



Rhode Island



UnitedHealthcare Rite Smiles

Dental care for kids

Member Handbook | 2023

CSRI23DE0113494_000

United
Healthcare

Rite Smiles

Dental Care for Kids

UnitedHealthcare | Rite Smiles

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 (<https://www.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.

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

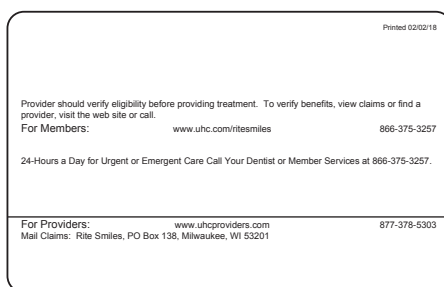
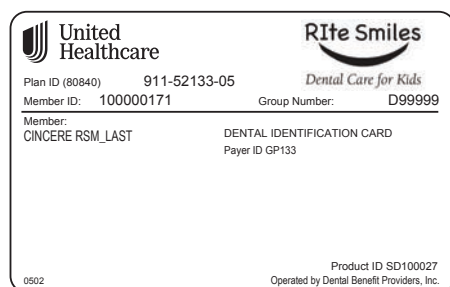
If you have questions about Rite Smiles you can always call our Member Services at **1-866-375-3257**, TTY **711**. Our staff is here 8:00 a.m.–6:00 p.m., Monday–Friday to answer your questions. Interpreter services are also available for calls to Member Services. Here are some of the reasons you might 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 35 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 | Rite Smiles Provider Directory indicates if a provider speaks other languages in addition to English. To check the Provider Directory, visit uhc.com/Ritesmiles.

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 | Rite 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), Monday- Friday, 8:00 am to 5:00 pm 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 for 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. UHC Dental Member Services can also help with setting up or coordinating transportation if you need it.

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 | Rlte 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 Rite Smiles Program works

You must choose a dental provider in the UnitedHealthcare | Rite Smiles network. The Rite Smiles Provider Directory lists all participating dentists in the network and can be viewed on uhc.com/Ritesmiles. Please contact Member Services or visit the Rite 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

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

- **General dentists** can treat children and adults
- **Pediatric dentists** treat children up to age 18
- **Orthodontists** provide braces to straighten children's teeth
- **Endodontists** specialize in saving teeth, they do root canals
- **Periodontists** 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 Member Services at **1-866-375-3257**, TTY **711** to be sure you receive care by a UnitedHealthcare | Rite Smiles health care provider.

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 | Rite 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 | Rite 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 | Rite 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 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 Rite Smiles. You can see that provider even if that provider is not in the UnitedHealthcare | Rite Smiles network. After 180 days, if you have not transitioned to a UnitedHealthcare | Rite Smiles provider, UnitedHealthcare 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 | Rite Smiles network. Member Services can help you find a provider.

How we make decisions

UnitedHealthcare | Rite 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 | Rite Smiles has "clinical guidelines" for all of our dental providers. These "guidelines" describe how most dental providers should provide treatment for their Rite Smiles patients.

UnitedHealthcare | Rite 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 | Rite 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 21.

How we pay dental providers

UnitedHealthcare pays our Rite 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 | Rite 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 | Rite Smiles health care providers cannot bill Rite 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 | Rite 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 health care provider right away. Call Member Services at **1-866-375-3257**, TTY **711**, with any questions. You receive a service covered under UnitedHealthcare | Rite Smiles, you should not receive a bill. If you do, call your health care provider right away. Tell them you have insurance with UnitedHealthcare | Rite Smiles and make sure they have your Rite Smiles member ID number. Tell the provider to stop billing you and to send a claim to UnitedHealthcare | Rite Smiles.

Rhode Island All-Payer Claims Database

UnitedHealthcare 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 | Rite 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. Rite Smiles does not cover prescriptions so use your health plan ID Card.

Emergency services

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.

Covered 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 Fluoride treatments Sealants	2 per calendar year 2 per calendar year 2 per calendar year Covered only for permanent molars 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

Questions? Visit uhc.com/Ritesmiles, 17
or call Member Services at **1-866-375-3257**, TTY **711**.

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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 health care provider, 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 | Rlte 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 | Rlte Smiles Member Services.

Send written appeals to:

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

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 | Rlte 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 | Rlte 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 | Rlte Smiles will authorize or provide services within 72 hours.

Qualified UnitedHealthcare | Rlte 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 health care provider, 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 | Rlte 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 | Rlte 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 External Review Organization (ERO) review your appeal for dental services. Requests for external appeals must be received within four months from the date of your appeal decision.

Send written external appeal request to:

UnitedHealthcare Dental – Rlte Smiles
Grievance and Appeal Department
P.O. Box 31364
Salt Lake City, UT 84131-0364

Or, fax external appeal request to 1-801-994-1082.

Attn: UnitedHealthcare Dental – Rlte Smiles
Grievance and Appeal Department
P.O. Box 31364
Salt Lake City, UT 84131-0364

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 | Rlte 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 | Rlte Smiles Member Services or write UnitedHealthcare | Rlte 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 Rite 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. Rite Smiles would be your secondary health plan. Call Member Services if you have other insurance or if that coverage has ended.

Emergency Dental Condition: A dental condition requiring immediate treatment to control hemorrhage, relieve acute pain, and eliminate acute infection, pulpal death, or loss of teeth. A dental condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- (i) Placing the health of the individual (or, for a pregnant woman, the health of the woman or her unborn child) in serious jeopardy).
- (ii) Serious impairment to bodily functions.
- (iii) Serious dysfunction of any bodily organ or part.

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 Rite 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.

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

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

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

A No. UnitedHealthcare | Rlte 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 | Rlte 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 | Rlte 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—Rlte Smiles plan.

Q What if UnitedHealthcare | Rlte 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 | Rlte Smiles will deny your claim when you receive services that are not covered by the Rlte Smiles Program. When you ask for a review, UnitedHealthcare | Rlte 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 21 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 | Rlte Smiles Appeals
P.O. Box 170
Milwaukee, WI 53201

We will review these bills to make sure they are covered services by Rlte 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 | Rlte 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 Rlte 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 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.

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

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

Confidentiality

We respect your right to privacy. UHC Dental understands the trust needed between you, your family, your health care providers, and other care providers. UHC Dental will never give out your medical or behavioral health information without your written approval. The only persons that will have your health information will be UHC Dental, your Primary Care Provider, other providers who give you care, and anyone who you have asked to talk about your care for you. Your PCP will always talk to you about referrals to other providers. UHC Dental staff has been trained in keeping your information private.

Health Plan Notice of Privacy Practices

THIS NOTICE SAYS HOW YOUR MEDICAL INFORMATION MAY BE USED. IT SAYS HOW YOU CAN ACCESS THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2024

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

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

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

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

How We Collect, Use, and Share Your Information

We collect, use, and share your HI with:

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

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

- **For Payment.** To process payments and pay claims. For example, we may tell a doctor whether we will pay for certain medical procedures and what percentage of the bill may be covered.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your HI with a hospital you are in, to help them provide medical care to you.
- **For Health Care Operations.** To run our business. For example, we may talk to your doctor to tell him or her about a special disease management or wellness program available to you. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** If you receive health insurance through your employer, we may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.

Questions? Visit uhc.com/Ritesmiles, 35
or call Member Services at **1-866-375-3257**, TTY **711**.

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- **For Underwriting Purposes.** To make health insurance underwriting decisions. We will not use your genetic information for underwriting purposes.
- **For Reminders on Benefits or Care.** We may send reminders about appointments you have and information about your health benefits.
- **For Communications to You.** We may contact you about your health insurance benefits, healthcare or payments.

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

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

- **To Our Business Associates.** To give you services, if needed. These are companies that provide services to us. They agree to protect your HI.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
 1. Alcohol and Substance Use Disorder
 2. Biometric Information
 3. Child or Adult Abuse or Neglect, including Sexual Assault
 4. Communicable Diseases
 5. Genetic Information
 6. HIV/AIDS
 7. Mental Health
 8. Minors' Information
 9. Prescriptions
 10. Reproductive Health
 11. Sexually Transmitted Diseases

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

Your Rights

You have the following rights for your medical information.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request when a disclosure could endanger you. We take verbal requests but may ask you to confirm your request in writing. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.

- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. We will respond to your request in the time we must do so under the law. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of when we shared your HI in the six years prior to your request. This will not include 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.
- **In certain states, you may have the right to ask that we delete your HI.** Depending on where you live, you can also ask us to delete your HI. We will respond to your request in the time we must do so under the law. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

Using Your Rights

- **To Contact your Health Plan.** If you have questions about this notice, or you want to use your rights, **call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at **1-866-375-3257**, or TTY/RTT **711**.
- **To Submit a Written Request.** Mail to:
UnitedHealthcare Privacy Office
MN017-E300
P.O. Box 1459
Minneapolis MN 55440
- **To File a Complaint.** 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: UnitedHealthcare Insurance Company. This list of health plans is complete as of the effective date of this notice.

Financial Information Privacy Notice

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

Effective January 1, 2024

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

Information We Collect

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

Sharing of FI

We will only share FI as permitted by law.

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

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

Confidentiality and Security

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

Questions About This Notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center at **1-866-375-3257**, 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 affiliate: Dental Benefit Providers, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to other UnitedHealth Group health plans in states

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**, 8 a.m.–6 p.m., Monday–Friday.

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**, 8 a.m.–6 p.m., Monday–Friday.

ATTENTION: Language assistance services are available to you free of charge.

Call **1-866-375-3257, TTY 711**.

Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al **1-866-270-5785, TTY: 711**.

Portuguese:

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Ligue para **1-866-375-3257, TTY 711**.

Chinese:

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 **1-866-270-5785, TTY: 711**。

Haitian:

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

Rele **1-866-375-3257, TTY 711**.

Khmer:

មានសេវាជំនួយភាសាជូនចំពោះលោកអ្នកដោយឥតគិតថ្លៃ។ សូមហៅទូរស័ព្ទទៅលេខ **1-866-375-3257, TTY 711**.

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Appelez le 1-866-600-4985 (**TTY 711**).

Italian:

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**.

Laotian:

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

ໂທ **1-866-270-5785, TTY: 711**

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Звоните **1-866-270-5785, TTY: 711**.

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

Gọi số **1-866-270-5785, TTY: 711**.

Polish:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

Zadzwoń pod numer **1-866-375-3257, TTY 711**.

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-866-270-5785, TTY: 711번으로 전화해 주십시오.

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-270-5785, TTY: 711**.

Bassa:

Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̩ [Bàsɔ̀ò-wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò

béìn m̩ gbo kpáa. Dá **1-866-270-5785, TTY: 711**.

Arabic:

English

If you have questions, call the Medicare-Medicaid Plan Enrollment Line at **1-866-375-3257**, TTY **711**, 8:30 a.m.–7:00 p.m., Monday–Friday. 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 8:30 a.m. a 7:00 p.m., de lunes a viernes. 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**, 8:30–19:00, Segunda a Sexta-feira. 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

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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).

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