



UnitedHealthcare Rite Smiles

Dental care for kids

Member Handbook | 2020

United
Healthcare
Dental

Rite Smiles

Dental Care for Kids

UnitedHealthcare–Rite Smiles

Here’s where to find information you want

Important phone numbers

For dental emergencies, call your dental office.

For medical emergencies dial 911 or go to the nearest emergency room.

UnitedHealthcare–Rite Smiles Member Services

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

Interpreter services are available for all Member Services calls.

1-866-375-3257,
TTY 711

You can access information on the UnitedHealthcare–Rite Smiles website 24 hours a day 7 days a week.

uhc.com/Ritesmiles

Information about Rhode Island Medicaid and other services can also be found on the Rhode Island Department of Human Services (DHS) and the Rhode Island Executive Office of Health and Human Services (EOHHS) websites.

dhs.ri.gov
www.eohhs.ri.gov/

Important State of Rhode Island phone numbers:

RI Department of Human Services

1-855-MYRIDHS (1-855-697-4347)

HealthSourceRI

1-855-840-4774

RI Public Transit Authority (RIPTA)

401-784-9500, ext. 2012

Non-Emergency Transportation Broker

1-855-330-9131

RI Insurance Resource, Education, and Assistance
Consumer Helpline (RIREACH)

1-855-747-3224

RI Legal Services

401-274-2652

Important information:

Primary Care Provider/phone number _____

Health plan name and ID number _____

Dentist phone number _____

UnitedHealthcare–Rite Smiles ID number _____

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Welcome to UnitedHealthcare–Rite Smiles

Dental services for children are provided through Rite Smiles. Rite Smiles is a dental plan for children who are eligible for RI Medicaid born after May 1, 2000. To find a dentist who participates with the Rite Smiles program, check the website for UnitedHealthcare Dental–Rite Smiles at uhc.com/Ritesmiles or call United Healthcare Dental Member Services at **1-866-375-3257**. All other members should use their Rhode Island Medicaid card (Anchor card) when going to a Medicaid Dental provider.

This handbook contains important information about the Rite Smiles Dental Plan. You should keep this handbook for when you need information about the plan.

Rite Smiles eligibility

The Rite Smiles Dental Program provides dental services for Rhode Island Medicaid eligible children who were born on or after May 1, 2000. Rhode Island Medicaid determines eligibility for all Medicaid programs. Members who age out of the Rite Smiles program will terminate on their date of birth in the year they age out.

Welcome call

New members of the Rite Smiles program will receive a “Welcome Call” to tell you about the Rite Smiles benefits and how to get dental services. We will also make sure you received ID Cards for all of the eligible children in your family. If you are not home when we call, we will try again or leave a message for you to call us back.

Member Services

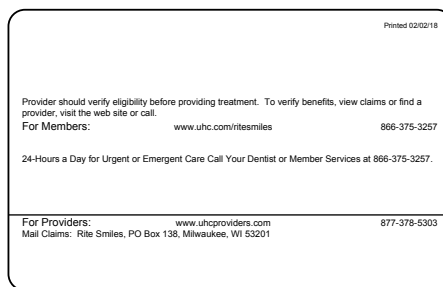
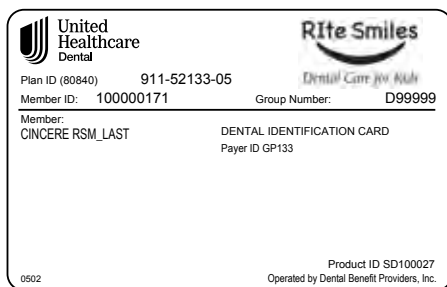
If you have questions about Rite Smiles you can always call our Member Services at **1-866-375-3257**, TTY **711**. Our staff is here 8:00 a.m. – 6:00 p.m., Monday – Friday to answer your questions. Interpreter services are also available for calls to Member Services. Here are some of the reasons you might want to call Member Services:

- Questions about dental benefits or Rite Smiles.
- If you receive a bill for dental services.
- Help finding a dental provider.
- Arrange for an interpreter to come to an appointment with you.
- Help you report fraud and abuse.
- Assist with out of plan benefits.
- Help you file a complaint, grievance or appeal.
- Help you arrange transportation through MTM.

You can also access our website 24 hours a day 7 days a week uhc.com/Ritesmiles. You can find information about the Rite Smiles benefits, you can locate a provider. The website is secure. We always protect your child’s private information. See page 33 for the UnitedHealthcare Privacy Notice or you can contact Member Services at **1-866-375-3257**, TTY **711** with any questions.

Your child’s ID card

You should have received an ID Card for each of your children who are covered by Rite Smiles. You will need to show this card every time your child sees a dental provider.



For dental services not covered by the program, you may need to show your medical insurance cards, for example — Rhode Island Medicaid (Anchor Card) or Health Plan Member Identification Card.

We speak your language

If you speak a language other than English, we can provide an interpreter or print materials in your language. If you call Member Services we can connect you with a representative who speaks your language or an interpreter. If you need an interpreter for a medical, behavioral health or dental appointment, we can arrange for one. Please call Member Services **1-866-375-3257**, TTY **711** at least 72 hours before your appointment. If you need an American sign language interpreter, please call at least 2 weeks prior to your appointment.

UnitedHealthcare–Rlte Smiles Provider Directory indicates if a provider speaks other languages in addition to English. To check the Provider Directory, visit uhc.com/Rltesmiles.

Need print material in other formats?

If needed, we can provide printed material in other formats, including print materials in a larger font, audio or Braille. Please contact Member Services **1-866-375-3257**, TTY **711** to request materials in other formats.

Keep your benefits

You will be required to renew your Medicaid eligibility every year. You will receive information about the recertification process from EOHHS. Make sure you always open the letters from DHS or EOHHS and respond to any letters or calls. If you do not respond you could lose your Medicaid coverage.

Updating your personal information

It's very important that we have your correct address, so you can receive mail from UnitedHealthcare–Rlte Smiles and the RI Medicaid Program. Be sure to have your full name on your mailbox (and other family members' last name if it is different than your own). The post office will not deliver mail if the last names on the mailbox do not match the last name on the letter/envelope.

It's very important to tell us if you have a change, in any of these:

- Name, address, phone number.
- If you move out of state.
- If you get married; if you change your last name.
- If you become pregnant.
- Family size (adding a new baby or adopting a child, death of a family member who is enrolled, etc.).
- Change in income that could affect eligibility for Medicaid.
- If you have other health insurance.

You are required to report changes to Healthsource RI or the RI Department of Human Services (DHS) within 10 days of the change.

How to tell us about changes

Contact Healthsource RI to report any of these changes. If you have an account at Healthsource RI, you can go online at www.healthsourceri.com or call 1-855-840-4774 to make a change. You can also visit the Healthsource RI walk-in center at 401 Wampanoag Trail, East Providence, RI 02915. Business hours are 8:00 a.m. – 6:00 p.m., Monday – Friday.

If you, your child, or another family member has SSI or became eligible for Medicaid due to a disability, please call the **RI Department of Human Services (DHS) at 1-855-697-4347**. You can also contact your local DHS Office to report changes. Business hours are 8:30 a.m. – 4:00 p.m., Monday – Friday.

Non-emergency medical transportation

Transportation may be available for medical, dental or other health-related appointments. If family, friends or neighbors cannot drive you to appointments, you have several options.

Rhode Island Public Transit Authority (RIPTA)

RIPTA has fixed-route bus services to most communities in Rhode Island. Routes are available online at www.ripta.com or by calling Customer Support at 401-781-9400. RIPTA also offers flex services and the ADA Disabled Program.

Non-emergency medical transportation broker

Non-Emergency Medical Transportation is a covered benefit in RI Medicaid. The contracted vendor for these services is MTM, Inc. Please contact MTM at 1-855-330-9131, TTY 711, 8:00 a.m. – 5:00 p.m., Monday – Friday, to arrange for rides to medical, dental or other health-related appointments. Bus tickets for appointments need to be requested seven (7) business days prior to the appointment.

Van or taxi rides to medical appointments may be available for members who qualify. Please allow 48 hours prior to your appointment. For example:

- Call Monday for a ride on Wednesday.
- Call Tuesday for a ride on Thursday.
- Call Wednesday for a ride on Friday, Saturday or Sunday.
- Call Thursday for a ride on Monday.
- Call Friday for a ride on Tuesday.

Mileage reimbursement

If you qualify for transportation and you or someone else can drive you, you may get money for gas. There are several rules and requirements.

Please contact MTM for more information. UnitedHealthcare–Rite Smiles Member Services can also help with setting up or coordinating transportation if you need it.

Member rights and responsibilities

As a UnitedHealthcare–Rlte Smiles member, you and your child(ren) have certain rights and responsibilities. It is important you understand both your rights and your responsibilities.

As a member of Rlte Smiles, you have a right:

- To receive information about Rlte Smiles, its services, providers and members' rights and responsibilities.
- To be treated with respect and dignity and right to privacy.
- To participate with your providers in decision-making about your health care, including the right to refuse treatment.
- To privacy of all records and communications as required by law. (Rlte Smiles employees follow a strict confidentiality policy regarding all member information.)
- To respectful, personal attention without regard to your race, national origin, gender, gender identity, age, sexual orientation, religious affiliation, or preexisting conditions.
- To an open discussion of appropriate home and community services or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- To get a second medical opinion for medical and surgical concerns.
- To voice grievances, complaints or appeals about Rlte Smiles or the care provided by its providers and/or agencies.
- To make recommendations about Rlte Smiles's Member Rights and Responsibilities policies.
- To refuse treatment, and if you do, it will not affect your future treatment.
- To receive information on available treatment options and alternatives.
- To be free from any form of coercion, discipline, or retaliation.
- To request and receive a copy of your medical records, and request that they be amended or corrected.
- To be given health care services.
- To exercise your rights, and that the exercise of those rights does not negatively affect the way Rlte Smiles and its providers treat you.

You have a responsibility to:

- To report changes such as, address, income, family size, etc. to the State (Healthsource RI or the Department of Human Services) within 10 days of the change.
- To choose a PCP and primary care site. Your PCP will coordinate all of your medical care. You may change your PCP at any time by calling Rlte Smiles Member Services.
- To have all of your medical care provided by, or arranged by, a provider in the Rlte Smiles network.
- To carry your Rlte Smiles member ID and your Rhode Island Medicaid card with you.
- To provide, to the extent possible, information that Rlte Smiles and its practitioners and providers need to care for you.
- To learn about your health problems and understand the health plan treatment you and your provider agree on.
- To follow the plans and instructions for care that you have agreed on with your providers.
- To talk with your PCP about all specialty care. If you need a specialist, your PCP will work with you to make sure you get quality care.
- To call your PCP first for help if you have an urgent medical condition. If an emergency is life threatening, call 911 right away or go to the nearest emergency room.

Call Rlte Smiles Member Services if you have any questions about your rights and responsibilities.

How the Rlte Smiles Program works

You must choose a dental provider in the UnitedHealthcare–Rlte Smiles network. The Rlte Smiles Provider Directory lists all participating dentists in the network and can be viewed on uhc.com/Rltesmiles. Please contact Member Services or visit the Rlte Smiles website for the most current list of dentists in your area before receiving services.

The Provider Directory includes information like:

- Provider name, address and phone number.
- Languages spoken.
- Handicap access to the office.
- If they are no longer accepting new patients.

10 **Questions?** Visit uhc.com/Ritesmiles, or call Member Services at **1-866-375-3257**, TTY **711**.

Here are some dental providers your child(ren) may see:

- **General dentist** can treat children and adults .
- **Pediatric dentists** treat children up to age 18.
- **Orthodontists** provide braces to straighten children’s teeth.
- **Endodontist** specialize in saving teeth, they do root canals .
- **Periodontist** provide treatment for gum disease.
- **Oral surgeons** perform dental surgery, including difficult extractions.
- **Dental hygienists** clean teeth and provide oral health education.
- **Dental assistants** assist the dental provider during treatment.

Regular dental care

Regular dental care is just as important as medical care. You should take your child(ren) to the dentist for regular check-ups.

Your child(ren) should begin to see the dentist as soon as their first tooth comes in and no later than their first birthday. The dentist or dental hygienist will examine your child’s mouth. The examination will include the teeth, gums, tongue, lips, and roof of mouth. Depending upon the child’s age, number of teeth present, and ability to cooperate, the dentist may order a few X-rays to see if there is tooth decay. X-rays are also helpful in determining that the permanent teeth are developing normally. Your child may also have his or her teeth cleaned.

Specialty care and referrals

Your dentist or primary care provider (PCP) may refer you to a dental specialist. Please contact UnitedHealthcare Dental Member Service at **1-866-375-3257**, TTY **711** to be sure you receive care by a UnitedHealthcare Dental–Rlte Smiles physician.

Making appointments

When you call your dental office to make an appointment you should let them know why you are making an appointment. For example “my child needs their teeth cleaned,” “my child has a tooth ache.” The office will ask you some questions about you and your child. They will ask for your names, address, phone number and insurance coverage. Make sure you have your child’s UnitedHealthcare–Rlte Smiles card handy. The dental office will need the information on the card to make the appointment. Make sure you write down the date and time of the appointment. Tell the office if you will need an interpreter to meet you there.

Dental providers should be able to give you an appointment for your child(ren) within these timeframes:

- First time non urgent visit/check-up — no more than 60 days or 2 months.
- Urgent dental appointment — no more than 48 hours or 2 days.

If you have any trouble making an appointment call Member Services and they can help you.

Cancelling appointments

We know that sometimes you may need to cancel an appointment for your child. Make sure that you call the office as soon as possible if you need to cancel. You should give the office at least 24 to 48 hours' notice. That way they can schedule someone else who needs dental care at that time. If you miss too many appointments and don't call the office to cancel they may not give you another appointment.

Remember: If you cancel an appointment and you also had transportation and/or an interpreter scheduled you need to cancel these too.

Changing your dentist

You can change dental providers at any time. Just make sure they are part of the UnitedHealthcare – Rlte Smiles network. Member Services can also help you find a new dental provider. If you do change dental providers you should ask them to send your records to your new provider. They cannot charge you any out of pocket cost to send the records to your new provider.

If your dentist leaves the network

Sometimes dentists leave our network. They move or retire. If your dental provider leaves the network we will send you a letter to let you know. Member Services can help you find a new dentist. Sometimes UnitedHealthcare – Rlte Smiles will let you get care from a dental provider who has left the network. This is called continuity of care.

Transition of care

UnitedHealthcare Dental is responsible for making sure that all its members keep getting the care that they need. You can keep getting care from your provider for 180 days after joining Rlte Smiles. You can see that provider even if that provider is not in the UnitedHealthcare Dental – Rlte Smiles network. After 180 days, if you have not transitioned to a UnitedHealthcare Dental – Rlte Smiles provider, UnitedHealthcare Dental will work with you so you are referred to the right providers that are in the network. Please call member services for assistance with transitioning in network.

Dental specialist

Sometimes your child’s dentist will want you to take your child to a dental specialist. Your dentist will let you know what type of specialist they want you to see. They can recommend someone or you can pick one on your own. Make sure who ever treats your child is part of the UnitedHealthcare–Rlte Smiles network. Member Services can help you find a provider.

How we make decisions

UnitedHealthcare–Rlte Smiles uses a process called “utilization review.” This process helps us to make sure each child receives the appropriate treatment. We want to make sure that children don’t receive services or procedures they may not need. Some examples would be too many X-rays. We also want to make sure that children receive the services they need like cleanings and sealants. UnitedHealthcare–Rlte Smiles has “clinical guidelines” for all of our dental providers. These “guidelines” describe how most dental providers should provide treatment for their Rlte Smiles patients.

UnitedHealthcare–Rlte Smiles has a team of dental professionals who review certain types of treatments to make sure they meet our clinical guidelines. The team includes our Utilization Management Director, general dentists and orthodontists.

Only licensed dentists can make the decision to deny a treatment or service. All denials of treatment or services must be supported by UnitedHealthcare clinical guidelines. You can get a copy of these guidelines on our website or by calling Member Services.

UnitedHealthcare–Rlte Smiles staff are not rewarded for saying “no” to needed care. You have the right to appeal any decisions to deny dental treatment or services. The process to request an appeal of a decision is explained on page 18.

How we pay dental providers

UnitedHealthcare pays our Rlte Smiles dental providers on a fee-for-services basis. This means dental providers get paid a certain amount for each dental treatment or services they provide. We give our providers fee schedules so they know what they will be paid for each service. The dental provider should not ask you to pay for any covered dental treatment or service. If a provider asks you for payment you should call Member Services and let them know.

Out of network providers

Sometimes you may need to see an out of network dental provider. Dental providers who are not part of the UnitedHealthcare–Rlte Smiles network will need to request prior authorization before they treat your child. They need to contact UnitedHealthcare and tell us why you need to be treated by an out of network provider.

If you get a bill for services

UnitedHealthcare Dental–Rlte Smiles physicians cannot bill Rlte Smiles members for covered services. If you get a bill, call Member Services at **1-866-375-3257**, TTY **711**. A representative will work with you to find out if you need to pay the bill or if you should send it to us at:

UnitedHealthcare Dental–Rlte Smiles
Attention: Grievance and Appeals Unit
P.O. Box 170
Milwaukee, WI 53201

Keep a copy of the bill for yourself. We will review the bill to make sure the service is a covered benefit. If covered, we will pay the physician right away. Call Member Services at **1-866-375-3257**, TTY **711**, with any questions. You receive a service covered under UnitedHealthcare Dental–Rlte Smiles, you should not receive a bill. If you do, call your physician right away. Tell them you have insurance with UnitedHealthcare Dental–Rlte Smiles and make sure they have your Rlte Smiles member ID number. Tell the provider to stop billing you and to send a claim to UnitedHealthcare Dental–Rlte Smiles.

Rhode Island All-Payer Claims Database

UnitedHealthcare Dental is required by law to report data about its members' health care use and costs. This information will be put in the Rhode Island All-Payer Claims Database. It will be used by policy makers to make better health care decisions. You have the choice: 1. If you want your family's data in the records, you do not have to do anything. 2. If you want to have your data left out, please go to www.riapcd-optout.com. If you cannot get online, please call Rhode Island's Health Insurance Consumer Support at **1-855-747-3224**. If you have a question or want to learn more, email: riapcd@ohic.ri.gov.

Second opinions

A second opinion is when you would like your child to see another dental provider for the same issue. For example, your dentist wants your child to have a tooth pulled and you are not sure. You can ask for a second opinion from another dental provider. You have the right to request a second opinion for any covered service. Just make sure the second provider is part of the UnitedHealthcare–Rlte Smiles network. Member Services can help you find another provider if you want a second opinion.

Prescriptions

Any medication/prescriptions your child needs for a dental condition are covered by their medical plan. Just take the prescription to a pharmacy that is part of your child's health plan network to be filled. Rlte Smiles does not cover prescriptions so use your health plan ID Card.

Emergencies and Urgent Care

Emergencies

An emergency is a life threatening illness or injury. It requires immediate care. You should call **911** or go to the nearest emergency room. You should also call your child's primary care provider (PCP). If your child has a dental emergency, you should call their dentist right away. They will tell you what to do. You can also call UnitedHealthcare–Rlte Smiles Member Services at **1-866-375-3257**, TTY **711**, 8:00 a.m. – 6:00 p.m., Monday – Friday. They can help you find a dental provider if you need one.

If the injury to your child is life-threatening you should call 911 or take your child to the emergency room immediately.

Urgent Care

Urgent care is when your child has a dental problem that is not life threatening. An example might be pain or an infection. You should call your child's dentist. The dentist can tell you what to do. Your child's dentist is required to see all urgent care dental problems within 48 hours.

Rite Smiles Dental benefits

Your child’s UnitedHealthcare–Rite Smiles plan covers a wide range of dental treatments and services. These services include medically necessary preventative and diagnostic care, and treatment for dental and gum disease. Some dental services may require “prior authorization” or approval before getting the service.

In plan benefits

Service Type	Service Description	How Often and Description
Preventive Services	Routine dental exams Cleanings Flouride treatments Sealants	2 per calendar year 2 per calendar year 2 per calendar year One treatment per tooth every 5 years
Diagnostic Services	X-rays	Intraoral/complete series – Every 4 years Bitewing – Once every calendar year Panoramic Film – Every 4 years
Restorative Services	Fillings Crowns Dentures, partial or complete	As needed As medically necessary As medically necessary
Orthodontic Services	Orthodontia (braces)	As medically necessary in order to correct a severe handicapping condition
Oral Surgery	Extractions or other mouth surgery	As medically necessary
Other Dental Services	Emergency dental care services Other services	As medically necessary As medically necessary

Out of plan benefits

Your Rhode Island Medicaid health benefits cover:

Additional services that are not covered by UnitedHealthcare–Rlte Smiles but **are** covered by your Rhode Island Medicaid benefits include:

- Emergency services in an in-patient facility.
- Emergency services in a hospital emergency room.
- Oral surgery to repair jaw and oral cavity defects and injuries.
- Biopsies.
- Reinsertion of a tooth that was knocked out.
- Removal of lesions, tumors and cysts.
- Treatment of jaw fractures and dislocations.
- Suturing or stitches to repair wounds.
- Prescription drugs.

For more information on services covered by Rhode Island Medicaid please contact the number on the back of your health plan card or Medicaid (anchor) card.

Early Periodic Screening Diagnosis and Treatment Services (EPSDT)

The Medicaid program's benefit for children and adolescents is known as Early and Periodic Screening, Diagnostic and Treatment services, or EPSDT. EPSDT provides a complete range of prevention, diagnostic, and treatment services for children in Medicaid programs, including Rlte Smiles. The EPSDT benefit is designed to make sure that children receive early examination and care, so that health problems are prevented or diagnosed and treated as early as possible.

Dental services in the EPSDT benefit include:

- Dental care needed for treatment of pain, infection, restoration of teeth (ex. fillings), and upkeep of dental health (provided at as early an age as necessary); and
- Emergency, preventive, and treatment services for dental disease, such as tooth decay, that, if left untreated, may become a more serious dental problem or cause permanent damage to the teeth or supporting structures (such as the gums or jaw bone).

Medicaid's EPSDT and clinical guidelines recommend that a child have a first dental visit when the first tooth erupts or by the child's first birthday.

Dental care that is seen as necessary for an individual child is covered even when the frequency is greater than specified in the periodicity schedule. For example, a child determined by a qualified provider, such as a dentist, to be at moderate or high risk for developing early childhood caries, (baby bottle tooth decay), could receive dental exams and preventive treatments more frequently than the twice-yearly schedule recommended by the American Academy of Pediatric Dentistry.

In addition to your dentist, your medical doctor, such as your child's pediatrician can also help identify dental problems, and refer children to a dentist for a complete check-up and any needed treatment.

Non-covered services

- Cosmetic procedures (for example, tooth whitening).
- Dental implants.
- Procedures considered experimental or investigational.

Complaints, grievances and appeals

We want you to be happy with the care and services you receive. If you are unhappy, we want to know about it so we can resolve the problem.

Complaints

You have the right to file a complaint at any time. Please call UnitedHealthcare–Rite Smiles Member Services and we will address your questions or concerns about benefits, services, access to appointments, wrong bills you received or other issues. If possible, we will resolve your problem at the time of your call. If that is not possible, we will ask for more information and get back to you within 30 calendar days after your complaint is filed. At any time, we may ask you for more information.

You can also file a complaint in writing. An authorized representative — someone you choose in writing — can help you. Your authorized representative can be a friend, neighbor, family member, provider or attorney.

Send written complaints to:

UnitedHealthcare–Rite Smiles
Appeals/Complaints Department
P.O. Box 170
Milwaukee, WI 53201

Grievances

A grievance is a dissatisfaction about any matter other than a service not being covered. Examples of a grievance include:

- You are not satisfied with the way we responded to your complaint.
- You disagree with us asking for more time to make an authorization decision.
- You have concerns of quality of care or services provided.
- You feel a provider or their employee was rude.
- You feel a provider did not respect your member rights.

You may file a grievance at any time. We will respond to your grievance within 90 calendar days. Sometimes we need more information or time to decide. If we need more time, we will contact you to let you know. You or your authorized representative can file a grievance in writing or over the phone at any time. Filing a grievance will not affect your health coverage.

Send written grievances to:

UnitedHealthcare–Rite Smiles
Attn: Grievance and Appeals Unit
P.O. Box 170
Milwaukee, WI 53201

Appeals

An appeal is a request to change a decision made by UnitedHealthcare for dental care or services that you or your provider believe you should receive. It could also be a request for services or supplies that are not included in your covered benefits that you or your provider believe you should receive. You or an authorized representative can file an appeal in writing, in person, or by calling UnitedHealthcare Dental–Rite Smiles Member Services.

Send written appeals to:

UnitedHealthcare–Rite Smiles
Attn: Grievance and Appeals Unit
P.O. Box 170
Milwaukee, WI 53201

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Requests to review services that were denied by us must be made within 60 calendar days of our decision to deny a service. We will review the care or services that were denied or the coverage decision that was made.

Qualified UnitedHealthcare–Rite Smiles staff decide on appeals that are not about dental issues. Qualified health care professionals decide on appeals about dental issues within 30 calendar days of our receiving it. We may ask you for an additional 14 calendar days if we need more to look into your appeal.

You have the right to:

- Ask for and get copies of all documents related to the appeal. You may add information about the appeal to your file in writing or in person.
- Continue to have Medicaid covered services while your appeal is under review. To have these Medicaid covered services continue, you must call or tell UnitedHealthcare–Rite Smiles **within 10 calendar days** of being notified. If the appeal is denied, you may be responsible for the cost of any continued benefits you received. If the appeal is approved and you did not request that your services be continued while your appeal was pending, UnitedHealthcare–Rite Smiles will authorize or provide services within 72 hours.

Qualified UnitedHealthcare–Rite Smiles staff decide on appeals that are not about medical issues. Qualified health care professionals decide on appeals about medical issues. We will make a fair decision about appeals within 30 calendar days of receiving your appeal.

Can someone else appeal for me?

Yes. Your doctor, another provider, or anyone you choose can ask for an appeal, but you must first let us know in writing that you are allowing someone to work with us on your appeal. The easiest way to tell us someone can appeal for you is to complete an **Authorized Representative for Appeals Form**. The form gives the other person permission to help with your appeal.

Always keep a copy of your Authorized Representative for Appeals Form because **we must get the completed Authorized Representative for Appeals form before we can review the appeal**. The Authorized Representative for Appeals Form is valid for one year from the date you sign it unless you tell us you no longer want to allow someone to act on your behalf as an appeal representative.

To get an Appointment of Representative for Appeals Form, call Member Services and ask for one or visit our website.

Urgent (fast) appeals

When your provider feels a delay in your care or treatment might be a medical emergency, you or your provider should call UnitedHealthcare–Rite Smiles Member Services to request a fast appeal. This means the absence of immediate medical attention could be a risk to your life or cause you severe pain. We will make a decision about urgent appeals within 72 hours of receiving your request.

If more information is needed, UnitedHealthcare–Rite Smiles will contact you to let you know that we need more time to review your request.

External appeals

After you complete the appeal process with your MCO, and you are still not satisfied, you can request that an Independent Review Organization (IRO) review your appeal for medical services. Requests for external appeals must be received within four months from the date of your appeal decision. Call Member Service at **1-866-375-3257**, TTY **711** for directions on how to file an external appeal.

Send written external appeals to:

UnitedHealthcare–Rite Smiles
Attn: Grievance and Appeals Unit
P.O. Box 170
Milwaukee, WI 53201

Medicaid Fair Hearing

If you are not satisfied with the outcome of the MCO's appeal decision, you may request a State Fair Hearing. Your request must be within one hundred and twenty (120) calendar days from the date of your appeal decision. The State Fair Hearing is facilitated by the Executive Office of Health and Human Services (EOHHS). You have a right to have Medicaid covered services continue while you are going through a State Fair Hearing.

If the State Fair Hearing appeal is denied, you may be responsible for the cost of any continued benefits you received. To request a State Fair Hearing, you can either:

- Call 401-462-2132 (TDD 401-462-3363), after you have finished the MCO's internal appeal process, or
- Fax your request to 401-462-0458, or
- Email your request to: OHHS.AppealsOffice@ohhs.ri.gov, or
- Mail your request to:
EOHHS Appeals Office
Virks Building, 3 West Road
Cranston, RI 02920

How to file a complaint about the appeal process

You can also file a complaint at any time during the appeal process with the Office of the Health Insurance Commissioner (OHIC) through the consumer helpline:

Office of the Health Insurance Commissioner (OHIC)
RI Insurance Resource, Education, and Assistance Consumer Helpline
1210 Pontiac Avenue
Cranston, RI 02920

Telephone: 1-855-747-3224 (1-855-RIREACH)

Website: www.rireach.org

Email: rireach@ripin.org

For help with your complaint, grievance or appeal, you may also call RI Legal Services at 401-274-2652.

Fraud, waste and abuse

If you suspect or know that fraud, waste, or abuse is occurring, report it immediately.

Fraud happens when a member or provider does something that is not honest so that he/she or another person experiences positive results or some type of benefit or incentive.

Waste happens when there is an over-utilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system.

Abuse happens when appropriate business and medical practices are not followed, and the result is an unnecessary cost to the Medicaid program.

Reporting fraud, waste, and abuse will not affect how you will be treated by UnitedHealthcare–Rite Smiles. You have the choice to remain anonymous when you make the report. Provide as much information as possible; this will assist those investigating the report.

Some examples of fraud, waste or abuse are:

- Sharing, loaning, changing or selling a health plan or Rhode Island Medicaid ID card so someone else can get health care services.
- Using someone else's health plan or Rhode Island Medicaid ID card to get health care services.
- Using a provider's prescription pad to alter or forge a provider's prescription to receive drugs.
- Receiving benefits in both Rhode Island and another state.
- Lying about how much money you make or where you live to become eligible for benefits.
- Selling or giving prescriptions to others that were prescribed to you.
- Providers or hospitals that bill you or your health plan for services that were never provided.

There are many ways to report fraud, waste, and abuse:

- Call UnitedHealthcare–Rite Smiles Member Services or write UnitedHealthcare–Rite Smiles a letter.
- Contact the RI Office of Program Integrity at 401-462-6503.
- RI Department of Human Services Fraud hotline for reports on CCAP, SNAP, RI Works and GPA at 401-415-8300.
- Department of RI Attorney General for reports on Medicaid fraud, Patient Abuse or Neglect, or Drug Diversion at 401-222-2556 or 401-274- 4400, ext. 2269.

Definitions

Appeal: An appeal is a special kind of complaint you make if you don't agree with a decision to deny a request for health care services. You may also file an appeal if you disagree with a decision to stop or reduce services that you are receiving. For example, you may ask for an appeal if Rlte Smiles does not pay for an item or service you think you should be able to get. There is a specific process that we must use when you ask for an appeal.

Complaint: A concern about benefits, services, access to appointments, wrong bills you receive or other issues. If possible, we will resolve your problem at the time of your call.

Coordination of Benefits (COB): If you have another health plan, that plan is your primary insurance. Rlte Smiles would be your secondary health plan. Call Member Services if you have other insurance or if that coverage has ended.

Emergency Medical Condition: An illness, injury, symptom or condition so serious that a lay person would seek care right away to avoid severe harm.

Emergency Medical Transportation: Also known as ambulance services or paramedic services, are emergency services which treat illnesses and injuries that require an urgent medical response and transport to acute care facility.

Emergency Room Care: Care given for a medical emergency when you believe that your health is in danger.

Emergency Services: An emergency is a potential life-threatening illness or injury. It can cause serious pain or harm to you if you do not receive treatment right away.

EPSDT: Early, Periodic, Screening, Diagnostic and Treatment

Excluded Services: Items or services that Rlte Smiles does not cover.

Grievance: A complaint about the way your health plan is giving care or dissatisfaction about anything other than a service not being covered. Examples of a grievance include: dissatisfied with the way your health plan responded to your complaint; your health plan asking for more time to make an authorization decision; you have concerns about quality of care or services you got; you feel a provider, or their employee was rude, or you feel a provider did not respect your member rights. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered (see Appeal).

Medically Necessary: Direct care, services or supplies that are needed for the diagnosis or treatment of your medical condition, behavioral health, or prevention of worsening of your condition. They must meet the standards of good medical practice and aren't for the convenience of you or your doctor.

Network: A group of doctors, hospitals, pharmacies, and other health care experts hired by a health plan to take care of its members.

Non-Participating Provider: A health care provider or supplier who is not contracted with your health plan.

Physician Services: Services provided by an individual licensed under state law to practice medicine or osteopathy.

Plan: Managed care entity that manages the delivery of health care services.

Prior Authorization: Health plan approval necessary before you get care.

Participating Provider: A healthcare provider or supplier who is contracted with the Plan and agrees to accept health plan members. Also known as network or in-network provider.

Specialist: A doctor who treats only certain parts of the body, certain health problems, or certain age groups. For example, some doctors treat only heart problems.

Urgent Care: Care that you get for a sudden illness or injury that needs medical care right away but is not life threatening. Your primary care doctor generally provides urgently needed care.

Frequently asked questions

Q Can I take my child to any dentist?

A You can only take your child to a dentist who is part of the UnitedHealthcare–Rlte Smiles network. If your child’s current dental provider is not part of the dental plan, call Member Services. We can help your dental provider join our network or we can help you find a new dentist who participates in our network.

Q When should I start taking my child to the dentist?

A Children should see a dentist on or around their first birthday. After that, parents should schedule a dental appointment every six months.

Q Will Rlte Smiles members have an ID card?

A Yes, we will send your child’s ID cards after they are enrolled. Be sure to bring your child’s ID cards to every dental appointment. If you lose the card you can call Member Services to get another one.

Q When I visit the dentist, will I have any copays?

A No. There are no copays in the Rlte Smiles program; however payment is required for all non-covered procedures and treatments. For more information regarding Rlte Smiles covered services please contact Member Services at **1-866-375-3257**, TTY **711**.

Q Can I (parent) or my other children born before May 1, 2000 enroll in Rlte Smiles?

A No. Only children born on or after May 1, 2000 are eligible for Rlte Smiles. Older children and adults can access dental services through Medicaid Fee for Service (Anchor Card).

Q How do I find a dentist and make an appointment?

A By calling the UnitedHealthcare–Rlte Smiles Member Services number at **1-866-375-3257**, TTY **711** we can help you find a dentist in your area. In addition, you will receive a Participating Provider Directory with a listing of all the dentists participating in the program. You can also locate a participating provider on the web by going to our website at uhc.com/Rltesmiles.

Q What do I do if I need to cancel my child’s dentist appointment?

A You must call the dentist office at least 24 to 48 hours (the exact time period will vary, based on differences in dental practices) before the scheduled appointment to cancel. Many dentists have cancellation policies where they reserve the right to no longer see a patient who misses scheduled appointments. It is very important to keep all scheduled appointments, or call ahead if you must cancel.

Q What if a dentist or clinic sends me a bill?

A If you get a bill, call Member Services at **1-866-375-3257**, TTY **711**. A representative will work with you to find out if you need to pay the bill, or how to resolve the issue.

Q What if my children have other dental insurance?

A Medicaid eligible children with other dental insurance are not eligible for enrollment in Rite Smiles. Please notify EOHHS's Third Party Liability (TPL) Unit at 462-2181 if your child(ren) have other dental insurance.

Q Does the health plan require that I get a second opinion for any services?

A No. UnitedHealthcare –Rite Smiles does not require you to get second opinion for covered services. However, a second opinion is available to you for all dental covered services. If you'd like to receive a second opinion, please call Member Services.

Q What do I do if I want my child to see a dental specialist?

A Talk to your child's dentist first. Your dentist will help you find the type of specialist your child needs, and one who is part of our network.

Q Do I need a referral for my child to see a dental specialist?

A Your child does not need a referral to a dental specialist, as long as the dentist is participating with the UnitedHealthcare –Rite Smiles program.

Q How do I choose a participating hospital?

A Your child's dentist will refer you to a hospital if your child needs to go to the hospital for dental services.

Q What benefits are not covered by my health plan?

A The following services are not covered by UnitedHealthcare –Rite Smiles program:

- Experimental procedures.
- Treatment that is cosmetic or not medically necessary.
- Services outside of United States territory (emergency and non-emergency).
- Services covered by Medicaid Fee-For-Service that are considered medical services (such as: certain oral surgical procedures i.e.: tooth re-implantation, biopsy of oral tissue, treatment of fractures, etc.).
- Crowns for bicuspid and molars are limited to stainless steel crowns.
- Occlusal Equilibration.
- Implants.
- The following types of crowns: porcelain/ceramic, high noble gold, or other full cast, and porcelain fused to metal.

Other dental services may not be covered by the plan. Please contact Member Services if you have a question if a service is covered or not. Please note that you are responsible for any procedure or treatment that is not covered under the UnitedHealthcare–Rite Smiles plan.

Q What if UnitedHealthcare–Rite Smiles does not pay my child’s dental claim?

A You will need to call Member Services at **1-866-375-3257**, TTY **711** and ask us to review the claim. For example, UnitedHealthcare–Rite Smiles will deny your claim when you receive services that are not covered by the Rite Smiles Program. When you ask for a review, UnitedHealthcare–Rite Smiles will look at your request and reconsider our decision as soon as possible and we will let you know the outcome of the review in writing. For details on how to appeal a denial, please refer to page 18 of this handbook.

Q What if I receive a bill?

A If you get a bill from a dentist or hospital, please mail it to us as soon as possible and keep a copy for yourself. You can mail it to the Appeal and Grievance address at:

UnitedHealthcare–Rite Smiles Appeals
P.O. Box 170
Milwaukee, WI 53201

We will review these bills to make sure they are covered services by Rite Smiles. If they are covered, and if needed, authorized, we will pay the health care provider right away. If you need to, tell the provider UnitedHealthcare–Rite Smiles is reviewing the bill.

Q What if I move out of state?

A If you plan to move to another state, contact HealthSourceRI at **1-855-840-4774** or DHS at 1-855-697-4347. Your dental and medical benefits end when you move out of state.

Q Am I able to disenroll from Rite Smiles?

A A member may request disenrollment without cause during the ninety (90) days following the date of the recipient’s initial enrollment with the Dental Plan. A request for disenrollment should be made by the member by submitting an oral or written request. You should call call HealthSource RI at 1-855-840-4774.

You can also visit the Healthsource RI walk-in center at:
401 Wampanoag Trail
East Providence, RI 02915

Business hours are 8:00 a.m. – 6:00 p.m., Monday – Friday.

Tips for good dental health

- Keep all scheduled dental appointments.
- Call your dentist 24 to 48 hours prior to the appointment if you must cancel.
- Provide child caregivers with the dentist's name and emergency phone number and be sure they know how to handle dental emergencies, for example severe tooth pain, severe bleeding, swelling or trauma (accidents).

At 12 months of age:

- Begin brushing your toddler's teeth with a smear-sized dab of fluoride toothpaste, (no larger than a grain of rice).
- Make an appointment for your child's first dental exam as soon as your child's first tooth erupts and no later than their first birthday.
- Do not put the child to bed with a bottle that contains anything but water, or prop a bottle in the child's mouth.

At 15 and 18 months of age:

- Continue brushing your toddler's teeth with a smear-sized dab of fluoride toothpaste, (no larger than a grain of rice), Make an appointment with your dentists for an examination if you have not done so already.
- Continue to avoid putting your child to bed with a bottle that contains anything but water, or prop a bottle in the child's mouth.
- Children under 4 to 5 years old will still need help to brush.

At 3 years of age:

- Begin teaching your child how to brush their own teeth with a pea-size amount of fluoride toothpaste and with help from you.
- Children under 4 to 5 years old will still need help to brush.
- Begin flossing when back teeth begin to come in. This is important because toothbrush bristles cannot reach between teeth, leaving those teeth vulnerable to bacteria and decay.
- Take your child to the dentist regularly and ask about fluoride supplements, or in office fluoride applications, which make the tooth enamel strong and help to protect it from decay. For most children, that means visiting the dentist twice a year.

At 4 years of age:

- Be sure your child brushes their teeth 2 times a day with a pea-size amount of fluoride toothpaste – with supervision.
- Children under 4 to 5 years old will still need help to brush.
- If your child regularly sucks a pacifier or fingers or thumb, begin to help the child stop the habit.

Throughout middle childhood:

- Be sure your child brushes their teeth 2 times a day with a pea-size amount of fluoride toothpaste – with supervision until your child is 6 years old, and help your child floss their teeth. Ensure that your child gets regular checkups and be sure to ask your dentist about supplemental fluoride and sealants, once your child’s adult molars (6 year molars) begin to come in. As your child’s adult teeth come in, have your dentist evaluate these to be sure they are coming in properly. Finally, be sure your child eats well and gets plenty of fruits and vegetables.

Healthy mouth checklist

Follow these tips to help keep your child’s mouth healthy

Chances are you are interested in learning more about your child’s tooth development, and what you can do as a parent to ensure your child will grow up with a healthy smile. Here are answers to some of parent’s most commonly asked questions.

How can I prepare my child for a visit to the dentist?

- Make the first visit something for the child to look forward to. Today, dentistry for children is a fun and positively anticipated experience.
- Morning appointments are usually when the child is most rested and cooperative.
- Do not attempt to bribe your child; instead, you might read your child a story about a trip to the dentist, or you can play “dentist” with the child by taking turns looking into each other’s mouths with a flashlight.
- If your child asks a question you feel uncomfortable answering, you may respond, “I don’t know, let’s ask the dentist.” This keeps you from unnecessarily scaring the child; it also allows your child an active role in the appointment.

Important concerns

Baby bottle tooth decay is the leading cause of decay and tooth loss in very young children. To avoid this, do not put your baby to sleep with a bottle that contains any sticky or sugary substance like milk, fruit juice, formula, or other sweetened beverages. If the child must be put to sleep with a bottle, use plain water.

Another common occurrence with active children is accidents. Teeth that sustain injuries should be treated immediately by the dentist. In many cases, further injury or tooth loss can be prevented with prompt care. Sometimes very active children will have a healthy tooth completely knocked out. If this happens to a permanent tooth, save the tooth and any fragments or gum tissue. Soak the tooth in milk or water until help can be found. If no milk or water is available, the life of the knocked-out tooth may be prolonged by keeping it moist in saliva by holding it under the tongue, or between the cheek and gum. In many cases the tooth can be put back in successfully, if you get help in the first hour.

Baby teeth will be lost. Why should they be fixed?

The baby (primary) teeth provide a foundation and guidance for the permanent (secondary) teeth. If a child has teeth that are improperly spaced or have a lot of decay, crowding, shifting, or poor oral habits, early treatment may be necessary to prevent more complicated treatment (like braces) in the future. Early tooth development also affects a child's ability to eat, chew, form speech patterns, and swallow. This is especially important for your child's sense of social confidence and self-esteem. If baby teeth are lost early, cosmetic appliances and space maintainers are available to replace them, or to provide space for the permanent teeth to come through.

When should my child first visit the dentist?

Your child's first birthday is a good time to seek a well-baby dental evaluation, to diagnose and prevent any future oral disorders. The age of one year is also a good time to begin weaning your child from the bottle.

How can I help my child keep a healthy smile for a lifetime?

- As a parent, set an example by taking good care of your own teeth.
- Before your child's teeth start to appear in the mouth, begin to massage the teeth and gums with your finger or a warm, wet washcloth or a small gauze pad.
- When the first baby teeth appear, floss and brush your child's teeth until he is old enough to do this himself.
- Feed your child a balanced diet and offer healthy snacks.
- Ask your dentist about fluoride and other treatments that prevent cavities.
- Make sure your child has regular dental care throughout his or her development.

Questions? Visit uhc.com/Ritesmiles, 31
or call Member Services at 1-866-375-3257, TTY 711.

Confidentiality — Protecting your health care information

UnitedHealthcare–Rite Smiles has a policy to protect your personal health care information. This policy states that we will not give out confidential information without your written permission, unless there is a legal reason, such as a court order or signs of child abuse.

We have taken other steps to protect your right to keep your health care information private. Computer passwords protect your dental information, and the company does not sell information with your name on it to any other company.

We use data to research new ways to improve service to our members, but the data is used in a way that protects the member’s personal dental information.

Based on Rhode Island law (RI GLCH37.3 section 5-37. 3-4 (b) (3)) UnitedHealthcare–Rite Smiles is allowed to release information to resolve claims issues and coordinate care within the health care system.

We protect the privacy of your health information in many ways, such as:

- All UnitedHealthcare–Rite Smiles employees sign statements that state they will keep a member’s personal health care information private.
- All UnitedHealthcare–Rite Smiles providers and clinic contracts state they will keep a member’s personal health care information private.
- Our Member Services staff will not give out your health information over the phone to anyone but you.

DENTAL PLAN NOTICES OF PRIVACY PRACTICES

Notice for Medical Information: Pages 33 – 38.

Notice for Financial Information: Page 39 – 40.

Medical Information Privacy Notice

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, 2018

We¹ are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you, in our next annual distribution, either a revised notice or information about the material change and how to obtain a revised notice. We will provide you with this information either by direct mail or electronically, in accordance with applicable law. In all cases, if we maintain a website for your particular dental plan, we will post the revised notice on your dental plan website, such as www.myuhc.com. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

UnitedHealth Group collects and maintains oral, written and electronic information to administer our business and to provide products, services and information of importance to our enrollees. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees’ information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

Questions? Visit uhc.com/Ritesmiles, 33
or call Member Services at **1-866-375-3257**, TTY 711.

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How We Use or Disclose Information

We must use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and to operate our business. For example, we may use or disclose your health information:

- **For Payment** of premiums due us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.
- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services. We may also deidentify health information in accordance with applicable laws. After that information is de-identified, the information is no longer subject to this notice and we may use the information for any lawful purpose.
- **To Provide You Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.
- **For Plan Sponsors.** If your coverage is through an employer sponsored group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration purposes if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting or preventing disease outbreaks to a public health authority.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.

- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by federal law.
- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. “Highly confidential information” may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:
 1. HIV/AIDS;
 2. Mental health;
 3. Genetic tests;
 4. Alcohol and drug abuse;
 5. Sexually transmitted diseases and reproductive health information; and
 6. Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law. Attached to this notice is a “Federal and State Amendments” document.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may take back or “revoke” your written authorization at any time in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, call the phone number listed on your dental plan ID card.

36 **Questions?** Visit uhc.com/Ritesmiles,
or call Member Services at **1-866-375-3257**, TTY **711**.

What Are Your Rights

The following are your rights with respect to your health information:

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept your verbal request to receive confidential communications; however, we may also require you confirm your request in writing. In addition, any requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of certain health information we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases, you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend** certain health information we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If we maintain a website, we will post a copy of the revised notice on your website. You may also obtain a copy of this notice on your dental plan website, such as www.myuhc.com.

Exercising Your Rights

- **Contacting your Dental Plan.** If you have any questions about this notice or want information about exercising your rights, please **call the toll-free member phone number on your dental plan ID card or you may contact a Customer Service Call Center Representative at 1-800-445-9090 (TTY 711).**
- **Submitting a Written Request.** You can mail your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record, to us at the following address:
UnitedHealthcare
Dental HIPAA Privacy Unit
P.O. Box 30978
Salt Lake City, UT 84130
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed above.

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

¹ This Dental Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; National Pacific Dental, Inc.; Nevada Pacific Dental; Unimerica Insurance Company; UnitedHealthcare Insurance Company; and UnitedHealthcare Insurance Company of New York.

Financial Information Privacy Notice

This notice describes how Financial Information about you may be used and disclosed. Please review it carefully.

Effective January 1, 2018

We² are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

Information We Collect

Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

Disclosure of Information

We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

Questions? Visit uhc.com/Ritesmiles, 39
or call Member Services at **1-866-375-3257**, TTY 711.

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Confidentiality and Security

We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

Questions About This Notice

If you have any questions about this notice, please **call the tollfree member phone number on your dental plan ID card or contact the Customer Service Call Center at 1-800-445-9090 (TTY 711).**

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 2, beginning on the last page of the Dental Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliate: Dental Benefit Providers, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to any other UnitedHealth Group health plans in states that provide exceptions for HIPAA covered entities or health insurance products.

40 **Questions?** Visit uhc.com/Ritesmiles,
or call Member Services at **1-866-375-3257**, TTY **711**.

**UNITEDHEALTH GROUP DENTAL PLAN NOTICES OF PRIVACY PRACTICES:
FEDERAL AND STATE AMENDMENTS**

Revised January 1, 2018

The first part of this Notice, which provides our privacy practices for Medical Information (pages 33 – 38), describes how we may use and disclose your health information under federal privacy rules. There are other laws that may limit our rights to use and disclose your health information beyond what we are allowed to do under the federal privacy rules. The purpose of the charts below is to:

1. Show the categories of health information that are subject to these more restrictive laws; and
2. Give you a general summary of when we can use and disclose your health information **without your consent**.

If your written consent is required under the more restrictive laws, the consent must meet the particular rules of the applicable federal or state law.

SUMMARY OF FEDERAL LAWS

Alcohol & Drug Abuse Information

We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.

Genetic Information

We are not allowed to use genetic information for underwriting purposes.

SUMMARY OF STATE LAWS

General Health Information

We are allowed to disclose general health information only (1) under certain limited circumstances, and/or (2) to specific recipients.	AR, CA, DE, NE, NY, PR, RI, UT, VT, WA, WI
HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.	KY
You may be able to restrict certain electronic disclosures of health information.	NC, NV
We are not allowed to use health information for certain purposes.	CA, IA
We will not use and/or disclose information regarding certain public assistance programs except for certain purposes.	KY, MO, NJ, SD
We must comply with additional restrictions prior to using or disclosing your health information for certain purposes.	KS

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Prescriptions	
We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and/or (2) to specific recipients.	ID, NH, NV
Communicable Diseases	
We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and/or (2) to specific recipients.	AZ, IN, KS, MI, NV, OK
Sexually Transmitted Diseases and Reproductive Health	
We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, FL, IN, KS, MI, MT, NJ, NV, PR, WA, WY
Alcohol and Drug Abuse	
We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AR, CT, GA, KY, IL, IN, IA, LA, MN, NC, NH, OH, WA, WI
Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information.	WA
Genetic Information	
We are not allowed to disclose genetic information without your written consent.	CA, CO, KS, KY, LA, NY, RI, TN, WY
We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.	AK, AZ, FL, GA, IL, IA, MD, ME, MA, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT
Restrictions apply to (1) the use, and/or (2) the retention of genetic information.	FL, GA, IA, LA, MD, NM, OH, UT, VA, VT

HIV / AIDS	
We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.	AZ, AR, CA, CT, DE, FL, GA, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY
Certain restrictions apply to oral disclosures of HIV/AIDS-related information.	CT, FL
We will collect certain HIV/AIDS-related information only with your written consent.	OR
Mental Health	
We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, CT, DC, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI
Disclosures may be restricted by the individual who is the subject of the information.	WA
Certain restrictions apply to oral disclosures of mental health information.	CT
Certain restrictions apply to the use of mental health information.	ME
Child or Adult Abuse	
We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AL, AR, CO, IL, LA, MD, NE, NJ, NM, NY, RI, TN, TX, UT, WI

UnitedHealthcare–Rlte Smiles does not treat members differently because of sex, age, race, color, disability or national origin.

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

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, Utah 84130

Online: UHC_Civil_Rights@uhc.com

Phone: 1-866-375-3257, TTY 711

A decision will be sent to you within 30 calendar days. If you disagree with the decision, you have 15 calendar days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your identification card, **1-866-375-3257**, TTY **711**, Monday through Friday, 8:00 a.m. to 6:00 p.m.

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

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

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

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

We will provide free services to help you communicate with us such as letters in other languages or large print. Or, you can ask for a language interpreter or sign language interpreter if you need one. To ask for help, please call the toll-free phone number listed on your member identification card, **1-866-375-3257**, TTY **711**, Monday through Friday, 8:00 a.m. to 6:00 p.m.

ATTENTION: Language assistance services are available to you free of charge.
Call **1-866-375-3257, TTY 711**.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al **1-866-375-3257, TTY 711**.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.
Ligue para **1-866-375-3257, TTY 711**.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-866-375-3257, TTY 711**。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.
Rele **1-866-375-3257, TTY 711**.

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ
ក៏អាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-866-375-3257, TTY 711** ។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés
gratuitement. Appelez le **1-866-375-3257 (ATS 711)**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica
gratuiti. Chiamare il numero **1-866-375-3257, TTY 711**.

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ
ພ້ອມໃຫ້ທ່ານ. ໂທ **1-866-375-3257, TTY 711**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги
перевода. Звоните **1-866-375-3257** (телетайп 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số
1-866-375-3257, TTY 711.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod
numer **1-866-375-3257, TTY 711**.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-866-375-3257, TTY 711 번으로 전화해 주십시오

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa
wika nang walang bayad. Tumawag sa **1-866-375-3257, TTY 711**.

Dè dè nà ke dyédé gbo: Ɔ jũ ké m̀ [Bàsóò-wùdù-po-nyò] jũ ní, níí, à wuḍu kà kò dọ po-poò b̀èin m̀ gbo
kpáa. Ɖá **1-866-375-3257, TTY 711**.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-375-3257

English

If you have questions, call the Medicare-Medicaid Plan Enrollment Line at **1-866-375-3257**, TTY **711**, Monday – Friday, 8:30 a.m. – 7:00 p.m. The call is free. You can get this information for free in other languages and formats, like large print, braille and audio.

Spanish

Si desea más información, llame al servicio telefónico de inscripción, Medicare-Medicaid Plan Enrollment Line, al **1-866-375-3257**, TTY **711** de lunes a viernes, de 8:30 a.m. a 7:00 p.m. La llamada es gratis. Puede obtener esta información gratuitamente en otros idiomas y formatos como, por ejemplo, en letra grande, braille o audio.

Portuguese

Se tiver perguntas, ligue para a Linha de Inscrição do Plano de Medicare-Medicaid no número **1-866-375-3257**, TTY **711**, Segunda a Sexta-feira, 8:30 – 19:00. A chamada é gratuita. Pode obter esta informação grátis noutros idiomas e formatos, como imprimido em formato grande, braille e áudio.

English – Non-Discrimination Notice

The EOHHS and the Department of Human Services (DHS) does not discriminate on the basis of race, color, national origin, disability, religion, political beliefs, age, religion or gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, EOHHS/DHS does not discriminate on the basis of sexual orientation, gender identity or expression. For further information about these non-discrimination laws, regulations and complaint procedures for resolution of complaints of discrimination, contact DHS at 206 Elmwood Avenue, Providence, RI 02907, telephone number 401-415-8500 (for deaf/hearing impaired 1-800-745-6575 voice; TTY 711).

Spanish – No Discriminación

La Oficina Ejecutiva de Salud y Servicios Humanos (EOHHS, Executive Office of Health and Human Services) y el DHS no discriminan por motivos de raza, color, nacionalidad, discapacidad, religión, creencias políticas, edad o sexo en la aceptación o la prestación de servicios, empleo o trato, así como en sus actividades y programas educativos o de otra índole. En virtud de otras disposiciones de la legislación pertinente, la EOHHS y el DHS no discriminan por motivos de orientación sexual, identidad de género o expresión de género. Para obtener más información sobre estas leyes y reglamentaciones contra la discriminación y los procedimientos para la resolución de reclamos por discriminación, comuníquese con el DHS a la siguiente dirección: 206 Elmwood Avenue, Providence, RI 02907, número de teléfono 401-415-8500 (para personas sordas o con problemas de audición 1-800-745-6575, voz; TTY 711).

Portuguese – Não Discriminação

O EOHHS e o Departamento de Serviços Humanos (DHS), não discrimina com base em raça, cor, nacionalidade, deficiência, religião, crenças políticas, idade, religião ou sexo em aceitação para ou prestação de serviços, emprego ou tratamento, em sua educação ou outras atividades do programa. Sob outras provisões da lei aplicável, o EOHHS/DHS não discrimina com base em orientação sexual, identidade de gênero ou expressão. Para obter mais informações sobre estas leis de não discriminação, regulamentos e procedimentos para a resolução de queixas contra discriminação, entre em contato com o DHS em 206 Elmwood Avenue, Providence, RI 02907; telefone 401-415-8500 (para surdos/deficientes auditivos 1-800-745-6575 Voz; TTY 711).



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of New England, Inc.