amended or corrected as allowed by law
- To be free from restraint or seclusion as coercion, discipline, convenience, or retaliation, per federal law
- Receive information about your benefits and health plan, practitioners and providers, and member rights and responsibilities
- Receive information on beneficiary or plan information
- Know the languages spoken by each contracted UnitedHealthcare Community Plan doctor
- Get a list of our providers at no charge that shows what languages the doctors speak. Call Member Services at **1-866-785-1628**, TTY **711** or your Care Coordinator for a listing.
- Go to any hospital or other setting for emergency care
- Receive notification when assigned PCP or frequently used provider leaves the network
- Make recommendations regarding the organization's member rights and responsibility policy
- Individuals receiving HCBS services have the right to be integrated into their communities and have full access to the benefits of community living
- Request information on whether or not UnitedHealthcare Community Plan has Physician Incentive Plans (PIP) that affect the use of referral services, the right to know the types of compensation arrangements UnitedHealthcare Community Plan uses, the right to know whether stop-loss insurance is required and the right to a summary of member survey results, in accordance with regulation
- Access family planning services, Federally Qualified Health Centers, Indian Health Facilities, sexually transmitted disease services, and emergency services, outside of UnitedHealthcare's network according to federal laws. You do not need to get UnitedHealthcare's approval first.

Member responsibilities

You have the responsibility to:

Use services

- Ask questions if you do not understand your rights or plan of treatment
- Keep your appointments
- Cancel appointments in advance when you cannot keep them
- Contact your PCP first for non-emergency medical needs
- Understand when you should and should not go to an emergency room
- Know whom to call if you need a ride to the doctor or for other covered services
- Treat providers and health plan staff with respect and dignity
- Be in charge of your planning meeting
- Ask anyone you want to come to your planning meetings
- Choose your goals to work on and what is in your plan
- Schedule your person-centered planning meeting at a time and place when the people who you want to attend are available
- Follow your doctor's instructions and treatment plan for care that you have agreed to, and tell your doctor if their explanations are not clear
- Agree to the services you want from the choice of services you can have
- Pick an available provider you want to receive services from
- Know that you may need help from your guardian, family and/or friends to make good choices

Give information

- Tell your PCP and Care Coordinator about your health and changes in your health
- Supply information that your plan, practitioners, or families need in order to provide your care
- Tell Member Services and/or your Care Coordinator about changes in your Medicare, Medicare HMO or private insurance. This includes adding or ending other insurance.
- Talk to your providers and your Care Coordinator about your health care. Ask questions about the ways your health problems can be treated.
- Notify your Care Coordinator and the Idaho Department of Health and Welfare if your family size changes, if you move or if your income changes

Health plan highlights

“Healthier lives. Healthier you.”

- Work as a team with your PCP and Care Coordinator to decide what care is best for you
- Understand how what you do can affect your health
- Understand your health problems and participate in developing mutually agreed-upon treatment goals
- Do the best you can to stay healthy
- Treat providers and staff with respect. Which includes, refraining from use of disparaging remarks, racial or ethnic slurs, profanity towards providers, caregivers and/or Care Coordinators are not acceptable.

Not to ask your Care Coordinator to:

- Provide hands on care
- Move any of your belongings
- Drive you in their car
- Lend you money
- Sign forms or paperwork for you

In the presence of your Care Coordinator you cannot: use drugs, drink alcohol, display firearms, make sexual advances or disrobe.

Moving out of the county, state or country

Call your Care Coordinator before you move to another county, state or country. If you move to a county that is NOT served by UnitedHealthcare Idaho Medicaid Plus, you will need to change your health plan. Your change needs to be communicated to your Care Coordinator in writing or verbally. UnitedHealthcare Community Plan will send the request to the new health plan in that area.

If you move out of the state or country, you must sign a disenrollment form. No services are available outside of the United States. This form says you will no longer be a member in the Idaho Medicaid Plus program and UnitedHealthcare Community Plan. Contact your Care Coordinator for more information.

Changes in information

Changes you must report to your Case Manager include:

- Adoption
- Marriage
- Birth
- Moving to a new county
- Death
- Divorce
- Moving to a new state
- Guardianship
- Address
- Phone number
- Insurance changes
- Income change

Changing plans

You may change your health plan selection 90 days before your program effective date and 90 days after your program effective date. Once the 90 days after the effective date has expired, you must wait until Annual Enrollment to change your health plan. Annual Enrollment is October 15 through December 7 of each year.

Every year, you have the option to change plans during Annual Enrollment. This is the date you enrolled with IDHW. IDHW will send you a notice two months before the date you can change. If you experienced concerns with your health care delivery, we want to help resolve those issues, call UnitedHealthcare Community Plan Member Services. Otherwise, if you want to change health plans, follow the instructions in the letter received from IDHW.

You can ask to leave the UnitedHealthcare Idaho Medicaid Plus Plan during the annual enrollment period. At any other time, the Idaho Department of Health and Welfare will determine when your request to disenroll will be processed.

To request disenrollment, contact Idaho Department of Health and Welfare at 1-833-814-8568, TTY: 711, from 8:00 a.m. to 5:00 p.m., Monday through Friday.

Until your membership ends, you are still a member of our plan. You should continue to use our network pharmacies to get your prescriptions filled until your membership in our plan ends. If you disenroll from UnitedHealthcare Idaho Medicaid Plus, your coverage ends on the last day of the month that you disenrolled.

Health plan highlights

Involuntary disenrollment:

You will have to leave UnitedHealthcare Idaho Medicaid Plus if:

- You do not stay continuously enrolled in Medicare Part A and Part B
- You are no longer eligible for Enhanced Medicaid
- You move out of our service area
- You become incarcerated
- You are not a United States citizen or lawfully present in the United States

Transition of care if you change plans

If you change plans by moving from a Fee For Service (FFS) plan to a Managed Care Organization (MCO), an MCO to a different MCO, or an MCO to a FFS plan for any reason, your current health plan and new health plan will work together to make sure you have no delay in services and have continued access to care in services.

Treatment planning

A treatment plan is a written plan of services and therapeutic interventions based on a complete assessment of a member's developmental and health status, strengths and needs that are designed and updated by the multi-specialty, interdisciplinary team.

A service plan is a written description of all covered health services and other supports which may include goals, family support services, Care Coordination, and plans to help the member in achieving an improved quality of life.

Your Care Coordinator and the Care Management team assesses, plans, coordinates, and monitors options and services to meet the health needs of the member through communication and available resources to promote quality and cost-effective outcomes. It includes a review of the member's strengths and needs by the member, his/her family health care decision maker, or designated representative with the Care Coordinator so they can make informed decisions. Care management respects the preferences, interests, needs, culture, language and belief system of the member and his/her family/health care decision maker, or designated representative. The Care Coordinator ensures the member and family/health care decision maker, or designated representative are partners in the treatment planning process and development of the care plan. This partnership is expected to result in a mutually agreed upon service plan that meets the medical, functional, social and behavioral health needs of the member.

Emergency care

An emergency is a sickness that is sudden and puts your life in danger or can cause harm to you if not treated right away. In an emergency, it is very important to get care right away. If you have an emergency, call **911** or go to the nearest emergency room. You have the right to go to any hospital emergency room or other setting for emergency services, such as an urgent care center when your doctor's office is closed. Not all health problems are an emergency. Some reasons to call **911** or go to the emergency room include:

- Sudden loss of feeling, or not being able to move
- Chest pain
- Severe pain in your stomach area
- Poisoning
- A serious accident
- Severe shortness of breath
- Severe burns
- Severe wound or heavy bleeding
- Damage to your eyes
- Severe spasms/convulsions
- Broken bones
- Choking or being unable to breathe
- Throwing up (vomiting) blood
- Strong feeling that you might hurt yourself or another person
- Faint or pass out for no reason (will not wake up)
- Danger of losing life or limb
- Loss of speech
- Assault

If you are not sure it's a real emergency, call your PCP. If you do go to an emergency room, call your PCP as soon as you can after your visit so you can get the right care. Prior authorization is not required for emergency care.

If you have questions about whether your situation requires treatment in an urgent care center or an emergency room, call your PCP or NurseLine at **1-855-873-2377**, TTY/TDD **711**. NurseLine is available 24 hours per day/7 days a week.

Health plan highlights

If you do go to an emergency room, show ALL ID cards when you arrive. Please have someone call your primary care provider (doctor) or your Care Coordinator at the number listed on the back of your member ID card as soon as they can. Any follow-up care will be given by your PCP. You should see your PCP within 7 days after you leave the hospital.

If you get emergency services, ask the hospital or doctor to send your records to your PCP. Call UnitedHealthcare Community Plan if you get emergency services. If you go to an emergency room, tell them:

- You are on Idaho Medicaid Plus
- Your health plan is UnitedHealthcare Community Plan
- To send your medical records to your PCP

If you cannot do this yourself, have a friend or family member do this.

When not to use the emergency room

Most sicknesses are not emergencies and can be treated at your doctor's office. You can also be treated at an Urgent Care site. You should not use an emergency room if you have one of these minor problems:

- A sprain or strain
- A cut or scrape
- An earache
- A sore throat
- A cough or cold

Non-emergent hospital services

Non-emergent hospital services are covered when arranged by an in-network physician at a participating facility. Your in-network physician will make these arrangements if medically necessary.

Emergency transportation

Emergency care and transport is available 24 hours a day, 7 days a week. Call 9-1-1 or your local emergency number.

As soon as you are able, call your PCP and your Care Coordinator. If you cannot call, have a friend or family member call. If you live in a nursing or an assisted living facility, let staff know. They will arrange for emergency care and transport for you.

Non-emergency transportation

If you have a medical appointment but you don't have a car, cannot operate a car or no one is available to take you, you can request a ride from MTM® at 1-877-503-1261. You need to call at least 48 hours before your appointment.

Medical Transportation Management (MTM), it is a Non-Emergent Medical Transportation (NEMT) program included in your benefits that provides free trips to health care appointments that we cover. These benefits are available to you every day of the week.

Medical Transportation Management (MTM) Inc.

You call MTM at 1-877-503-1261

TTY: 1-888-561-8747

8:00 a.m.–6:00 p.m., Monday–Friday, to schedule transportation

Benefits and services

Covered health care services

The following benefits chart is a general list of services the UnitedHealthcare Idaho Medicaid Plus plan covers.

Because you are a member of the Idaho Medicaid Plus plan, you generally pay nothing for the services listed here as long as you see UnitedHealthcare Idaho Medicaid Plus network providers. The Idaho Department of Health and Welfare will determine if your income and certain expenses require you to have a share of cost for a nursing facility or waiver services that are covered through your Medicaid benefit.

If you need help understanding what services are covered, if there is a share of cost, or how to access services, please call your Care Coordinator at **1-866-785-1628** or TTY **711**.

Services that are covered for you

Behavioral health case management services

A wide range of treatment and services for behavioral health and substance use disorders.

In-network cost:

\$0 copay for Medicaid-covered behavioral health case management.

Prior authorization required?

No

Services that are covered for you

Care Coordination

A Care Coordinator assigned as your primary contact can help you with your health needs, such as:

- Scheduling medical appointments
- Help coordinating your health services
- Finding providers and doctors that can help you stay healthy
- Answering your health care questions
- Connecting you with healthy resources in your community

In-network cost:

\$0 copay for Care Coordination provided by UnitedHealthcare Community Plan of Idaho Medicaid Plus.

Prior authorization required?

No

Community-based outpatient behavioral health services

Covered services include:

- Treatment planning
- Psychotherapy (group and family)
- Occupational therapy
- Partial care treatment
- Behavioral health nursing
- Drug screening
- Peer support/family support

In-network cost:

\$0 for Medicaid-covered community-based outpatient behavioral health services.

Prior authorization required?

Yes

Benefits and services

Services that are covered for you

Durable medical equipment and related supplies

Members can get help with medical transportation, durable medical equipment (DME) and home visits if needed.

In-network cost:

\$0 copay for Medicaid- covered durable medical equipment.

Prior authorization required?

A valid prescription from your physician is required. Prior authorization is required for items and rentals that are \$1,000 or more.

Emergency medical transportation services

Help getting to and from your medical appointments, when needed and medically necessary. This includes medically necessary ambulance services when an emergency condition exists.

In-network cost:

You will be required to pay a share of the costs if your condition did not require emergency transportation.

Prior authorization required?

No

Family planning services

Covered services include:

- Basic fertility screenings
- Counseling and education on birth control, sexual health and pregnancy planning
- Birth control pills, condoms, diaphragms, IUDs and other contraceptives
- Emergency contraception
- Sterilization services

(**Limitation:** Only available to those who are at least 21 or older)

In-network cost:

\$0 copay for Medicaid-covered family planning services.

Prior authorization required?

No

A valid prescription is required for over-the-counter items.

Services that are covered for you

Long-term care services: nursing facility services

A supervised nursing service provided daily by a licensed care facility. The service may help with rehabilitative care and daily living needs.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Nursing facility care services must have prior authorization before payment is made.

Long-term care services: personal care services

Medically focused services for people who have special physical or functional needs.

In-network cost:

\$0 copay for Medicaid-covered long-term care services.

Prior authorization required?

Yes

Specific pregnancy-related services

Individual and family social services, maternity nursing visits, nursing services, nutrition services, and risk assessment and care planning by qualified providers.

In-network cost:

\$0 copay for Medicaid-covered long-term care services.

Prior authorization required?

Yes

Benefits and services

Services that are covered for you

Transition management

Helps members successfully move from an institutional setting by completing a comprehensive needs assessment, developing housing options, connecting with transitional services, securing help with tasks and more.

Limitations:

Transition management is limited to seventy-two (72) hours per participant, per qualifying transition.

In-network cost:

\$0 copay for Medicaid-covered long-term care services.

Prior authorization required?

Yes

Idaho Medicaid Aged and Disabled Waiver services benefits chart

The benefits below are only available to members who get Aged and Disabled Waiver (A&D Waiver) services. Not all participants qualify. A valid Notice of Decision authorizing services is required.

If you have questions about your Idaho Medicaid eligibility and what benefits you are entitled to, please call Member Services at **1-800-289-7921**, TTY **711**, from 8:00 a.m.–6:00 p.m., Monday–Friday.

Services that are covered for you

Adult day health services

A supervised service is provided for 4+ hours per day on a regular basis. It is provided outside the home in a community setting and includes activities of daily living.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare. Adult day health services provided under this waiver will not include room and board payments.

Prior authorization required?

Yes

Adult residential care services

A range of services provided in a homelike setting that includes residential care or assisted living facilities and certified family homes.

Limitations:

Payment is not made for the cost of room and board.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Benefits and services

Services that are covered for you

Attendant care services

Services that help with daily tasks and long-term care needs. These can include personal assistance from unlicensed helpers. The services are tailored to individual abilities and limitations, regardless of age or medical condition. A care assistant can either do tasks for the person or help them complete the tasks.

Limitations:

Hours are to be determined by the UAI assessment.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Chore intermittent assistance and activities

Services needed to maintain the functional use of the home, and/or to provide a clean, sanitary and safe environment. Examples include:

Intermittent assistance may include the following:

- Yard maintenance,
- Minor home repair,
- Heavy housework,
- Sidewalk maintenance, and
- Trash removal to assist the enrollee to remain in the home.

Chore activities may include the following:

- Washing windows,
- Moving heavy furniture,
- Shoveling snow to provide safe access inside and outside the home,
- Chopping wood when wood is the enrollee's primary source of heat, and
- Tacking down loose rugs and flooring.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Services that are covered for you

Companion services

Non-medical care and companionship for adults with functional impairments. These in-home services ensure the person's safety and well-being when they can't be left alone due to health issues. The caregiver may help with tasks like toileting, hygiene, dressing, light housekeeping, and daily activities, but their main role is to provide companionship and be available if needed.

Limitations:

Companion services are not authorized for enrollees living in Certified Family Homes (CFH) or Residential Assisted Living Facilities (RALFs).

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Consultation services

A personal assistance agency consults with a member or family member on how to increase their skills as an employer or manager of their own care, so they can reach the highest level of independence and self-reliance possible.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Benefits and services

Services that are covered for you

Day habilitation services

Services that take place outside the home to improve self-help, socialization and adaptive skills. Services will be coordinated with any physical therapy, occupational therapy or speech-language pathology services the member participates in. Services normally occur 4+ hours per day, 1+ day a week, on regular basis.

Limitation:

Limited to thirty (30) hours per week.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Environmental accessibility adaptations

These services include minor housing modifications that are needed to improve a member's independence at home. Without these adjustments, members would require institutionalization or pose a risk to their own health and safety.

Limitations:

Unless otherwise authorized by IDHW, permanent environmental modifications are limited to a home that is the enrollee's principal residence and is owned by the enrollee or the enrollee's non-paid family.

In-network cost:

\$0 copay for Medicaid-covered environmental accessibility adaptations.

Prior authorization required?

Yes

Services that are covered for you

Home-delivered meals

To promote good nutrition, 1-2 meals per day may be delivered to the rented or owned homes of members who are alone for significant parts of the day, have no caregiver for extended periods of time or are unable to make a meal without help.

Limitations:

One (1) to two (2) meals per day may be provided to a member.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Homemaker services

Members may get help with tasks such as:

- Laundry
- Essential errands
- Meal preparation
- Other routine housekeeping duties if there is no one else in the household capable of performing these tasks

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Benefits and services

Services that are covered for you

Non-medical transportation services

This service allows a members to gain access to waiver and other community services and resources for non-medical reasons.

In-network cost:

\$0 copay for Medicaid-covered non-medical transportation

Prior authorization required?

Yes. A valid Notice of Decision authorizing services is required.

This benefit is only available to those members receiving Aged & Disabled waiver services.

Personal emergency response system

For help in an emergency, an electronic device calls a response center staffed by trained professionals. The device may be a portable help button in case of immobility.

Limitations:

The service is limited to member's who:

- Rent or own a home, or live with unpaid caregivers;
- Are alone for significant parts of the day;
- Have no caregiver for extended periods of time; and
- Would otherwise require extensive, routine supervision.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Residential habilitation services

These services and supports are designed to help members reside successfully in their own homes, with their families or in certified family homes.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Services that are covered for you

Respite care services

This service provides short-term breaks for non-paid caregivers. The caregiver or member is responsible for selecting, training and directing the provider. While getting respite care services, members cannot get other services that are duplicative in nature.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Respite care services do not include room and board payments.

Prior authorization required?

Yes

Skilled nursing services

Includes irregular or continuous supervision, training or skilled care.

Limitations:

Such care must be provided by a licensed registered nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in Idaho. These services are not appropriate if they are less cost effective than a home health visit.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Specialized medical equipment and supplies

Equipment and supplies may include:

- Devices, controls or appliances that help with daily living
- Items needed for life support
- Durable and non-durable medical equipment

In-network cost:

\$0 copay for Medicaid-covered specialized medical equipment and supplies.

Prior authorization required?

Yes

Benefits and services

Services that are covered for you

Supported employment

This is for people with the most severe disabilities when competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of a severe disability.

Because of the nature and severity of the disability, these individuals need intensive supported employment services or extended services in order to perform such work.

Limitations:

Supported employment services rendered under this waiver are not available under a program funded by either the Rehabilitation Act of 1973, as amended, or the IDEA.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Transition services

Goods and services that enable someone residing in a facility, hospital or institution to transition to a community-based setting.

Limitations:

Transition management is limited to seventy-two (72) hours per participant, per qualifying transition.

In-network cost:

Your share of cost, if any, will be determined by Idaho Department of Health and Welfare.

Prior authorization required?

Yes

Seeing a specialist or other providers

A specialist is a doctor, or other health care provider, who treats special health conditions. If you think you need to see a specialist, call your PCP. Your PCP is there to support you and will work with you to determine which special services you need and refer you to a specialist, if needed.

Your PCP will coordinate your health care, except in an emergency. Members have direct access to family planning and women's health services. No referral is required.

If you need or want to seek care or advice outside of our network due to location or service availability, this is called an "out-of-network" provider. In this case, you will need to work with your primary health insurance for authorization for coverage. Call your care Coordinator with any questions at **1-866-785-1628**, TTY **711**.

If you need information on how and where to obtain counseling or referral services not covered by the health plan due to moral or religious objections, please contact IDHW at 1-833-814-8568.

Accessing services

Care Coordinators work with you to see which health services you need. These are services to help care for you and keep you safe in places such as your home.

Care Management makes a plan with you to meet your personal care and medical needs during the assessment process.

Care Planning is for Care Coordinators, members and their family, friends, Health Care Decision Makers and caregivers to work together to create and implement a service plan driven by you and address what is important to and for the member. This process:

- Builds on member's strengths, life preferences, and support need
- Includes opportunities for meaningful activities such as social connections, employment, community activities and volunteering
- Promotes independence and community inclusion

Benefits and services

If you have questions, contact your Care Coordinator at **1-866-785-1628**, TTY **711**. They will visit you to help with your health care needs. They can help you:

- Pick a doctor (PCP)
- Get care with your doctor
- Manage medical services
- Solve problems with your care through goal setting
- Find ways to live at home
- Explain service and placement options
- Help with locating community resources
- Obtain behavioral health services

Visit our website or contact Member Services to obtain a copy of the UnitedHealthcare Community Plan Provider Directory at no cost to you. Our directory contains information about how our providers can meet your cultural, language, or accessibility needs.

You may also find provider information such as:

- Name, address and phone numbers
- Professional qualifications
- Medical school attended (by phone only)
- Residency completion (by phone only)
- Board certification status
- Languages spoken
- Age group served
- Hospital affiliations
- If accepting new patients
- Wheelchair accessibility

Primary Care Providers (PCP)

As a member of the Idaho Medicaid Plus plan, you must choose a PCP. Your PCP is chosen through your primary Medicare insurance provider. Picking a PCP is important. They should be someone you seek for most of your health care needs. They know you well and understand your medical history.

How do I make appointments?

Your PCP and Care Coordinator will work with you to get the care you need. If you need an immediate or urgent appointment and your PCP is not able to give you one, they may refer you to an urgent care or emergency room. You may call UnitedHealthcare Community Plan at **1-866-785-1628**, TTY **711** for help. Try to set up PCP visits as far ahead as possible. Your PCP sees many patients every day.

If you need help making an appointment, call your Care Coordinator. If you are in a nursing or assisted living facility, ask the staff to help you; if they cannot, call your Care Coordinator.

How can I be involved in my health care?

Be involved in your care by seeing your PCP often. You will take part in choices about your care. Your PCP will provide or arrange the covered services you need. Make sure you talk to your PCP about any health problems you have. That way, your PCP gets to know you and your medical history. Be sure and tell your PCP about any behavioral health issues as well. Your PCP may be able to treat behavioral health conditions, or you may get behavioral health services without a referral. Always follow your PCP's instructions and get approval before you get any medical services. We will send you newsletters with helpful information about health care. We will also tell you about new things going on with your plan.

In addition, we may send you surveys about your health and UnitedHealthcare Community Plan. Completing these surveys is another way to take part in your health care.

Services provided through State of Idaho Medicaid program

The Medicaid services listed below, which are provided directly by the State of Idaho Medicaid program:

- Medicaid dental services
- Non-emergency medical transportation
- Developmental disability services
- Intermediate care facility services

For information regarding these Medicaid-provided services, call the Idaho Care Line at 211 or visit healthandwelfare.idaho.gov.

Getting your prescriptions (medications)

Getting prescription medications is an important part of your health care. If your PCP or specialist prescribes a medicine that's listed on your plan's preferred drug list (PDL), it's covered, less any possible copay (this list is also known as a formulary.) If your medication is not listed on the PDL, your care provider may request an alternative medication for you that is listed on the PDL. UnitedHealthcare Community Plan covers medicines on this list and may pay for other medicines with prior approval. You can get your prescriptions filled at any pharmacy in our network. Many are available 24 hours a day, 7 days a week. For a list of pharmacies or to look up medications on the Preferred Drug List, use your provider directory or go to myuhc.com/CommunityPlan.

If you have a problem getting your prescription during normal business hours, call Member Services. If you have a problem getting your prescriptions after normal business hours, on weekends, or holidays, have your pharmacist call the pharmacy help desk. This number is on the back of your ID card.

Medicaid does not cover medications eligible for coverage under Medicare Part D or Medicare copayments, coinsurance, or deductibles for Medicare Part D medications. Unless, you are only enrolled in Medicare Part A and have credible prescription drug coverage.

Behavioral health services

If you need behavioral health services, contact your Care Coordinator. Behavioral Health Services are available to treat both mental health and substance use disorders. Your Care Coordinator can help pick a provider. You can also self-refer by calling a provider from the provider directory. Refer to the benefits tables on pages 28–40 for covered services. Your Care Coordinator will give you a directory or you can go online at <https://www.uhccommunityplan.com/ID>.

What if I am experiencing a behavioral health crisis?

If you are experiencing a behavioral health crisis it is important for you to get help right away. All members are covered for behavioral health services in a crisis or emergency situation. If you feel you may harm yourself or others, call **911** for emergency help. If you are experiencing a mental health crisis, call **988**.

Member Council

UnitedHealthcare Community Plan of Idaho's Medicaid Plus Advocacy Councils provides a forum for Health Plan Members, local Idaho Medicaid Plus providers and local community agencies to give recommendations about Idaho Medicaid Plus services. At meetings we discuss new and ongoing Idaho Medicaid Plus programs. It is a great opportunity for Members to provide input about current processes and future changes to the Idaho Medicaid Plus program. We talk about how to improve care for our members.

Any Health Plan member can go to meetings. We would like you to be a part of our Idaho Medicaid Plus Member Advisory Council. Meetings are held quarterly. If you are interested in joining the Member Advisory Council speak with your Care Coordinator or contact Member Services by calling **1-866-785-1628** and ask to speak with a representative from the UnitedHealthcare Idaho Medicaid Plus program.

Utilization Management policy and procedures

We have policies and steps we follow in decision-making about approving medical services. We want to make sure that the health care services provided are medically necessary, right for your condition and are provided in the best care facility. We make sure that quality care is delivered.

The criteria used in our decision-making are available to you and your doctor if you ask for it. No UnitedHealthcare Community Plan employee or provider is rewarded in any way for not giving you the care or services you need or for saying that you should not get them.

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

There are also some treatments and procedures we need to review before you can get them. Your providers know what they are, and they take care of letting us know to review them. The review we do is called a Utilization Review. We do not reward anyone for saying “no” to needed care. If you have questions about UM, you can talk to our Medicaid Care Management staff. Our nurses are available 24 hours per day/7 days a week by calling 1-855-873-2377, TTY/TDD 711. Language assistance is available.

Preauthorization process

How will I know if a service has been approved (authorization) or denied?

You can make a service request by calling Member Services. Your doctor will tell you if the service is approved. If the service has been denied, UnitedHealthcare Community Plan will send you and your provider a letter, called a Notice of Adverse Benefit Determination. You have a right to know the criteria that are used to make decisions. Normal authorization decisions will be made within 14 calendar days from the date the request is received.

Extensions of up to 14 calendar days can be received if it is in your best interest. For example, we may be waiting to receive your medical records from your doctor. Instead of making a decision without those records, we may ask you if it's okay to get more time to receive the records. That way, the decision can be made with the best information. We will send you a letter asking for the extension.

Expedited (Rush) decisions in urgent, life-threatening situations should be made in no later than 72 hours following the receipt of the authorization request unless an extension is in effect. For more information, call Member Services on Notice of Adverse Benefit Determination letters and actions you can take.

Call Member Services for more information about filing an appeal

If you have questions, ask your Care Coordinator or contact Member Services at **1-866-785-1628**, TTY **711**, or visit our website: uhc.com/communityplan/Idaho.

Prior approval for an out-of-network provider

UnitedHealthcare Community Plan is a managed care plan. You should use the providers in our contracted network. However, there may be times when you need care from a provider that's not in our network. Your PCP or treating physician may request for you to see an out-of-network provider by calling UnitedHealthcare Community Plan: **1-866-785-1628**, TTY/TDD **711**.

Prior authorization medication

Some medications may require prior authorization. Prior-authorization decisions for medications will be made within 24 hours from the receipt of the request. If additional information is needed, UnitedHealthcare will send a request to your provider and issue a final decision no later than 7 working days from the date of the request. Please see UnitedHealthcare's drug list at UHCCommunityPlan.com.

Other plan details

Freedom of choice

A provider network is a group of providers who contract with UnitedHealthcare Community Plan to provide services. Your Care Coordinator will help you choose providers from within its provider network. If you'd like to select a provider based on convenience, location or cultural preference, you can tell your Care Coordinator.

If our provider network is unable to provide medically necessary services required that you need, then these services can be covered through an out-of-network provider until a network provider is contracted.

If you choose a provider not in our network, the provider will need to obtain prior authorization for services, except in emergency or urgent care situations, for family planning services and post-stabilization care.

Can a provider bill me?

If you receive a bill for services and have questions, please contact Member Services at **1-866-785-1628, TTY 711.**

Tell your provider you are an Idaho Medicaid Plus member. Show them your ID card. In most cases the provider is not allowed to bill you. However, you may have to pay for a service you received if you:

- Get a service that is not covered by United Healthcare Idaho Medicaid Plus (or your Medicare plan)
- Get a service that is not pre-approved by UnitedHealthcare Idaho Medicaid Plus (or your Medicare plan)
- Get a non-emergency service from a doctor or hospital that is not a provider with UnitedHealthcare Idaho Medicaid Plus
- Have been assigned a Share of Cost by IDHW Self Reliance
- Ask for and get services during an appeal that are related to your appeal with UnitedHealthcare or during a Medicaid State Fair Hearing. You would only have to pay for the care if the appeal or State Fair Hearing decision is not in your favor.
- Are not covered under Medicaid when you get the care

Medicare or other insurance

It is important to tell us if you have other insurance or Medicare. It does not change any of the services or benefits you get from UnitedHealthcare Community Plan. Try to choose a PCP who works with both UnitedHealthcare Community Plan and your other insurance. This will help us coordinate your benefits.

Members who have both Idaho Medicaid Plus and Medicare are called “dual eligible.” UnitedHealthcare Community Plan may help pay your coinsurance and deductibles if you use Medicare providers that are also contracted with UnitedHealthcare Community Plan or who follow all of UnitedHealthcare Community Plan’s cost-sharing rules.

Always tell your doctor if you have other insurance. Your other insurance or Medicare is considered your primary insurance. They may pay for your medical services. You must use your primary insurance plan first. UnitedHealthcare Community Plan is your secondary insurance. UnitedHealthcare Community Plan may help you pay copays, coinsurance or deductibles that other insurance may charge you.

Do not pay the doctor directly. If you pay for Idaho Medicaid Plus covered services directly, we cannot pay you back. Tell your doctor to bill UnitedHealthcare Community Plan. Make sure to show the doctor your UnitedHealthcare Community Plan ID card and your other insurance. This will help them to know where to send the bill. If you do not tell your doctor that you have other insurance, this may delay payment from UnitedHealthcare Community Plan.

Your Care Coordinator will help you manage benefits. Make sure your Care Coordinator has all of your insurance information.

Idaho Medicaid Plus benefits will not change your Medicare benefits. If you are dually eligible, you need to know that:

- If you have Traditional Medicare, your doctor may be registered with Idaho Medicaid Plus
- If you see a doctor who is not with Idaho Medicaid Plus, you may have to pay your copay and deductible
- If you are in a Medicare HMO/Advantage plan, your PCP will be the one from your Medicare HMO. You do not have to get another PCP for Idaho Medicaid Plus.

Other plan details

Coordination of benefits/third party liability

Your Medicaid benefits under Idaho Medicaid Plus are the payer of last resort. That means they will pay only after all other sources/insurance have been used. UnitedHealthcare Community Plan may help you pay copays, coinsurance or deductibles that other insurance may charge you.

Quality of Care concerns

Members/Health Care Decision Makers (HCDMs) can submit concerns that include but are not limited to:

- The inability to receive health care services,
- Concerns about the Quality of Care (QOC) received,
- Issues with health care providers,
- Issues with health plans, or
- Timely access to services.

Quality of concern issues may be submitted by calling your Care Coordinator or Member Services at **1-866-785-1628**.

Member grievances (complaints) and appeals

If you have a grievance, you can first talk to your doctor or provider if you have questions or concerns about your care. They can work with you on fixing the problem. If the problem isn't fixed, you can call us.

If you have a problem or complaint about UnitedHealthcare Community Plan, ask your Care Coordinator or Member Services for help. You may file a grievance at any time. If your Care Coordinator or Member Services is able to help you, your complaint will be considered resolved. In that case, you will not get any other notice.

If you are not happy with the response from your Care Coordinator or Member Services, you may file a grievance. You may file a complaint or grievance against us (the managed care organization) or a provider with us.

You may file a grievance orally, online or in writing. Members can file a grievance orally with their Care Coordinator or call Member Services from 8:00 a.m. to 6:00 p.m., Monday through Friday, at **1-866-785-1628**, TTY **711**. All members can file a grievance through this process.

The legal guardian for incapacitated adults, a representative as stated in writing, or a provider acting with the member's written consent can file a grievance on a behalf of a member.

You may file grievances online at member.uhc.com/CommunityPlan. Members may also file a written grievance by sending it to:

UnitedHealthcare Community Plan of Idaho
Attn: Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364
Fax: 1-801-994-1082

We will send you a letter within 5 business days after we receive your grievance telling you that we received it.

UnitedHealthcare Community Plan has 30 days to respond to your concerns. Once we have an answer, we will send another letter telling you what our grievance decision is. This is called a standard grievance.

If you or UnitedHealthcare need more time to get or submit information from other places, the grievance process may take up to 14 calendar days longer. If we need more information, we will give you written notice of the reason for the delay.

If you need help filing a grievance including the need for language translation or interpreter services for a hearing or vision impairment, contact your Care Coordinator or call Member Services at **1-866-785-1628**, TTY **711**. Grievance information is available in alternative formats.

If you file a Grievance/Request for Investigation, the quality of your care will not suffer.

Other plan details

Notice of adverse benefit determination

An adverse benefit determination is when UnitedHealthcare Community Plan does any of the following:

- Denies or limits a requested service based on type or level of service, meeting medical necessity, appropriateness, setting, effectiveness
- Reduces, suspends, or terminates a previously authorized service
- Denies partial or full payment of a service
- Fails to make an authorization decision or to provide services in a timely manner
- Fails to resolve a grievance or appeal in a timely manner
- Denies a rural member's request for services outside the network when the health plan is the only one in the area

If UnitedHealthcare Community Plan makes an adverse benefit determination, you will receive a letter called a Notice of Adverse Benefit Determination. This letter will tell you:

- What was asked for
- What action was taken and why
- Your right to file an appeal, ask for a State Fair Hearing, or ask for an expedited resolution
- If you were receiving benefits, your right to have your benefits continue during your appeal

If you do not understand your Notice of Adverse Benefit Determination, call Member Services. You have a right to know the criteria that are used to make decisions. You can also file a grievance if you do not feel the letter was clear enough for you. If you are still not happy about the notice, you may contact UnitedHealthcare Idaho Medicaid Plus at **1-866-785-1628**.

Member appeals

An appeal is a request for review of a UnitedHealthcare Community Plan decision or adverse action. You or someone acting for you can file an appeal. If you do not agree with a decision made by UnitedHealthcare Community Plan you can ask us to review the request again. This request for a review is called an appeal. The appeal can be written or verbal.

You must exhaust the UnitedHealthcare Community Plan appeal process prior to requesting a State Fair Hearing.

All members can file an appeal through these processes. You may file an appeal over the phone with your Care Coordinator or Member Services at **1-866-785-1628**, TTY **711**.

You may file appeals online at member.uhc.com/CommunityPlan.

You may also file a written appeal by sending it to:

UnitedHealthcare Community Plan of Idaho
Appeals and Grievances
P.O. Box 31364
Salt Lake City, UT 84131-0364
Fax: 1-801-994-1082

UnitedHealthcare Community Plan will provide assistance to you in completing forms and taking other procedural steps related to filing an appeal. If you need help filing an appeal, including the need for language translation or interpreter services for a hearing or vision impairment, contact your Care Coordinator or call Member Services at **1-866-785-1628**, TTY **711**. Appeal information is available in alternative formats. Your provider or family, health care decision maker or designated representative can also file an appeal on your behalf with your written permission. You or your family, health care decision maker or designated representative must file an appeal within 60 days from the date of the notice letter. You or your provider can't be retaliated against for filing an appeal. This means UnitedHealthcare Community Plan will not be upset at you or your provider or attempt to get back at either of you for filing an appeal.

We will send you a letter within 5 business days after we receive your appeal telling you that we received it. If you want to continue your services during the appeal process, you must tell us no later than 10 calendar days from the date of the Notice of Adverse Benefit Determination letter.

Other plan details

UnitedHealthcare Community Plan will make every effort to investigate your appeal within 30 calendar days. You may ask for a quicker decision. This is known as an expedited appeal. It is when the time for a regular appeal could risk your health. If your doctor or UnitedHealthcare Community Plan feels that your appeal should be reviewed more quickly due to the seriousness of your condition, the request must explain in detail why an expedited appeal is needed. We will tell you or your doctor the outcome within 72 hours. Your written consent is not required if your provider requests an expedited appeal.

If your appeal does not need an expedited review, we will try to call you and will send you a letter within 2 calendar days letting you know that your appeal will be reviewed within 30 calendar days. The letter will explain how to file a grievance if you don't agree with our decision to take more time.

The appeal process may take up to 14 calendar days longer if you ask for more time to submit information or UnitedHealthcare Community Plan needs to get additional information from other sources. If we need additional information, we will call and send you a letter within 2 calendar days. The letter will explain how to file a grievance if you don't agree with our decision to take more time.

When UnitedHealthcare Community Plan decides your appeal, we will mail a Notice of Appeal Resolution letter to you. This letter will tell you the reason for the decision. If UnitedHealthcare Community Plan decides that you should not receive the denied service, the letter will also tell you how to ask for a State Fair Hearing and, if you were receiving benefits, your right to have your benefits continue during your State Fair Hearing and how to do it.

You or your provider can't be retaliated against for filing an expedited appeal. This means UnitedHealthcare Community Plan will not be upset at you or your provider or attempt to get back at either of you for filing an expedited appeal.

State Fair Hearing

If you do not agree with UnitedHealthcare Community Plan's decision on your appeal, you have the right to request a State Fair Hearing. Your request for a State Fair Hearing must be in writing and received within 120 calendar days from the date you receive the appeal resolution letter.

You can ask for a State Fair Hearing if you disagree with UnitedHealthcare's decision to terminate, modify, suspend, reduce, delay or deny a service. You can also ask for a State Fair Hearing if you think UnitedHealthcare did not act promptly. Your request must include:

- Your name
- Address
- Member number (on your ID card)
- Reason(s) for appealing
- Any evidence you want reviewed, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your PCP if you need this information.

Send your written request to:

Medicaid Appeals
Idaho Department of Health and Welfare
P.O. Box 83720
Boise, ID 83720-0009
Fax: 208-364-1811
Email: MedicaidAppeals@dhw.idaho.gov

You have the right to ask for and get continued services while you are waiting for your State Fair Hearing. If you want your services to continue during a State Fair Hearing, you must make this request within 10 days from the date of the Notice of Appeal Resolution letter. You may have to pay for the care if the appeal or State Fair Hearing decision is not in your favor.

The state will hold a hearing. You may attend the hearing in person or by phone. You'll be asked to tell the state why you disagree with our decision. You can ask a friend, relative, advocate, provider or lawyer to help you. You'll get a written decision within 30 days if you have additional appeal rights. The hearing will give you a final decision. This happens within 30 days or less from the date you asked for the hearing.

The Contested Case Proceedings and Declaratory Rulings administrative rules are available either online at <https://adminrules.idaho.gov/rules/current/16/160503.pdf> or from an IDHW office.

Other plan details

Questions and answers on appeals

Q: What if I need help in filing an appeal or need an interpreter?

A: If you need help in filing an appeal because you do not speak English and need an interpreter, or have a hearing or vision impairment, contact your Care Coordinator or call Member Services at **1-866-785-1628**, TTY **711**.

Q: How do I file an appeal?

A: You may file an appeal over the phone or in writing. All letters of appeal must be sent to:
UnitedHealthcare Community Plan Appeal Manager
P.O. Box 31364
Salt Lake City, UT 84131-0364
Fax: 1-801-994-1082

Or call Member Services at **1-866-785-1628**, TTY **711**.

You may file a complaint or grievance against us (the managed care organization) or a provider with us. Refer to the Member Grievance Process for details on filing.

Electronic Visit Verification (EVV)

UnitedHealthcare Community Plan supports our members by using Electronic Visit Verification (EVV) to verify non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) and in-home skilled nursing services (home health) to make sure you get the services that you need when you need them. EVV is a computer-based system that electronically verifies the occurrence of authorized service visits by electronically documenting the exact time a service delivery visit begins and ends, the individuals receiving and providing a service, and the type of service performed.

EVV services may be provided by different provider agencies, including:

- Daily living skills
- Home health
- Respite care
- Therapy
- Companion care

The EVV system electronically verifies the:

- Member
- Type of service
- Date of service
- Service location
- Provider
- Service times (start and end)

EVV is designed for you:

- EVV works wherever services take place, whether at home or in the community
- EVV supports case management, including the scheduling and monitoring of service hours
- Members have the option to choose what device they want to use to verify that service has been received
- Members can choose how soon they need a new caregiver if the one they were expecting is late or doesn't show up according to the Idaho Medicaid Plus Contingency/Back-Up Plan
- Members have the right to work with their provider agency to develop an individual contingency plan and decide their preferences for each service subject to EVV that results in a short, late, or missed visit

For questions, contact Member Services at **1-866-785-1628**, TTY **711**.

Your right for an advance directive

Sometimes people become unable to make healthcare decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means that, if you want to, you can:

- Fill out a written form to give someone the legal authority to make medical decisions for you if you ever become unable to make decisions for yourself
- Give your doctors written instructions about how you want them to handle your medical care if you become unable to make decisions for yourself

The legal documents that you can use to give instructions in advance in these situations are advance directives. There are different types of advance directives and different names for them. Living will and power of attorney for healthcare documents are examples of advance directives.

If you want to use an advance directive to give your instructions, here is what to do:

- Get the form. You can contact your Care Coordinator to ask for the forms.
- Fill it out and sign it. Regardless of where you get this form, keep in mind that it is a legal document. You should consider having a lawyer help you prepare it.
- Give copies to appropriate people. You should give a copy of the form to your doctor and to the person you name on the form as the one to make decisions for you if you can't.

Other plan details

If you know ahead of time that you are going to be hospitalized, and you have signed an advance directive, take a copy with you to the hospital.

- If you are admitted to the hospital, they will ask you whether you have signed an advance directive form and whether you have it with you
- If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one

Services will not be denied to you for exercising your rights. If you have signed an advance directive, and you believe that a doctor or hospital did not follow the instructions in it, you may file a complaint with the Idaho State Board of Medicine at 1-208-327-7000.

For Idaho state statutes regarding advance directives, the Medical Consent and Natural Death Act, please visit the following website: legislature.idaho.gov/statutesrules/idstat/title39/t39ch45/sect39-4510/.

If the State of Idaho makes any changes to the advance directive laws, United Healthcare will provide updates within 90 days of the law going into effect. United Healthcare is not required to implement an advance directive if, as a matter of conscience, UHC of Idaho cannot implement an advance directive and state law allows any healthcare provider or any agent of the provider to conscientiously object.

You have the right to receive an explanation from us if a provider has denied care that you believe you should receive. For more information, please review this handbook.

If you have questions about Advance Directives, ask your Care Coordinator.

* UnitedHealthcare Community Plan is providing general Advance Directive information; Always consult your lawyer or legal advisor before signing any legal document.

Fraud, waste, and abuse

Fraud

UnitedHealthcare Community Plan provides services to people who are in need and qualify for services. It is important to make sure that our members and providers follow the rules for getting and billing for covered services. If the rules aren't followed, a member or provider might be committing fraud. Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable State or Federal law, as defined in 42 CFR 455.2.

Report anything you see that doesn't look right. This includes:

- Using someone else's ID card or allowing someone to use yours
- Giving a wrong address in order to qualify for Idaho Medicaid Plus
- A doctor or facility billing you for covered services
- A doctor giving you services you don't need
- A provider offering inappropriate services

Waste

Over-utilization or inappropriate utilization of services, misuse of resources, or practices that result in unnecessary costs to the Medicaid Program.

Abuse

Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Idaho Medicaid Plus program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Idaho Medicaid Plus Program.

Reporting fraud, waste, and abuse

Fraud, waste and abuse are serious offenses. There can be penalties under the law. You can report fraud, waste or abuse by calling Member Services. You can call the Idaho Medicaid Fraud Line at 208-334-5754. You do not have to give your name. You will not get in trouble for reporting fraud, waste or abuse.

Other plan details

A provider may commit fraud, waste or abuse. Examples are:

- Giving you care you do not need
- Billing for services you did not get
- Keeping you in a hospital longer than you need
- Inflicting mental or physical harm
- Misuse of your trust fund
- Failure to carry out your plan of care

If you think fraud, waste or abuse is going on with providers, staff, or other members, call Member Services at **1-866-785-1628**, TTY **711**. We will not use your name in your report. You will not get in trouble for reporting this. We will look into the matter for you.

Managed care definitions

Appeal: To ask for review of a decision that denies or limits a service.

Centers for Medicare & Medicaid Services (CMS): The federal agency that administers Medicare and Medicaid.

Covered drugs: Prescription drugs covered by UnitedHealthcare Idaho Medicaid Plus. You may find these on the list of covered drugs, also called a formulary or drug list.

Covered services: Services and supplies covered by UnitedHealthcare Idaho Medicaid Plus.

Custodial care: Custodial care is personal care provided in a nursing home, hospice or another place when you do not need skilled medical care or skilled nursing care.

Disenrollment: The process of ending your membership in the Idaho Medicaid Plus plan. You can request to leave the UnitedHealthcare Idaho Medicaid Plus plan during the open enrollment period. Outside of the open enrollment period, the Idaho Department of Health and Welfare will determine when your request can be processed.

Dual-eligible: Someone who qualifies for full Medicare and Medicaid benefits.

Durable Medical Equipment: Equipment that provides therapeutic benefits; is designed primarily for a medical purpose; is ordered by a physician/ provider; is able to withstand repeated use; and is appropriate for use in the home. Equipment, furnished by a supplier or a human health agency that meets the following conditions:

1. Can withstand repeated use.
2. Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years.
3. Is primarily and customarily used to serve a medical purpose.
4. Generally is not useful to an individual in the absence of an illness or injury.
5. Is appropriate for use in the home.

Other plan details

Emergency medical condition: An illness, injury, symptom or condition (including severe pain) that a reasonable person could expect that not getting medical attention right away would:

- Put the person's health in danger; or
- Put a pregnant woman's baby in danger; or
- Cause serious damage to bodily functions; or
- Cause serious damage to any body organ or body part.

Emergency medical transportation: Taking an ambulance to the hospital for care. This happens if you call **911** and need care right away.

Emergency room care: Care you get in an emergency room.

Emergency services: Services to treat an emergency condition.

Grievance: A complaint that the member communicates to their health plan. It does not include a complaint for a health plan's decision to deny or limit a request for services.

Habilitation services and devices: Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include physical therapy or occupational therapy.

Health insurance: Coverage of costs for health care services.

Home and community-based care: Supportive services needed to live at home, in a residential assisted living facility (RALF), or certified family home (CFH), instead of living in an institution such as a nursing home or an intermediate care facility (ICF/ID). Consumer-direction or self-direction options are available to members.

Hospital inpatient care: Care in a hospital that usually requires that a patient is admitted to the hospital.

Hospital outpatient care: Care in a hospital that usually does not require an overnight stay.

Medicaid: A state and federal program that helps with health care costs and other social needs like home and community-based services.

Medically necessary: A service given by a doctor, or licensed health practitioner that helps with health problem, stops disease, disability, or extends life.

Medicare: A federal health insurance program for people 65 years of age or older. It is also for certain younger people with disabilities and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Member or enrollee: A person who is eligible for Medicaid and who is enrolled in the UnitedHealthcare Idaho Medicaid Plus plan.

Network: Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.

Non-participating provider/out of network provider: A health care provider that has a provider agreement with IDHW but does not have a contract with your health plan. You may be responsible for the cost of care for out-of-network providers.

In-network provider: A health care provider that has a contract with your health plan.

Personal Care Services (PCS): Provides in home, hands on services to help people stay in their own homes and communities rather than live in institutional settings, such as nursing homes.

Physician services: Health care services given by a licensed physician.

Post-stabilization care services: Covered services related to an emergency medical condition which are provided after the patient is stabilized.

Pregnancy and family planning-related services: Covered services that include family planning, counseling, and/or prescriptions used to prevent pregnancy.

Preventive health care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Primary Care Provider (PCP): A person who is responsible for the management of the member's health care. A PCP may be a:

- Person licensed as an allopathic or osteopathic physician, or
- Practitioner defined as a licensed physician assistant, or
- Certified nurse practitioner.

Prior authorization: Approval from a health plan that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.

Other plan details

Provider Directory: A list of all the providers contracted with UnitedHealthcare.

Rehabilitation: Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

Service plan: A written description of covered health services, and other supports which may include:

- Individual goals;
- Family support services;
- Care Coordination; and
- Share of cost.

Share of cost: Cost sharing refers to money that a member must pay when services or drugs are received. You might also hear terms like deductible, copayment or coinsurance or cost-sharing. Your Medicaid benefit level determines if you have any share of cost.

Skilled nursing care: Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

Specialist: A doctor who practices a specific area of medicine or focuses on a group of patients.

Transition of care: Coordination of care activities including discharge/transition planning, timely follow-up with a provider.

Transportation: If you have a medical appointment, you can request a ride from MTM at 1-877-503-1261. You need to call at least 48 hours before your appointment.

Urgent care: Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

Notice of nondiscrimination

In accordance with applicable federal civil rights laws, our company does not discriminate on the basis of race, color, national origin, age, or disability and, in some cases, religion or political beliefs.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

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

UHC_Civil_Rights@uhc.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

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

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

Phone: **1-800-368-1019, 800-537-7697** (TDD)

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

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notices>.

Notice of availability of language assistance services and alternate formats

English: ATTENTION: If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Please call the toll-free number on your member identification card.

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فتوجد هناك خدمات مساعدة لغوية مجاناً ورسائل مجانية بتنسيقات أخرى، مثل الطباعة بحروف كبيرة. يُرجى الاتصال بالرقم المجاني المدون على بطاقة تعريف العضو الخاصة بك.

Chinese: 注意: 如果您說中文, 免費語言協助服務和其他格式(例如大字版)的免費通訊可提供給您。請撥打會員身份識別卡上的免付費電話。

Farsi: توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمکی زبان رایگان و مطالب رایگان در قالب‌های دیگر، مانند پرینت درشت، برای شما فراهم است. لطفاً با شماره رایگان درج شده در پشت کارت شناسایی اعضا تماس بگیرید.

French: ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits et des communications gratuites dans d'autres formats, tels que du texte en gros caractères, sont à votre disposition. Veuillez composer le numéro gratuit figurant sur votre carte de membre.

German: HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienste und kostenlose Mitteilungen in anderen Formaten, wie in Großdruck, zur Verfügung. Rufen Sie bitte die kostenfreie Nummer auf Ihrem Mitgliedsausweis an.

Japanese : 注意 : 日本語を話される場合は、無料の言語支援サービスや、大きな活字などの他の形式での無料コミュニケーションをご利用いただけます。会員IDカードに記載されているフリーダイヤル番号までお電話ください。

Korean: 참고: 귀하가 한국어를 구사하시는 경우, 무료 언어 지원 서비스와 다른 형식의 무료 커뮤니케이션(예, 큰 활자체로 된 정보)을 이용하실 수 있습니다. 가입자 식별 카드에 기재된 무료 전화번호로 전화하십시오.

Nepali: ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, ठूलो अक्षर जस्ता अन्य ढाँचाहरूमा निःशुल्क भाषा सहायता सेवाहरू र निःशुल्क सञ्चार सेवाहरू तपाईंको लागि उपलब्ध छन्। कृपया तपाईंको सदस्यता परिचय कार्डमा भएको टोल-फ्री नम्बरमा फोन गर्नुहोस्।

Romanian: ATENȚIE: Dacă vorbiți limba română, aveți la dispoziție servicii de asistență lingvistică gratuită și opțiuni de comunicare gratuite într-un alt format, precum text cu caractere mari. Vă rugăm să sunați la numărul de telefon gratuit de pe legitimația dvs. de membru.

Russian: ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться помощью переводчика и информационными материалами в альтернативных форматах, например, крупным шрифтом. Позвоните по номеру телефона для бесплатных звонков, указанному на Вашей идентификационной карточке участника.

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, 2025

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 for 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. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

How We Collect, Use, and Share Your Information

We collect, use and share your HI with:

- 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.

Other plan details

- **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 or Sexual 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.

Other plan details

- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests but may ask you to confirm your request in writing. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy of certain HI.** You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. We will respond to your request in the time we must do so under the law. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of when we shared your HI in the six years prior to your request. This will not include when we shared HI for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website.
- **In certain states, you may have the right to ask that we delete your HI.** Depending on where you live, you may be able to ask us to delete your HI. We will respond to your request in the time we must do so under the law. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

Using Your Rights

- **To Contact your Health Plan.** If you have questions about this notice, or you want to use your rights, **call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at 1-866-633-2446, or TTY/RTT 711.
- **To Submit a Written Request.** Mail to:
UnitedHealthcare Privacy Office
MN017-E300, P.O. Box 1459, Minneapolis MN 55440
- **To File a Complaint or Grievance.** If you think your privacy rights have been violated, you may send a complaint or grievance 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, 2025

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.

Other plan details

Questions About This Notice

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

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

Notice of Availability of Language Assistance Services and Alternative Formats:
<https://www.uhc.com/communityplan/non-discrimination-notice>



We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-866-785-1628**, TTY **711**. You can also visit our website at uhc.com/communityplan/Idaho.

UnitedHealthcare Community Plan
1120 S Rackham Way
Suite 300
Meridian, ID 83642

[UHCCommunityPlan.com](https://uhc.com/communityplan/Idaho)

1-866-785-1628, TTY 711

United
Healthcare®
Community Plan

Questions? Visit uhc.com/communityplan/Idaho,
or call Member Services at **1-866-785-1628**, TTY **711**.

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