Mississippi

Welcome to the community

Mississippi CHIP

Mississippi Children's Health Insurance Program

Welcome
Member Handbook
Other Information

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UnitedHealthcare Community Plan

Welcome

Welcome to UnitedHealthcare Community Plan

Please take a few minutes to review this Member Handbook. We're ready to answer any questions you may have. Just call Member Services at **1-800-992-9940**, TTY **711**. You can also visit our website at **myuhc.com/CommunityPlan**.

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

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

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

UHC_Civil_Rights@uhc.com

You must submit the complaint in writing within 30 days of when you found out about it. If your complaint cannot be resolved in 1 day it will be treated as a grievance. We will send you an acknowledgement of the grievance within 5 days of receipt of the grievance. A decision will be sent to you within 30 days.

If you need help with your complaint, please call the toll-free member phone number at **1-800-992-9940**, TTY **711**, 7:30 a.m.–5:30 p.m. CT, Monday–Friday, (and 7:30 a.m.–8 p.m. CT on Wednesday). We are also available 8 a.m.–5 p.m. CT the first Saturday and Sunday of each month.

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

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

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

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

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

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number at **1-800-992-9940**, TTY **711**, 7:30 a.m.–5:30 p.m. CT, Monday–Friday (and 7:30 a.m.–8 p.m. CT on Wednesday). We are also available 8 a.m.–5 p.m. CT the first Saturday and Sunday of each month.

English
ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-992-9940, TTY 711**

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-992-9940, TTY 711**.

Vietnamese
LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi số **1-800-992-9940, TTY 711**.

Traditional Chinese
注意：如果您說中文，您可獲得免費語言協助服務。請致電 **1-800-992-9940**，
或**聽障專線 TTY 711**。

French
ATTENTION: Si vous parlez français, vous pouvez obtenir une assistance linguistique gratuite. Appelez le **1-800-992-9940, TTY 711**.

Arabic
تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم **1-800-992-9940**،
الهاتف النصي 711.

Chocktaw
Pisa: Chahta anumpa ish anumpuli hokma, anumpa tohsholi yvt peh pilla ho chi apela hinla. I paya **1-800-992-9940, TTY 711**.

Tagalog
ATENSYON: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo ng pantulong sa wika, nang walang bayad. Tumawag sa **1-800-992-9940, TTY 711**.

German
HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachendienste zur Verfügung. Wählen Sie: **1-800-992-9940, TTY 711**.

Korean
참고: 한국어를 하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. **1-800-992-9940, TTY 711**로 전화하십시오.

Gujarati
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો તમારા માટે વિના મૂલ્યે ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. કૉલ કરો **1-800-992-9940, TTY 711**.

Japanese
ご注意：日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。電話番号**1-800-992-9940**、または**TTY 711**。

Russian
ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами переводчика. Звоните по тел **1-800-992-9940, TTY 711**.

Punjabi
ਸਾਵਧਾਨ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ, ਮੁਫ਼ਤ ਵਿੱਚ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਹੈਲਥ ਪਲਾਨ ਟੀਮ ਨੂੰ ਸੰਪਰਕ ਕਰੋ। **1-800-992-9940, TTY 711** ਤੇ ਕਾਲ ਕਰੋ।

Italian
ATTENZIONE: se parla italiano, Le vengono messi gratuitamente a disposizione servizi di assistenza linguistica. Chiami il numero **1-800-992-9940, TTY 711**.

Hindi
ध्यान दे: यदि आप हिन्दी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। कॉल करें **1-800-992-9940, TTY 711**.

Getting started

We want you to get the most from your child's health plan right away. Start with these three easy steps:

1. **Call your child's Primary Care Provider (PCP) and schedule a checkup.**

   Regular checkups are important for good health. Your child's PCP phone number should be listed on the member ID card that you recently received in the mail. If you don't know your child's PCP number, or if you'd like help scheduling a checkup, call Member Services at **1-800-992-9940**, TTY **711**. We're here to help.

2. **Take your child's Health Assessment.**

   This is a short and easy way to get a big picture of your child's current lifestyle and health. This helps us match your child with the benefits and services available to you.

   You will soon receive a welcome phone call from us. We will call to explain all of your child's health plan benefits. We also will help you complete a survey about your child's health. This short survey helps us understand your child's needs so that we can serve you better. You can also visit our website and fill out the survey for your child online. See page 13.

3. **Get to know your child's health plan.**

   Start with the Health Plan Highlights section on page 11 for a quick overview of your child's new plan. And be sure to keep this booklet handy, for future reference.

Thank you for choosing UnitedHealthcare Community Plan for your health plan

We're happy to have your child as a member. You've joined the millions of members who have health insurance with UnitedHealthcare Community Plan. You've made the right choice for you and your family.

UnitedHealthcare Community Plan gives you access to many health care providers — doctors, nurses, hospitals and drugstores — so you have access to all the health services you need. We cover preventive care, checkups and treatment services. We're dedicated to improving your child's health and well-being.

Remember, answers to any questions you have are just a click away at **myuhc.com/CommunityPlan**. Or, you can call Member Services at **1-800-992-9940**, TTY **711**.

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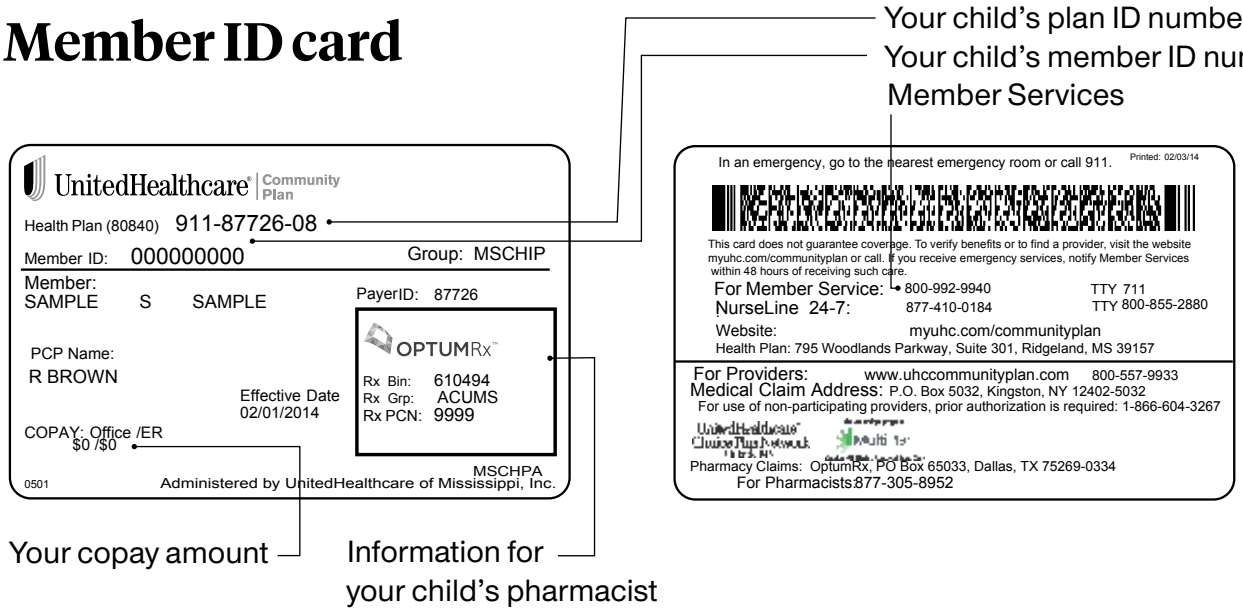
Health plan highlights

Member ID card



Your child's member ID card holds a lot of important information. It gives you access to your child's covered benefits. You should have received your child's member ID card in the mail within 10 days of joining UnitedHealthcare Community Plan. Each family member will have their own card. Check to make sure all the information is correct. If any information is wrong, call Member Services at **1-800-992-9940**, TTY **711**.

- Take your child's member ID card to your appointments
- Show it when you fill a prescription
- Have it ready when you call Member Services; this helps us serve you better
- Do not let someone else use your child's card(s). It is against the law.

Show your card. Always show your child's UnitedHealthcare ID card when you get care. This helps ensure that your child gets all the benefits available. And prevents billing mistakes.

Lost your child's member ID card?

If you or a family member loses a card, contact Member Services right away by going to **myuhc.com/CommunityPlan**. Click on the Print an ID Card button on the right. Or, contact Member Services and we'll send you a new one.

Benefits at a glance

As a UnitedHealthcare Community Plan member, you have a variety of health care benefits and services available to your child. Here is a brief overview. You'll find a complete listing in the Benefits section. Sometimes benefits and services may change. If this happens we will write the member within 14 days before the change.

Primary care services

Your child is covered for all visits to his or her Primary Care Provider (PCP). Your child's PCP is the main doctor your child will see for most of his/her health care. This includes checkups, treatment for colds and flu, health concerns and health screenings.

Large provider network

You can choose any PCP from our large network of providers. Our network also includes specialists, hospitals and drug stores — giving you many options for your child's health care. Find a complete list of network providers at **myuhc.com/CommunityPlan** or call **1-800-992-9940**, TTY **711**.

NurseLine

NurseLine gives you 24/7 telephone access to experienced registered nurses. They can give you information, support and education for any health-related question or concern. Call **1-877-410-0184**, TTY **711**.

Specialist services

Your child's coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. You may need a referral from your PCP first. See page 24.

Medicines

Your child's plan covers prescription drugs. Also covered: insulin, needles and syringes, birth control, coated aspirin for arthritis, iron pills and chewable vitamins.

Hospital services

Your child is covered for hospital stays. Your child is also covered for outpatient services. These are services you get in the hospital without spending the night.

Behavioral health and substance use disorder

Get help with personal problems that may affect your child. These include stress, depression, anxiety or using drugs or alcohol.

Laboratory services

Covered services include tests and X-rays that help find the cause of illness.

Well-child visits

All well-child visits and immunizations are covered by your plan.

Maternity and pregnancy care

Members are covered for doctor visits before and after a baby is born. That includes hospital stays. If needed, we also cover home visits after the baby is born.

Family planning

Members are covered for services that help manage the timing of pregnancies. These include birth control products and procedures.

Vision care

Your child's vision benefits include routine eye exams and glasses.

Your child's Health Assessment

A Health Assessment is a short and easy survey that asks simple questions about your child's lifestyle and health. When you fill it out and mail it to us, we can get to know our members better. And it helps us match your child with the many benefits and services available to them.

Please take a few minutes to fill out the Health Assessment at **myuhc.com/CommunityPlan**. Click on the Health Assessment button on the right side of the page, after you register and/or log in. Or call Member Services at **1-800-992-9940**, TTY **711**.

Member support

We want to make it as easy as possible for you to get the most from your child's health plan. As our member, your child has many services available to them, including interpreters if needed. And if you have questions, there are many places to get answers.

Website offers 24 hours a day, 7 days a week access to plan details

Go to **myuhc.com/CommunityPlan** to sign up for web access to your account. This secure website keeps all of your health information in one place. In addition to plan details, the site includes useful tools that can help you:

- Take your child's Health Assessment
- Find a provider or pharmacy
- Search for a medicine in the Preferred Drug List
- Get benefit details
- Download a new Member Handbook
- Print a new ID card
- Keep track of your child's medical history with your child's Personal Health Record

Member Service is available on the following days and times:

Monday 7:30 a.m.–5:30 p.m.

Tuesday 7:30 a.m.–5:30 p.m.

Wednesday 7:30 a.m.–8:00 p.m.

Thursday 7:30 a.m.–5:30 p.m.

Friday 7:30 a.m.–5:30 p.m.

First Saturday of each month 8:00 a.m.–5:00 p.m.

First Sunday of each month 8:00 a.m.–5:00 p.m.

Member Services can help with your questions or concerns. This includes:

- Understanding your child's benefits
- Help getting a replacement member ID card
- Finding a doctor or urgent care clinic

Call **1-800-992-9940**, TTY **711**.

Visually and hearing impaired members

We have this handbook in an easy to read form for people with poor eyesight. Please call us at **1-800-992-9940** for help. We have a special phone number for people with poor hearing.

Members who use a Telecommunications Device for the Deaf (TDD) and American Sign Language can call **711**. These services are available at no cost.

Care Management program

Care management helps members get the services and care they need and is available to all members. If your child has a chronic health condition, like asthma or diabetes, they may benefit from our Care Management program. We can help with a number of things, like scheduling doctor appointments and keeping providers informed about your child's care. We can also help with other health, education, and social services programs; e.g., WIC, Head Start, school health and special education services, and programs for children with special health care needs from the departments of health and human services. Also, we can provide information about local free care programs and support groups. To learn more, call **1-800-992-9940**, TTY **711**.

We speak your language

If you speak a language other than English, we can provide translated printed materials. Or we can provide an interpreter who can help you understand these materials. You'll find more information about Interpretive Services and Language Assistance in the section called Other Plan Details. Or call Member Services at **1-800-992-9940**, TTY **711**.

Si usted habla un idioma que no sea inglés, podemos proporcionar materiales impresos traducidos. O podemos proporcionar un intérprete que puede ayudar a entender estos materiales. Encontrará más información acerca de servicios de interpretación y asistencia lingüística en la sección Otros detalles del plan. O llame a Servicios para Miembros al **1-800-992-9940**, TTY **711**.

Emergencies

In case of emergency, call **911**

Other important numbers

24/7 NurseLine . . . . . **1-877-410-0184**, TTY **711**
(available 24 hours a day, 7 days a week)

Poison Control Center **1-800-222-1222**

Division of Medicaid **1-866-635-1347**
or **1-800-421-2408**

Mental Health Crisis Line . . . . . **1-800-992-9940**, TTY **711**

You can start using the pharmacy benefit right away

Your child's plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan's Preferred Drug List. Your doctor uses this list to make sure the medicines your child needs are covered by your plan. You can find the Preferred Drug List online at **https://www.uhccommunityplan.com/ms/chip/chip/lookup-tools**. You can also search by a medicine name on the website. Routine and emergency pre- approval requests are done in 24 hours. It's easy to start getting your prescriptions filled. Here's how:

1. Are your child's medicines included on the Preferred Drug List?

Yes

If your child's medicines are included on the Preferred Drug List, you're all set. Be sure to show your pharmacist your child's new member ID card every time you get your prescriptions filled.

No

If your child's prescriptions are not on the Preferred Drug List, contact your doctor. They may be able to help you switch to a drug that is on the Preferred Drug List. Your doctor can also help you ask for an exception if they think your child needs a medicine that is not on the list.

Not sure

View the Preferred Drug List online at **https://www.uhccommunityplan.com/ms/chip/chip/lookup-tools**. You can also call Member Services. We're here to help.

2. Does your child have a prescription?

When you have a prescription from your doctor, or need to refill your prescription, go to a network pharmacy. Show the pharmacist your child's member ID card. You can find a list of network pharmacies in the Provider Directory online at **https://www.uhccommunityplan.com/ms/chip/chip/lookup-tools**, or you can call Member Services.

3. Need an emergency supply for your child's prescription?

If your child needs a medication without delay while waiting on an exception, you can get a temporary 3-day supply. To do so, visit a network pharmacy and show your child's member ID card. Remember to always talk to your child's doctor about your prescription options.

NurseLine services – your 24-hour health information resource

When your child is sick or injured, it can be difficult to make health care decisions. You may not know if your child should go to the emergency room, visit an urgent care center, make a provider appointment or use self-care. An experienced NurseLine nurse can give you information to help you decide.

Nurses can provide information and support for many health situations and concerns, including:

- Minor injuries
- Common illnesses
- Self-care tips and treatment options
- Recent diagnoses and chronic conditions
- Choosing appropriate medical care
- Illness prevention
- Nutrition and fitness
- Questions to ask your provider
- How to take medication safely
- Men's, women's and children's health

You may just be curious about a health issue and want to learn more. Experienced registered nurses can provide you with information, support and education for any health-related question or concern.

Simply call the toll-free number **1-877-410-0184**, TTY **711**. You can call the toll-free NurseLine number anytime, 24 hours a day, 7 days a week. And, there's no limit to the number of times you can call.

Going to the doctor

Your child's Primary Care Provider (PCP)

We call the main doctor your child sees a Primary Care Provider, or PCP. When your child sees the same PCP over time, it's easier to develop a relationship with them. Each family member can have their own PCP, or you may all choose to see the same person. Your child will see your PCP for:

- Routine care, including yearly checkups
- Coordinate your child's care with a specialist
- Treatment for colds and flu
- Other health concerns

What is a network provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our members. You don't need to call us before seeing one of these providers. There may be times when your child needs to get services outside of our network. In those cases, prior approval is required before we can arrange for out-of-network services. Call Member Services to learn if they are covered in full. You may have to pay for those services.

You have options

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

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

Learn more about network doctors

You can learn information about network doctors, such as name, address, telephone numbers, professional qualifications, specialty, medical school, residency program, board certification, and languages they speak, at **myuhc.com/CommunityPlan**, or by calling Member Services.

Choosing your child's PCP

If your child has been seeing a doctor before becoming a UnitedHealthcare member, check to see if your child's doctor is in our network. If you're looking for a new PCP, consider choosing one who's close to your home or work. This may make it easier to get to appointments.

There are three ways to find the right PCP for your child.

1. Look through our printed Provider Directory.
2. Use the Find-A-Doctor search tool at **myuhc.com/CommunityPlan**.
3. Call Member Services at **1-800-992-9940**, TTY **711**. We can answer your questions and help you find a PCP close to you.

Once you choose a PCP, call Member Services and let us know. We will make sure your child's records are updated. If you don't want to choose a PCP, UnitedHealthcare can choose one for you, based on your location and language spoken.

Changing your child's PCP

It's important that you like and trust your child's PCP. You can change PCPs at any time. Call Member Services and we can help you make the change.

Annual checkups

The importance of your child's annual checkup

Your child doesn't have to be sick to go to the doctor. In fact, yearly checkups with your PCP can help keep your child healthy. In addition to checking on your child's general health, your PCP will make sure your child gets the screenings, tests and shots he or she needs. And if there is a health problem, they're usually much easier to treat when caught early.

Here are some important screenings. How often your child gets a screening is based on your child's age and risk factors. Talk to your doctor about what's right.

Well-child visits

Well-child visits are a time for your PCP to see how your child is growing and developing. They will also give the needed screenings, like speech and hearing tests, and immunizations during these visits. These routine visits are also a great time for you to ask any questions you have about your child's behavior and overall well-being, including:

- Eating
- Sleeping
- Behavior
- Social interactions
- Physical activity
- Adolescent counseling and guidance

Checkup schedule

It's important to schedule your well-child visits for these ages:

3 to 5 days	12 months
1 month	15 months
2 months	18 months
4 months	24 months
6 months	30 months
9 months	Once a year after age 3

Here are shots the doctor will likely give, and how they protect your child:

- **Hepatitis A and Hepatitis B:** prevent two common liver infections
- **Rotavirus:** protects against a virus that causes severe diarrhea
- **Diphtheria:** prevents a dangerous throat infection
- **Tetanus:** prevents a dangerous nerve disease
- **Pertussis:** prevents whooping cough
- **HiB:** prevents childhood meningitis
- **Meningococcal:** prevents bacterial meningitis
- **Polio:** prevents a virus that causes paralysis
- **MMR:** prevents measles, mumps and rubella
- **Varicella:** prevents chickenpox
- **Influenza:** protects against the flu virus
- **Pneumococcal:** prevents ear infections, blood infections, pneumonia and bacterial meningitis
- **HPV:** protects against a sexually transmitted virus that can lead to cervical cancer in women and genital warts in men

Making an appointment with your child's PCP

Call your doctor's office directly. The number should be on your child's member ID card. When you call to make an appointment, be sure to tell the office what your child is coming in for. This will help make sure your child gets the care he/she needs, when he/she needs it. This is how quickly your child can expect to be seen:

How long it should take to see your child's PCP:	
Emergency	Immediately or sent to an emergency facility
Urgent (but not an emergency)	Within 24 hours
Routine	Within 1 week
Preventive, Well-Child and Regular	Within 1 month
Specialists	Within 45 days
Routine dental	Within 45 days
Urgent dental care	Within 48 hours
Behavioral Health routine visit	Within 21 days
Behavioral Health urgent visit	Within 24 hours
Behavioral Health post discharge from an acute psychiatric hospital	Within 1 week

Preparing for your child's PCP appointment

Before the visit

1. Go in knowing what you want to get out of the visit (relief from symptoms, a referral to a specialist, specific information, etc.).
2. Make note of any new symptoms and when they started.
3. Make a list of any drugs or vitamins your child takes on a regular basis.

During the visit

When you are with your child's doctor, feel free to:

- Ask questions
- Take notes if it helps you remember
- Ask the doctor to speak slowly or explain anything you don't understand
- Ask for more information about any medicines, treatments or conditions

If your child needs care and your provider's office is closed

Call your child's PCP if you need care that is not an emergency. Your provider's phone is answered 24 hours a day, 7 days a week. Your provider or someone from the office will help you make the right choice for your care.

You may be told to:

- Go to an after-hours clinic or urgent care center
- Go to the office in the morning
- Go to the emergency room (ER)
- Get medicine from your pharmacy

Call NurseLine:
1-877-410-0184, TTY **711**.

Referrals and specialists

A referral is when your PCP says your child needs to go to another doctor who focuses on caring for a certain part of the body or treating a specific condition. This other doctor is called a specialist. You must see your PCP before you see a specialist. If your doctor wants your child to see a specialist that you do not want to see, you can ask your PCP to give you another name. A couple of examples of specialists include:

- Cardiologist — for problems with the heart
- Pulmonologist — for problems with the lungs and breathing

To see if a specialist is in our network, call Member Services at **1-800-992-9940**, TTY **711**.

Getting a second opinion

A second opinion is when you want your child to see a second doctor for the same health concern. Your child can get a second opinion from a network provider for any of their covered benefits. Your child is not required to get a second opinion. If you cannot find a network provider, you can get a second opinion from an out-of-network provider with prior authorization. There is no charge to you. Call Member Services for help.

Prior authorizations

In some cases your provider must get permission from the health plan before giving your child a certain service. This is called prior authorization. This is your provider's responsibility. If they do not get prior authorization, you will not be able to get those services.

Here are some types of care that need a prior authorization:

- Non-emergency or non-urgent hospital admissions, unless for a normal newborn delivery
- Non-emergency services from an out-of-network provider
- Some dental treatments

UnitedHealthcare will make routine prior approval decisions and give notice within three (3) calendar days and/or two (2) business days. Urgent prior approval decisions will be given within twenty-four (24) hours after receiving the urgent prior approval request.

You do not need a prior authorization for:

- Emergency care
- Inpatient hospital admissions for normal newborn deliveries
- Some dental care

Continued care if your child's PCP leaves the network

Sometimes PCPs leave the network. If this happens to your child's PCP, you will receive a letter from us letting you know. Sometimes UnitedHealthcare Community Plan will pay for your child to get covered services from doctors for a short time after they leave the network. Your child may be able to get continued care and treatment when your child's doctor leaves the network if your child is being actively treated for a serious medical problem. For example, your child may qualify if he or she is getting chemotherapy for cancer when the doctor leaves the network. To ask for this, please call your child's doctor. Ask them to request an authorization for continued care and treatment from UnitedHealthcare. If authorization is approved, these services will be paid for as if the provider were in-network with no additional cost unless copayments are required.

If your child needs care when out of town

UnitedHealthcare Community Plan will pay for routine care out-of-area only if:

- You call your child's PCP first and he or she says that it is important that you get care before you return home

No medical coverage outside of the United States

Any health care received outside the United States will not be covered by UnitedHealthcare Community Plan.

Out-of-area services

If you are traveling in the United States and your child has an emergency, we will cover medically necessary emergency care. Prior authorization is not needed for emergency room or hospital visits. The hospital will need to inform us of your child's treatment once he or she is stabilized. Non-emergency visits will need prior authorization. If you are out of the area and need non-emergency care, call your child's doctor.

New services or procedures

We will review all new technology that your doctor thinks may help your child. Our medical directors review these requests. They look at new medical information and government requirements. They review any medically necessary treatment that is not experimental. We will notify you and your doctor of the decision. We will notify you as new procedures, services and devices are approved as benefits. We will let you know in our newsletter or a mailing.

Utilization review

We have steps to decide if we will approve medical care. Our goal is to make sure that the care is medically necessary, is covered and is done in the right setting and at the right time. We also make sure that your child gets quality care.

No UnitedHealthcare employee, provider, or decision maker is rewarded, penalized or given financial incentive for not giving your child care or services or for saying that he or she should not get them. To get a copy of the criteria we use or get information on a decision, call Member Services at **1-800-992-9940**, TTY **711**. Staff, interpreters and TTD/TTY services are available to assist members who have Utilization Management questions.

Hospitals and emergencies

Emergency care

Hospital emergency rooms are there to offer emergency treatment for trauma, serious injury and life-threatening symptoms. Reasons to go to the ER include:

- Serious illness
- Broken bones
- Heart attack
- Poisoning
- Severe cuts or burns

UnitedHealthcare Community Plan covers any emergency care your child needs throughout the United States and its territories. Within 24 hours after your child's visit, call Member Services at **1-800-992-9940**, TTY **711**. You should also call your child's PCP and let them know about your child's visit so they can provide follow-up care if needed.

Emergency services provided by network or out-of-network providers are covered without prior authorization.

Don't wait

If you need emergency care, call 911 or go to the nearest hospital.

Urgent Care

Urgent care clinics are there for you when your child needs to see a doctor for a non-life-threatening condition but your child's PCP isn't available or it's after clinic hours. Common health issues ideal for urgent care include:

- Sore throat
- Ear infection
- Minor cuts or burns
- Flu
- Low-grade fever
- Sprains

If your child has an urgent problem, call your child's PCP first. Your doctor can help you get the right kind of care. Your doctor may tell you to go to urgent care or the emergency room.

Planning ahead

It's good to know what urgent care clinic is nearest to you. You can find a list of urgent care clinics in your Provider Directory. Or you can call Member Services at **1-800-992-9940**, TTY **711**.

Hospital services

There are times when your health may require your child to go to the hospital. There are both inpatient and outpatient hospital services.

Outpatient services include X-rays, lab tests and minor surgeries. Your child's PCP will tell you if your child needs outpatient services. Your doctor's office can help you schedule them.

Inpatient services require your child to stay overnight at the hospital. These can include serious illness, surgery or having a baby.

Inpatient services require your child to be admitted (called a hospital admission) to the hospital. The hospital will contact UnitedHealthcare Community Plan and ask for authorization for your child's care. If the doctor who admits your child to the hospital is not your child's PCP, you should call your child's PCP and let them know your child is being admitted to the hospital.

Post-Stabilization Care Services are covered services related to an Emergency Medical Condition that are provided after a Member is stabilized in order to maintain or improve the stabilized condition.

Limitation: Unlimited.

Prior Authorization: No. (Prior authorization may be required for out-of-network providers only depending on certain factors.)

Going to the hospital

Your child should only go to the hospital for emergency care or if their doctor tells you to take them.

Emergency dental care

Emergency dental care services to control pain, bleeding or infection are covered by your child's plan.

Pharmacy

Prescription drugs

Your benefits include prescription drugs

UnitedHealthcare Community Plan covers hundreds of prescription drugs from hundreds of pharmacies. The full list of covered drugs is included in the Preferred Drug List (drugs listed on the Over-the-Counter list and Preferred Drug List). You can fill your child's prescription at any in-network pharmacy. All you have to do is show your child's member ID card.

The following drugs and items are covered:

- Over-the-counter drugs
- Compound medications with at least one legend drug
- Disposable blood or urine glucose testing agents
- Disposable insulin needles or syringes
- Growth hormones
- Insulin
- Lancets
- Legend contraceptives
- Retin-A (tretinoin topical)
- Fluoride supplements
- Legend prenatal vitamins

The following drugs are not covered:

- Anti-wrinkle agents
- Charges for the administration or injection of any drug
- Any drug when used for anorexia, weight loss, or weight gain
- Infertility medications
- Prescription vitamins and mineral products, except for prenatal vitamins, folic acid and B12 injections
- Drugs when used for cosmetic purposes or hair growth
- Over-the-counter (OTC) items except those listed on the OTC formulary
- Pigmenting agents

What is the Preferred Drug List (PDL)?

This is a list of drugs covered under your child's plan. You can find the complete list in your PDL or online at **https://www.uhccommunityplan.com/ms/chip/chip/lookup-tools**.

Benefits

Benefits covered by UnitedHealthcare Community Plan

Listed below are the services covered by Mississippi CHIP. We will only pay for covered services.

As a member, your child may get any medically necessary covered treatment. Your doctor must call us before you get care for services that say **"Needs Prior Authorization."** More about these benefits is on the following pages.

Mississippi CHIP medical benefits		
Benefit	**Covered**	**Limitations**
Air Ambulance	Yes	Emergent only
Ambulatory Surgical Center	Yes	
Chiropractic Services	Yes	
Christian Science Sanatoria Services	No	
Cosmetic and Reconstructive Surgery	Yes	
Dental Services **Over 21 — Emergency pain relief and diagnostic services**	Yes	Benefits for restorative, edondontic, periodontic and surgical services limited to $2,000 per calendar year No orthodontic coverage
Diabetes Training	Yes	
Dialysis Outpatient Center	Yes	

Mississippi CHIP medical benefits		
Benefit	**Covered**	**Limitations**
Doctor Visits and Care	Yes	
Durable Medical Equipment	Yes	Authorization needed for items over $500
Emergency Room	Yes	
EPSDT Services	No	
Expanded EPSDT Services	No	
Eye Care **Exams and Glasses**	Yes	1 exam per year 1 pair of medically necessary glasses
Family Planning Services	Yes	
Federally Qualified Health Centers	Yes	
Genetic Testing	No	
Health Department Services	Yes	
Hearing Services	Yes	
Home Health Services	Yes	
Home Infusion	Yes	Injectables may need authorization
Hospice	Yes	Limit of $15,000 per lifetime
Hospital Services	Yes	
Imaging	Yes	
Laboratory and X-Ray Services	Yes	
Maternity Services	Yes	Includes Parenting Education Services

Mississippi CHIP medical benefits		
Benefit	**Covered**	**Limitations**
Medical Supplies	Yes	
Mental Health Services	See separate grid for benefits	
Newborn Circumcision	No	
Non-Contracted Providers	Yes	
Non-Emergency Transportation	No	
Nurse Practitioner Services	Yes	
Orthotics and Prosthetics	Yes	
Outpatient PT/OT/ST	Yes	Speech therapy does require authorization Speech therapy is not covered for maintenance speech, delayed speech development, or articulation disorders
Perinatal High-Risk Management Services	Yes	
Physician Assistant Services	Yes	
Physician Services	Yes	
Podiatrist Services	Yes	Routine foot care is not covered
Private Duty Nursing	Yes	8 hours or more per day $10,000 limit annually
Prescribed Pediatric Extended Care (PPEC)	No	
Prescription Drugs	Yes	

Mississippi CHIP medical benefits		
Benefit	**Covered**	**Limitations**
Rural Health Clinic Services	Yes	
Sleep Studies	Yes	
Transplant Services	Yes	
Well Child Care	Yes	

Mississippi CHIP behavioral health benefits		
Benefit	**Covered**	**Limitations**
Individual Psychotherapy	Yes	
Family Psychotherapy	Yes	
Group Psychotherapy	Yes	
Neuropsychological Testing	Yes	
Crisis Intervention	Yes	
Psychosocial Rehabilitation	Yes	
Community Psychiatric Supportive Treatment	Yes	
Day Treatment	Yes	
Peer Support Services	Yes	
Case/Target Management	Yes	
Inpatient Psychiatric Hospitalization	Yes	
Inpatient Detoxification	Yes	

Mississippi CHIP behavioral health benefits		
Benefit	**Covered**	**Limitations**
Crisis Residential Services	Yes	
Partial Hospitalization Program	Yes	
MYPAC Services	No	
Intensive Outpatient Program (ICORT)	No	
Assertive Community Treatment	Yes	
Electroconvulsive Therapy (ECT)	Yes	
Psychological Testing	Yes	

Preventive health services

Your child needs to see the doctor for regular checkups, even when he/she feels healthy. These exams help find problems early. They make it easier for your child's doctor to treat them before they become serious. Regular doctor visits are a part of preventive health care.

The doctor will talk to you about many things at checkups, like your child's growth and eating habits and ways to keep your child safe. The tests and services your child gets during these visits are covered benefits.

Preventive health care for children*				
Services **Ages:**	**Birth to 2 years**	**3 to 6 years**	**7 to 12 years**	**13 to 20 years**
Tot to teen health check or well child exam				
Should include: Exam of child; Medical history of child; Weigh and measure child; Discuss how well your child eats; Developmental and behavioral screening; Vision and hearing screens at the right age; The doctor will talk to you about what to expect from your child; Any referrals to special services for your child	Exams at ages: **3–5 days, 1, 2, 4, 6, 9, 12, 15, 18, 24,** and **30 months**	Every year	Every year	Every year
Dental exams				
Starting at **6 months**, your child should be seen by the dentist every **6** months		Take your child to the dentist every **6** months	Take your child to the dentist every **6** months	Take your child to the dentist every **6** months

* These are guidelines for routine services. Talk to your child's doctor about any additional services they may need. They may need other services if they are at risk for certain health problems. This information is from The AAP – American Academy of Pediatrics.

Preventive health care for children* (continued)				
Services **Ages:**	**Birth to 2 years**	**3 to 6 years**	**7 to 12 years**	**13 to 20 years**
Immunizations				
Shots are important. Ask your child's doctor at every visit what shots are needed	Ask your child's doctor at every visit what shots are needed	Ask your child's doctor at every visit what shots are needed	Ask your child's doctor at every visit what shots are needed	Ask your child's doctor at every visit what shots are needed
Screening tests				
Anemia; Lead Testing **Other screening tests:** TB; Cholesterol; STD (Sexually Transmitted Disease)	Test for anemia at **9** or **12** months Lead testing at **12** and **24** months	Ask your child's doctor about any screening tests your child may need	Ask your child's doctor about any screening tests your child may need	Ask your child's doctor about any screening tests your child may need

* These are guidelines for routine services. Talk to your child's doctor about any additional services they may need. They may need other services if they are at risk for certain health problems. This information is from The AAP – American Academy of Pediatrics.

The following items are not covered:

- Vision training
- Special lens designs or coatings (other than scratch-resistant coatings for plastic lenses)
- Protective eyewear or replacement of lost eyewear
- Plano lenses
- Two pairs of eyeglasses in lieu of bi-focals

Non-covered services

The following are not covered by Mississippi CHIP:

- Out-of-network providers that have not received prior authorization
- Care that is not medically necessary
- Health care by a doctor related to the member
- Care outside the scope of a provider's license and specialty
- Care not covered by federal or state laws or regulations
- Services given for cosmetic purposes, except to address traumatic injuries or diseases requiring surgery
- Sex therapy or sex change procedures
- Marriage or family counseling
- Convalescent, custodial or domiciliary, supervisory or self-care
- Nursing or personal care facilities
- Elective abortions, unless medically necessary
- Experimental or investigative procedures
- Palliative or cosmetic foot care
- Non-therapeutic equipment (humidifiers, air conditioners, vacuum cleaners, fitness supplies, etc.)
- Obesity or weight control treatment, except bariatric surgery procedures for an enrolled child 18 years of age only
- Surgery to alter the refractive properties of the cornea (eyes)
- Inpatient rehabilitation services, except for acute short-term care with prior authorization
- Outpatient rehabilitation services, unless specified by a licensed in-network provider
- Infertility services or the reversal of sterilization
- Charges for telephone consultations or failure to keep appointments
- Costs of completing claim forms or for obtaining medical records or claim information
- Travel, except as part of an organ transplant
- Services for diseases and injuries sustained during a declared or undeclared act of war
- Any injury caused by a wrongful act of another person, unless recovery of costs from that other person is impossible

Disease and care management

If your child has a chronic health condition like asthma or diabetes, UnitedHealthcare Community Plan has a program to help your child live with their condition and improve their quality of your life. These programs are voluntary and available at no cost. The programs give important information about your child's health condition, medications, treatments and the importance of follow-up visits with their physician.

A team of registered nurses and social workers will work with you, your family, your PCP, other health care providers and community resources to design a plan of care to meet your child's needs in the most appropriate setting. They can also help your child with other things like weight loss and and reminding you about special tests that you might need.

You or your child's doctor can call us to ask if our care management or disease management programs could help your family. If you or your child's doctor thinks a Care Manager is right for your family, or if you want more information about our care management or disease management programs, call us at **1-800-992-9940**, TTY **711**.

Wellness programs

UnitedHealthcare Community Plan has many programs and tools to help keep you and your family healthy, including:

- Classes to help quit smoking
- Nutrition classes
- Well-care reminders

Your provider may suggest one of these programs for your child. If you want to know more, or to find a program near you, talk to your PCP or call Member Services at **1-800-992-9940**, TTY **711**.

For moms-to-be and children

Healthy First Steps™

UnitedHealthcare Community Plan has a Healthy First Steps program available to expectant mothers, at no cost to you. This program is there to help keep you and your baby healthy during and after pregnancy. When you enroll in this program, you'll get a personal care manager who will work closely with you. He or she can:

- Help you find a doctor
- Offer helpful information on caring for your baby such as the Women, Infants, and Children (WIC) Services
- Support you after your baby is born

The sooner you enroll, the sooner you and your baby benefit. To enroll, simply call **1-800-599-5985**, TTY **711**, 8:30 a.m.–5:30 p.m., Monday–Friday.

WIC is a nutrition education program. It provides healthy foods such as milk, cereal and juice if you're pregnant or breastfeeding. It may also provide food for your baby and children up to 5 years of age. Visit **www.nwica.org** for the phone number to your local WIC office if you aren't already signed up.

Having a baby?

When you think you are pregnant, call your local Medicaid Regional Office and Member Services at **1-800-992-9940**, TTY **711**. This will help ensure you get all the services available to you.

Prenatal care

Prenatal care is when a pregnant woman visits the doctor during her pregnancy. Prenatal care lets the doctor see how well the pregnancy is going and if there are any problems. Even if a woman has been pregnant before, she should visit her doctor regularly.

It is best if a mother gets all of her prenatal care from the same doctor. We recommend that pregnant women see the doctor at least ten times during her pregnancy. She will also need to go back to her doctor after delivery. This is called postpartum care. It is to make sure both she and her baby are healthy.

Dr. Health E. Hound® program

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

Other plan details

Finding a network provider

We make finding a network provider easy. To find a network provider or a pharmacy close to you:

Visit **myuhc.com/CommunityPlan** for the most up-do-date information.
Click on "Find a Doctor."

Call Member Services **1-800-992-9940**, TTY **711**. We can look up network providers for you. Or, if you'd like, we can send you a Provider Directory in the mail.

Provider Directory

You have a directory of providers available to you in your area. The directory lists addresses and phone numbers of our in-network providers.

Provider information changes often. Visit our website for the most up-to-date listing at **https://www.uhccommunityplan.com/ms/chip/chip**. You can view or print the provider directory from the website, or click on "Find a Doctor" to use our online searchable directory.

If you would like a printed copy of our directory, please call Customer Service at **1-800-992-9940**, TTY **711**, and we will mail one to you.

Interpreter services and language assistance

Many of our Member Services employees speak more than one language. If you can't connect with one who speaks your language, you can use an interpreter to help you speak with Member Services.

Many of our network providers also speak more than one language. If you see one who doesn't speak your language, you can use our interpreter or sign language services to help you during your appointment free of charge. Arrange for your translation services at least 72 hours before your appointment. Sign language services require 3 days' notice.

You can also have any printed materials we send you either sent in a different language or translated for you. To arrange for interpreter, translation services or audio format, free of charge, call Member Services at **1-800-992-9940**, TTY **711**.

Eligibility

UnitedHealthcare Community Plan does not decide if your child qualifies for the CHIP program. The Mississippi Division of Medicaid (DOM) decides. This is based on factors such as if the child:

- Lives in Mississippi
- Does not have health coverage
- Is younger than 19 years old
- Is not eligible for Medicaid
- Is a citizen of the United States or an eligible alien
- Is not an inmate in a public institution or a patient in an institution for mental diseases
- Has a family income of up to 209% of the federal poverty level

Children remain eligible during a 12-month period or until the child:

- Becomes eligible for Medicaid
- Moves out of the state
- Dies
- Turns 19 years old
- Is covered under other health insurance

If your child is disenrolled from CHIP, his or her coverage will end on the last day of that month. If you have any questions, call the Division of Medicaid (DOM) at 1-866-635-1347. Address and contact updates can be made at your DOM Regional Office.

Enrollment

Your child's enrollment in the Mississippi CHIP program is for 12 months or until your child loses eligibility, whichever comes first. DOM will tell UnitedHealthcare the date your child is enrolled. He or she stays eligible until DOM tells UnitedHealthcare a date your child will be disenrolled.

Be sure to tell DOM if your family moves. If you don't, DOM and UnitedHealthcare will not have your correct address. You may not get information about your child's coverage and eligibility.

Recertification

DOM will send you a letter when your child is due for an eligibility review. It will tell you what you need to do to renew your child's coverage for another year. If you have questions, call DOM at 1-866-635-1347.

Non-discrimination

UnitedHealthcare will not discriminate based on race, ethnicity, gender, gender identity, affectional preference, age, religion, creed, color, national origin, ancestry, disability, health status or need for health services when enrolled.

If you want to leave UnitedHealthcare Community Plan

The Mississippi Division of Medicaid (DOM) has required that a child eligible under the Children's Health Insurance Program be enrolled with a Coordinated Care Organization (CCO).

Once you enroll with us, you have 90 days to change your enrollment. After that you will be a member of our plan for the next year or until the next open enrollment period, unless a special circumstance exists. You can also change for any reason in the first 90 days of your membership. Call 1-800-884-3222 to change your membership during this period.

After your first 90 days, there may be special circumstances that require you to end your membership. Some reasons may be:

- You move outside our service area
- We do not cover the service you are requesting

You must contact the DOM in writing or by phone to disenroll or change plans.

If you have any questions, please contact Member Services at 1-800-992-9940, TTY 711.

Disenrollment "for cause"

Any member may ask for Disenrollment "for cause" (which means the reason why). The request must be sent to the Division of Medicaid for approval. You may ask for disenrollment by mouth or in writing. You may ask for Disenrollment "for cause" if:

- The services you want are not covered because of moral or religious reasons
- You are not able to get all related services within the Plan's network
- Your doctor determines receiving the services separately could cause risk and poor quality care
- Your ability to get health care services covered under the Plan is limited
- Your ability to get health care services from providers experienced in treating your health care needs is limited

Copayments

A copayment, or copay, is a fee you may need to pay each time your child visits the doctor or emergency room. There are three coverage plans. Each plan has a different copay you pay when you visit your child's doctor. Look at your child's ID card for his or her copay.

Coverage plan	Doctor visit	Emergency room visit	Copay maximum
MSCHP 01	$0	$0	$0
MSCHP 02	$5 per visit	$15 per visit	$800 per coverage period
MSCHP 03	$5 per visit	$15 per visit	$950 per coverage period

Copay maximum

Your child's coverage period is one year. There may be a limit to the amount you have to pay in copays during the coverage period. This amount is the copay maximum. You will get a letter when you reach your child's copay maximum. It will say that you won't have to pay any more fees until the end of your child's enrollment period. Keep this letter. Show it when you take your child to the doctor or emergency room. This will let the doctor know that you do not have to make a copay. If you need another copy of this letter, call Member Services.

If you get a bill

Before your child gets any services that are not covered, talk to the doctor about how you can pay for them. Remember, if you ask for a service that is not covered by UnitedHealthcare Community Plan, you will have to pay the bill. We will pay for all covered care from network providers. Network providers should not charge you any fees, other than copays, for care that is part of your child's health plan. If you are asked to pay for a covered service, call your child's doctor right away. Give him or her your insurance information and UnitedHealthcare's address. Do not pay the bill yourself. If you still get bills, call Member Services at **1-800-992-9940**, TTY **711**.

If you want to take your child to a provider who is not a part of our network, you must get prior approval from us, unless it is an emergency. If there are network doctors near your home who can treat your child's condition, you need to visit an in-network provider. If you still want to take your child to the out-of-network provider, you may have to pay the cost.

Fraud and abuse

Committing fraud or abuse is against the law. **Fraud** is a dishonest act done on purpose.

Examples of member fraud are:

- Letting someone else use your CHIP health plan card(s)
- Getting prescriptions with the intent of abusing or selling drugs

An example of provider fraud is:

- Billing for services not provided

Abuse is an act that does not follow good practices.

An example of member abuse is:

- Going to the emergency room for a condition that is not an emergency

An example of provider abuse is:

- Prescribing a more expensive item than is necessary

Anyone who intentionally makes a false statement or a false claim to receive or increase their child's benefits may face criminal charges. This could lead to prosecution for fraud. It may also cause your child to lose his or her Mississippi CHIP benefits. **If you suspect anyone of fraud, call 1-866-242-7727, TTY 711**, or you can call the Mississippi Division of Medicaid's Office of Program Integrity at 1-800-880-5920. You do not have to give or leave your name.

Your opinion matters

Do you have any ideas about how to make UnitedHealthcare Community Plan better? There are many ways you can tell us what you think.

- Call Member Services at **1-800-992-9940**, TTY **711**
- Write to us at:

  UnitedHealthcare Community Plan
  795 Woodlands Parkway, Suite 301
  Ridgeland, MS 39157

Member Advisory Committee

We also have a Member Advisory Committee that meets every three months. If you'd like to join us, call Member Services.

Member incentives

UnitedHealthcare Community Plan of Mississippi offers member incentives to encourage members to complete annual wellness screenings. Members who are eligible for incentives will receive communication about current programs via calls and/or mailings. Members can also contact Member Services at **1-800-992-9940**, TTY **711** to get a list of current incentives.

Each year, UHC reviews the incentive program. Member incentive is usually offered in the form of health-related items or a prepaid Mastercard reward card.

Advance Directive

You have the right to file an "Advance Directive." An Advance Directive states in advance what kind of treatment you would like to receive if you have a serious medical condition that prevents you from telling your doctor how you want to be treated.

There are two types of an Advance Directive: 1) a Living Will; and, 2) a Medical Power of Attorney (which may also be called a "durable power of attorney for health care or heath care agent"). An "agent" is the person you trust to speak for you when you are not able to do so for yourself. You should think carefully about the person you choose to be your health care agent. You should have a long talk with your agent about your advance directive so they are able to make the decision the way you would. Two examples of Advance Directives can be found on our website at **myuhc.com/CommunityPlan**. Members who have any complaints on advance directives may contact the State Survey and Mississippi State Department of Health.

Member rights and responsibilities

UnitedHealthcare Community Plan rights and responsibilities statement

As a UnitedHealthcare Community Plan member, you and your child have certain rights and responsibilities. You and your child have a right to freely exercise your rights at any time. If you choose to exercise your rights, it will not affect the treatment you receive from the Plan or any of our network providers. If you have any questions about your rights or your health care coverage, please call our Member Services at **1-800-992-9940**, TTY **711**.

You and your child have a right to:

- Get information about UnitedHealthcare Community Plan, its services, the doctors giving care, and member rights and responsibilities
- Be told by your child's doctor what is wrong, what can be done and what the likely result will be in language you understand
- Learn about options to treat your child regardless of cost or coverage
- Voice complaints or appeals about UnitedHealthcare Community Plan and the care we provide
- Suggest changes to our member rights and responsibilities
- Be cared for with respect and dignity, without regard for health status, physical or mental handicap, sex, race, color, religion, national origin, age, marital status or sexual orientation
- Be told where, when and how to get the services you need from UnitedHealthcare

- Get a second opinion about your child's care
- Give your OK to any plan for your child's care after it has been explained to you
- Refuse care for your child and be told what you may risk if you do
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- Get a copy of your child's medical record, talk about it with your child's doctor, and ask that it be amended or corrected
- Have your child's medical record be kept private, shared only when required by law or contract or with your approval
- Get respectful care in a clean and safe environment free of unnecessary restraints
- Get information about doctor incentives
- Make an advance directive
- Have services that are not denied or reduced. These services should not be denied or reduced due to diagnosis, type of illness, or medical problem.
- Access oral interpretation services free of charge

You and your child have a right to freely exercise your rights at any time. If you choose to exercise your rights, it will not affect the treatment you receive from the Plan or any of our network providers.

You and your child have a responsibility to:

- Give information that we and your child's doctor need to care for your child
- Listen to the doctor's advice, follow instructions and ask questions
- Understand your child's health problems and work with the doctor to set treatment goals
- Work with your child's doctor to guard and improve your child's health
- Find out how your child's health care system works
- Go back to your child's doctor or ask for a second opinion if your child does not get better
- Treat health care staff with the respect you expect yourself
- Tell us if you have a problem with any health care staff
- Adhere to the appointment process
- Keep your child's appointments. If you must cancel, call as soon as you can.
- Use the emergency room only for real emergencies
- Call your doctor when your child needs medical care, even if it is after office hours
- Pay for unapproved health care received from non-participating providers, and have the right to know how to obtain approval for these services
- Inform the plan of changes in family size, address or health care coverage

Member complaint, grievance, appeal and external review

What is a complaint?

A complaint is an expression of dissatisfaction received orally or in writing that is of a less serious or formal nature that is resolved within one (1) calendar day.

A complaint might be about, but is not limited to inquiries, matters, misunderstandings, or misinformation that can be promptly resolved by clearing up the misunderstanding, or providing accurate information.

In accordance with 42 CFR 438.402 (c) (ii), you, an authorized representative or a provider acting on your behalf may file a complaint. You must submit the complaint in writing or over the phone within thirty (30) calendar days of the date of the event causing the dissatisfaction.

If someone else is going to file a complaint for you, we must have your written permission for that person to file your complaint. Any complaint not resolved within one (1) calendar day shall be treated as a grievance.

What is a grievance?

A grievance is an expression of dissatisfaction about any matter other than an adverse benefit determination.

A grievance might be about:

- Access to service/providers
- Provider care and treatment
- Customer service
- Payment and reimbursement issues
- Administrative issues

Examples of grievances include but are not limited to:

- You are unhappy with the quality of care or services you are getting
- The doctor you want to see is not a UnitedHealthcare Community Plan doctor

What should I do if I have a grievance?

You or someone acting on your behalf (provider, family member, etc. with your written permission) can file a grievance by calling or writing to UnitedHealthcare Community Plan. Call

1-800-992-9940, TTY **711** or write to:

Grievance and Appeals
P.O. Box 5032
Kingston, NY 12402-5032

If you need help with your grievance, please call the toll-free member phone number at **1-800-992-9940**, TTY **711**, 7:30 a.m.–5:30 p.m. CT, Monday–Friday (and 7:30 a.m.–8:00 p.m. CT on Wednesday). We are also available 8:00 a.m.–5:00 p.m. CT the first Saturday and Sunday of each month.

In accordance with 42 CFR 438.402 (c) (ii), you, an authorized representative or a provider acting on your behalf may file a grievance. If someone else is going to file a grievance for you, we must have your written permission for that person to file your grievance. There is a form you can use in this Handbook to file a grievance or give your written consent.

When you call to file a grievance, we will let you know at the time of your call that we've received your grievance unless you ask us to confirm receipt in writing. If you write to us to file a grievance, we will send you a letter within five (5) calendar days telling you we received your grievance. We will review your grievance and send notice of our decision within thirty (30) calendar days of receiving your grievance or expeditiously as your health condition requires.

If you ask for more time or we show there is a need for more information and the delay is in your interest, the time frame may be extended by up to 14 days. If we ask for more time, we make a reasonable attempt to call you and we send you a letter within 2 calendar days to let you know why we need more time.

What is the time period a member can file a grievance?

A member may file a grievance at any time.

What is an adverse benefit determination?

An adverse benefit determination is the denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.

An adverse benefit determination can include:

- The reduction, suspension, or termination of a previously authorized service
- The partial or full denial of payment for a service
- The failure of the health plan to make an authorization decision or to provide services in a timely manner
- The failure of the health plan to resolve grievances and appeals in a timely manner as provided in 42 C.F.R. § 438.408(b)(1) and (2)

If the member is a resident of a rural area with only one Managed Care Organization, the denial of a member's request to obtain services outside the covered network as provided in 42 C.F.R. § 438.52(b)(2)(ii):

- The denial of a member's request to dispute financial liability, including cost sharing, copayments, coinsurance, and other member financial liabilities
- Determinations by skilled nursing facilities and nursing facilities to transfer or discharge residents and adverse determinations made by a State with regard to the preadmission screening and annual resident review requirements of Section 1919(e)(7) of the Act, if applicable

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;
- Does not allow members living in a rural area with only one MCO to obtain services outside the network; or
- Denies a member's request to dispute a financial liability, including cost sharing, copayments, coinsurance, and other member financial liabilities.

What is an appeal?

An appeal is your request for UnitedHealthcare to review an adverse benefit determination.

How do I file an appeal with UnitedHealthcare Community Plan?

You or someone acting on your behalf (provider, family member, etc. with your written permission) can file an appeal by calling or writing to UnitedHealthcare Community Plan. Call **1-800-992-9940**, TTY **711** or write to:

Grievance and Appeals
P.O. Box 5032
Kingston, NY 12402-5032

You must file your appeal within 60 calendar days of the date on UnitedHealthcare's Notice of Adverse Benefit Determination. If you need help writing or filing an appeal, call Member Services at **1-800-992-9940**, TTY **711**.

In accordance with 42 CFR 438.402 (c) (ii), you, an authorized representative or a provider acting on your behalf may file an appeal. The legal guardian of a minor member or a representative of the member as designated in writing to us may file an appeal on the member's behalf. There is a form you can use in this Handbook to write your appeal or give your written consent.

You have the right to show us any proof of the facts or look at our file and the information we used to make a decision on your appeal. This is free for you. You will receive a letter telling the reason for our decision and what to do if you don't like the decision. Members have the right to present additional information or review the appeal case file for an appeal.

When you file an appeal, we will send you a letter within ten (10) calendar days telling you we received your appeal. We will review your appeal and send you our decision within thirty (30) calendar days, unless you or your doctor ask for an expedited appeal and we agree your health condition requires a fast decision within 72 hours. If we do not agree with you or your provider's request for an expedited appeal, we will call to tell you and send you a letter and process your appeal within the standard resolution time. UnitedHealthcare may extend an appeal resolution time frame by up to 14 calendar days upon a member's request or if UnitedHealthcare demonstrates the need for more information and that a delay in rendering the decision is in the member's best interest. For any extension not requested by the member, UnitedHealthcare will make a reasonable attempt to call and give the member written notice of the reason for the delay. You may file a grievance if you did not request an extension and do not agree with the time frame extension.

If you have been getting medical care and your health plan reduces, suspends, or ends the service, you can appeal. In order for medical care not to stop while you appeal the decision, you must appeal within ten (10) calendar days from the date of the Notice of Adverse Benefit Determination and tell us not to stop the service while you appeal. If you do not win your appeal, you may have to pay for the medical care you got during this time. Your benefits will continue until one of the following occurs:

- You withdraw the appeal request
- You do not request an appeal within 10 calendar days from the date of the Notice of Adverse Benefit Determination
- The authorization for services has expired or service authorization limits are met
- An appeal decision is issued that is adverse to you

What is an independent external review?

An independent external review is a review of any adverse benefit determination conducted by an individual who was not involved in the earlier review of your case.

If a member is not satisfied with our decision after they have exhausted the appeal process, they or their approved representative can request an independent external review. Call Member Services at **1-800-992-9940**, TTY **711** or the same address you used for the appeal to request the independent external review.

The request for an independent external review must be made within one hundred twenty (120) calendar days of the notice of appeal resolution. The external review organization will make a final decision.

Members have the right to request that their benefits continue within 10 calendar days of the date of the adverse appeal resolution. Benefits will be continued pending resolution of the independent external review. If the reviewer agrees with UnitedHealthcare's decision, the member may be responsible for paying for the cost of the continued benefits or services.

Important terms

Abuse: Provider practices that are inconsistent with sound fiscal business or medical practices, and result in an unnecessary cost to the program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of healthcare. It also includes Member practices that result in unnecessary cost to the program.

Adverse Benefit Determination: An adverse benefit determination is the denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.

An adverse benefit determination can include:

- The reduction, suspension, or termination of a previously authorized service
- The partial or full denial of payment for a service
- The failure of the health plan to make an authorization decision or to provide services in a timely manner
- The failure of the health plan to resolve grievances and appeals in a timely manner as provided in 42 C.F.R. § 438.408(b)(1) and (2)
- If the member is a resident of a rural area with only one Managed Care Organization, the denial of a member's request to obtain services outside the covered network as provided in § 42 C.F. R. 438.52(b)(2)(ii)
- The denial of a member's request to dispute financial liability, including cost sharing, copayments, coinsurance, and other member financial liabilities
- Determinations by skilled nursing facilities and nursing facilities to transfer or discharge residents and adverse determinations made by a State with regard to the preadmission screening and annual resident review requirements of Section 1919(e)(7) of the Act, if applicable

Appeal: A formal request for UnitedHealthcare to review an adverse benefit determination.

Benefit Period: Is up to one year after enrollment into the plan or until your child loses eligibility, whichever comes first.

Complaint: An expression of dissatisfaction of a less serious or formal nature that is resolved within one (1) business day of receipt.

Copay: A small fee that members must pay when using certain services, like visiting the doctor or emergency room.

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

Grievance: An expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a Provider or employee, or failure to respect the enrollee's rights regardless of whether remedial action is requested. Grievance includes an enrollee's right to dispute an extension of time proposed by the MCO, PIHP or PAHP to make an authorization decision.

Health Information: Facts about your health and care. This information may come from UnitedHealthcare or a provider. It includes information about your physical and mental health, as well as payments for care.

Immunization: A shot that protects, or "immunizes," a member from a disease. Children should receive a variety of these at specific ages. These shots are often given during regular doctor visits.

In-Network: Doctors, specialists, hospitals, pharmacies and other providers who have an arrangement with UnitedHealthcare to provide health care services to Mississippi CHIP members.

Medical Home: A doctor that you take your child to all the time.

Medically Necessary: A service that (1) prevents, diagnoses or treats a physical or mental illness or injury; strives to ensure age-appropriate growth and development; minimizes the worsening of a disability; or attains, maintains, or regains functional capacity according to accepted standards of practice in the medical community, (2) cannot be omitted without adversely affecting the member's condition or the quality of medical care rendered, and (3) is furnished in the most appropriate setting.

Member: An eligible person enrolled in UnitedHealthcare through the Mississippi CHIP program.

Out-of-Network: Doctors, specialists, hospitals, pharmacies and other providers who do not have an arrangement with UnitedHealthcare to provide health care services to Mississippi CHIP members.

Prescription: A doctor's written instructions for medication or treatment.

Other plan details

Prior Authorization: Process that your doctor uses to get approval for services that are not normally covered by UnitedHealthcare.

Provider or **Practitioner:** A person or facility that provides health care (doctors, pharmacies, dentists, clinics, hospitals, etc.).

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

Grievance and appeal form

Member's Name_____ ID #_____

Address _____

Telephone Number (Home) _____ (Work) _____

Describe your concern in detail using names, dates, places of services, time of day and issues. If applicable, also say why UnitedHealthcare should consider payment for requested services that are not normally covered. Mail this form to the address at the bottom.

_____

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_____

Member's Signature

I _____ authorize _____ to represent me.

(Member's name) (Person's name and relationship)

Mail to:

Grievance and Appeals
P.O. Box 5032
Kingston, NY 12402-5032

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, 2023

By law, we[1] must protect the privacy of your health information ("HI"). We must send you this notice. It tells you:

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

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

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

How we collect, use, and share your information

We collect, use, and share your HI with:

- You or your legal representative.
- Government agencies.

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

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

- **For Plan Sponsors.** We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** We may collect, use, and share your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may collect, use and share your HI to send you appointment reminders and information about your health benefits.
- **For Communications to You.** We may use the phone number or email you gave us to contact you about your benefits, healthcare or payments.

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

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

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

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

Your rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.

- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website **(www.uhccommunityplan.com)**.
- **To ask that we correct or amend** your HI. Depending on where you live, you can also ask us to delete your HI. 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. 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
- **Timing.** We will respond to your phone or written request within 30 days.
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

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

[1] This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus Wisconsin Insurance; Health Plan of Nevada, Inc.; Optimum Choice, Inc.; Oxford Health Plans (NJ), Inc.; Physicians Health Choice of Texas, LLC; Preferred Care Partners, Inc.; Rocky Mountain Health Maintenance Organization, Incorporated; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Community Plan of Georgia, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of America; UnitedHealthcare Insurance Company of River Valley; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United Healthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; and UnitedHealthcare Plan of the River Valley, Inc. This list of health plans is complete as of the effective date of this notice. 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, 2023

We[2] protect your "personal financial information" ("FI"). FI is non-health information. FI identifies you and is generally not public.

Information we collect

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

Sharing of FI

We will only share FI as permitted by law.

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

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

Confidentiality and security

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

Questions about this notice

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

[2] For purposes of this Financial Information Privacy Notice, "we" or "us" refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: 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 ME, Inc.; Healthplex of NC, Inc.; Healthplex, Inc.; HealthSCOPE Benefits, Inc.; International Healthcare Services, Inc.; Level2 Health IPA, LLC; Level2 Health Management, LLC; Life Print Health, Inc.; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Global Solutions (India) Private Limited; Optum Health Care Solutions, 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 Arizona, Inc.; Solstice Administrators of Missouri, Inc.; Solstice Administrators of North Carolina, Inc.; Solstice Administrators of Texas, Inc.; Solstice Administrators, Inc.; Solstice Benefit Services, Inc.; Solstice of Minnesota, Inc.; Solstice of New York, Inc.; Spectera, Inc.; Three Rivers Holdings, Inc.; U.S. Behavioral Health Plan, California; 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. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to **https://www.uhc.com/privacy/entities-fn-v2**.

We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-992-9940**, TTY **711**. You can also visit our website at **myuhc.com/CommunityPlan**.

UnitedHealthcare Community Plan
795 Woodlands Parkway, Suite 301
Ridgeland, MS 39157

myuhc.com/CommunityPlan

1-800-992-9940, TTY **711**

United Healthcare
Community Plan


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