

Spring 2024

United Healthcare Community Plan

What's inside

Do you know what drugs are covered under your health plan? See Page 4 for details about your prescription

drug benefits.

Care guidelines

The best care

Tools for better health

We give our providers tools so they can best care for our members. These tools are called clinical practice guidelines. They share best practices on how to manage illnesses and promote wellness.

The guidelines cover care for many illnesses and conditions like diabetes, high blood pressure and depression. They also give advice on how to stay well with proper diet,

exercise and vaccines. For more information, visit **uhcprovider.**

com/cpg.



UnitedHealthcare Community Plan 9800 Care Lane Mail Code: MN006-W900 Minnetonka, MN 55343

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Health equity

Safe and secure

How we use and protect language, cultural and social needs

At UnitedHealthcare®, we help coordinate your care across all of your health care providers. To do that, we receive and share important information about you. This may include your race, ethnicity, language you speak, gender identity, sexual orientation and social needs. This data and other personal information about you is protected health information (PHI). We may share this information with your health care providers as part of treatment, payment and operations. This helps us meet your health care needs.

Examples of how we may use this information to improve our services include:

- To find gaps in care
- To help you in languages other than English
- To create programs that meet your needs
- To tell your health care providers which language(s) you speak

We do not use this data to deny coverage or limit benefits. We protect this information in the same way we protect all other PHI. Access is restricted to those employees who need to use it. Our buildings and computers are secured. Computer passwords and other system protections keep vour data safe.

To find out more about how we protect your cultural data, visit uhc.com/about-us/ rel-collection-and-use. For more information on our health equity program, visit unitedhealthgroup.com/what-we-do/ health-equity.html.

Member Handbook

All about your health plan

Have you read your Member Handbook? It is a great source of information. It tells you how to use your plan. It explains:

- Your member rights and responsibilities
- The benefits and services you have
- The benefits and services you don't have (exclusions)
- What costs you may have for health care
- How to find out about network providers
- How your prescription drug benefits work
- What to do if you need care when you are out of town
- When and how you can get care from an out-of-network provider
- Where, when and how to get primary, afterhours, behavioral health, specialty, hospital and emergency care
- Our privacy policy
- What to do if you get a bill



- How to ask for an interpreter or get other help with language or translation
- How the plan decides if new treatments or technologies are covered
- How to report fraud and abuse



Get it all. You can read the Member Handbook online at myuhc.com/ communityplan/benefitsandcvg.

Or call Member Services toll-free at the phone number on Page 8 to request a copy.



Plan benefits

Caring for you

We want to make sure you get the care you need when you need it. If you need help getting to your provider's office, we can help. Our health plan offers transportation benefits to get you to appointments. Call Member Services at the phone number on Page 8 to learn more.

If you need to see a provider right away, you can get after-hours care at urgent care centers. We also have a NurseLine that you can call anytime - 24 hours a day, 7 days a week. Virtual visits also are available.

To find a provider or look for urgent care center locations near you, visit connect.werally.com/ state-plan-selection/uhc.medicaid/state. Or use the UnitedHealthcare app.

Your drug benefits

What you need to know

Visit our website to learn about your prescription drug benefits. It includes information on:

- 1. What drugs are covered. There is a list of covered drugs. You may need to use a generic drug in place of a brand-name drug.
- 2. Where to get your prescriptions filled. You can find a pharmacy near you that accepts your plan. You may also be able to get certain drugs by mail.
- 3. Rules that may apply. Some drugs may only be covered in certain cases. For example, you might need approval from UnitedHealthcare to use a drug. (This is called prior authorization.) There also might be limits to the amount you can get of certain drugs.
- 4. Any costs to you. Minnesota Medical Assistance members do not have copays for prescriptions. MinnesotaCare members may have copays for prescriptions.



iStock.com/Lyndon Stratford



Look it up. Find information on your drug benefits at **myuhc.com/ communityplan/pharmaciesandrx**.

Or call Member Services toll-free at the phone number on Page 8.



Utilization management

The right care

Utilization management (UM) helps make sure you receive the right care and services when you need them. Our UM staff reviews the services your provider asks for. They compare the care and services your provider asks for against clinical practice guidelines. They also compare what is being asked for against your benefits.

When the care is not covered under your benefits, it may be denied. It may also be denied when it does not meet clinical practice guidelines. We do not pay or reward our providers or staff for denying services or approving less care. If care is denied, you and your provider have a right to appeal. The denial letter will tell you how.

If you have any questions, call Member Services toll-free at the phone number on Page 8. TTY services and language assistance are available if you need them. **Health tools**

Stay well

Programs to help manage your health

UnitedHealthcare Community Plan provides programs and services to help keep you well. We also have services to help better manage illnesses and other care needs. These are part of our population health program. They may include:

- Health education and reminders
- Maternity support and education
- Support for substance use disorders
- Programs to help you with complex health needs (care managers work with your provider and other outside agencies)

These programs are voluntary. They are offered at no cost to you. You can choose to stop any program at any time.



Learn more. You can find more information about our programs and services at myuhc.com/

communityplan/healthwellness. If you want to make a referral to our care management program, call Member Services toll-free at the phone number on Page 8.



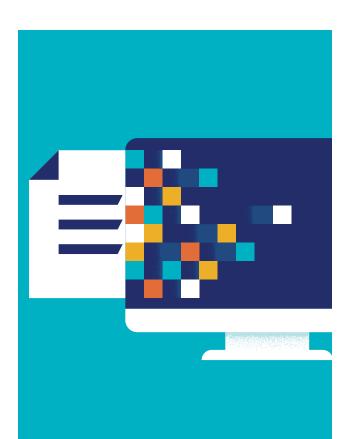
Primary care

Take charge

Preparing for your provider visit can help you get the most out of it. So can making sure your provider knows about all the care you get. Here are 4 ways you can take charge of your health care:

- 1. Think about what you want to get out of the visit before you go. Focus on the top 3 things you need help with.
- 2. Tell your provider about any drugs or vitamins you take. Bring a written list.

- Or bring the actual medicines. Mention who prescribed them for you.
- 3. Tell your provider about other providers you see. Include behavioral health providers. Bring copies of any test results or treatment plans from other providers.
- 4. If you were in the hospital or emergency room (ER), see your provider as soon as possible after you go home. Share your discharge instructions with them. Proper follow-up may prevent another hospital admission or visit to the ER.



Our website

Just for you

Get personalized health plan information

When you sign up to use our member website, you'll get tools to help you use your plan. You can:

- See your member ID card at any time
- Get help with using your benefits
- Find a provider or pharmacy near you
- Update your preferences to get messages the way you want, including texts and emails



Sign up today. It only takes a few minutes. Then you can log in anytime. To get started, visit **myuhc.com/communityplan**.

Member app

Get connected

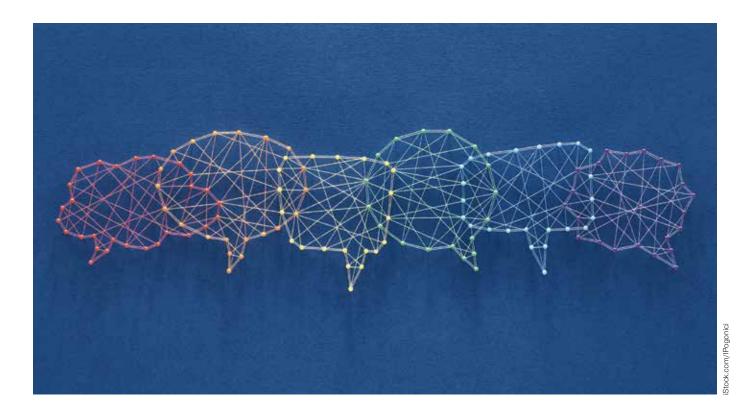
With the no-cost UnitedHealthcare app, you can access your plan information on the go. You can:

- Find urgent care centers near you
- Search for providers in your area
- Access plan documents, including your member ID card, health history and claims
- Access prescriptions
- See plan programs and services



Download today. Find the UnitedHealthcare app on the App Store® or Google PlayTM.





Language help

Communication needs

We provide free services to help you communicate with us. We can send you information in languages other than English or in large print. You can ask for an interpreter. To ask for help, please call Member Services toll-free at the phone number on Page 8.

Proporcionamos servicios gratuitos para ayudarle a comunicarse con nosotros. Podemos enviarle información en idiomas distintos al inglés o en letra grande. Puede solicitar un intérprete. Para solicitar ayuda, llame a la línea gratuita de Servicios para miembros al número que aparece en la Página 8.

Peb muab kev pab dawb los pab kom koj sib tham nrog peb tau. Peb tuaj yeem xa cov ntaub ntawv ua lwm hom lus uas tsis yog lus As Kiv los sis muab nws luam tawm kom loj tuaj rau koj tau. Koj tuaj yeem thov ib tug kws txhais lus. Yuav thov kev pab, thov hu rau Feem Pab Cuam Tswv Cuab tus xov tooj hu dawb uas nyob Phab 8.

ပဟ္**ဉ်တ**ါ်တိစၢးမၢစၢးအပူးကလီ ဒ်သိုးကမၤ စၢၤနၤ လၢကဆဲးကျိးဒီးပုၤအင်္ဂါ်န္ဉ်ာလီၤ. ပဆုၢနၤ တါ်ဂ့ါ်တါ်ကျိုလ၊တမ့ါ်အဲကလုံးကျို်သူ မူတမ့ါ် လာတၢ်ကွဲးဖျစ်းကျုံးဖးလဲၢန္ဉ်ာလီၤ. နဃ့ဒိးနှာ် ပှၤ ကျိုးထံကျ်ာတဂၤ သူစုါ်ကီးနှဉ်လီၤ. ကဃ့တါ်မၤ စၢ၊အင်္ဂ်၊ ဝံသးစူးကိုး ကရှု၊်ဖိတၢ်တိစၢ၊မၢစၢ၊အ ပူးကလီ ခီဖျိလီတဲစိနီဉ်ဂံၢ်လၢ ကဘျုံးပၤ 8 နှဉ် တက္ခု်.

Waxaan bixinaa adeegyo bilaash ah si aan kaaga caawino inaad nala soo xiriirto. Waxaan kuugu soo gudbin karnaa macluumaad luuqado aan Ingiriis aheyn ama daabacaada farta waweyn. Waxaad dalban kartaa turiubaan. Si aad u dalbato caawin, fadlan ka soo wac khadka bilaashka ah ee Adeegyada Xubinta taleefon lambarka ku goran Bogga 8-aad.

Member resources

Here for you

We want to make it as easy as possible for you to get the most out of your health plan. As our member, you have many services and benefits available to you.

Member Services: Get help with your questions and concerns. Find a health care provider or urgent care center, ask benefit questions or get help scheduling an appointment, in any language (toll-free).

1-888-269-5410, TTY 711

Our website: Our website keeps all your health information in one place. You can find a health care provider, view your benefits or see your member ID card, wherever you are. myuhc.com/communityplan

UnitedHealthcare app: Access your health plan information on the go. View your coverage and benefits. Find nearby network providers. View your member ID card, get directions to your provider's office and much more.

Download on the App Store® or Google Play™

NurseLine: Get health advice from a nurse 24 hours a day, 7 days a week, at no cost to you (toll-free).

1-800-718-9066, TTY 711

Quit For Life: Get help quitting smoking at no cost to you (toll-free).

1-866-784-8454, TTY 711 quitnow.net



Transportation: Call to ask about rides to and from your medical and pharmacy visits. To schedule a ride, call at least 2 business days before your appointment. You may be able to get a ride within 30 miles of your home for primary care and 60 miles for specialty care.

1-888-444-1519, TTY 711

Care Management: This program is for members with chronic conditions and complex needs. You can get phone calls, home visits, health education, referrals to community resources, appointment reminders, help with rides and more (toll-free).

1-888-269-5410, TTY 711

Live and Work Well: Find articles, self-care tools, caring providers, and mental health and substance use resources. **liveandworkwell.com**

Assurance Wireless: Get unlimited high-speed data, minutes and texts each month. Plus an Android™ smartphone at no cost to you.

assurancewireless.com/
partner/buhc

Healthy First Steps®: Get support throughout your pregnancy and rewards for timely prenatal and well-baby care (toll-free).

1-800-599-5985, TTY 711 uhchealthyfirststeps.com

Go digital: Sign up for email, text messages and digital files to receive your health information more quickly.

myuhc.com/communityplan/
preference



CB5 (MCOs) (10-2021)

Civil Rights Notice

Discrimination is against the law. UnitedHealthcare Community Plan of Minnesota does not discriminate on the basis of any of the following:

- Race
- Color
- National origin
- Creed
- Religion
- Sexual orientation
- Public assistance status

- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)
- Marital status
- Political beliefs

- Medical condition
- Health status
- Receipt of health care services
- Claims experience
- Medical history
- Genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UnitedHealthcare Community Plan of Minnesota. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance

P.O. Box 30608

Salt Lake City, UTAH 84130

Toll Free: 1-888-269-5410, TTY 711 Email: UHC_Civil_Rights@uhc.com

Auxiliary Aids and Services: UnitedHealthcare Community Plan of Minnesota provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. Contact Member Services at 1-888-269-5410.

Language Assistance Services: UnitedHealthcare Community Plan of Minnesota provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact Member Services at 1-888-269-5410.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UnitedHealthcare Community Plan of Minnesota. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

• Race

Disability

• Color

Sex

· National origin

• Religion (in some cases)

• Age

Contact the **OCR** directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

Customer Response Center: Toll-free: 800-368-1019

TDD Toll-free: 800-537-7697 Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

• Race

• Sex

Color

Sexual orientation

• National origin

Marital status

Religion

Public assistance status

Creed

Disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights 540 Fairview Avenue North, Suite 201

St. Paul, MN 55104

Voice: 651-539-1100 Toll free: 800-657-3704

MN Relay: 711 or 800-627-3529

Fax: 651-296-9042

Email: Info.MDHR@state.mn.us

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- Race
- Color
- National origin
- Religion (in some cases)
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997

St. Paul, MN 55164-0997

Voice: 651-431-3040 or use your preferred relay service

American Indian Health Statement

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

1-888-269-5410, TTY 711

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအား အခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကို ခေါ် ဆိုပါ။*

កំណត់សម្គាល់៖ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះ ដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ។

請注意,如果您需要免費協助傳譯這份文件,請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro cidessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သး. နမ့်၊လိဉ်ဘဉ်တ၊်မၤစၢၤကလီနၤလ၊ တ၊်ကကွဲးကျိုးထံဝဲဒဉ် လံာ်တီလံာ်မီတခါအံၤအဃိ ကိုးလီတဲစိနီဉ်ဂံ၊် လ၊ထးအံၤန္ဉာ်တက္၊်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຝ ຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້. Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.