



Welcome to the community

NC Medicaid Managed Care Member Handbook

UnitedHealthcare Community Plan of North Carolina

December 2025



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Notice of nondiscrimination

UnitedHealthcare Community Plan of North Carolina complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. UnitedHealthcare Community Plan of North Carolina does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UnitedHealthcare Community Plan of North Carolina provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

UnitedHealthcare Community Plan of North Carolina provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call **1-800-349-1855**, TTY/TDD **711**.

If you believe that UnitedHealthcare Community Plan of North Carolina has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability or sex, you can file a grievance with:

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

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

- Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail:
U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
- By phone: **1-800-368-1019**, TDD **1-800-537-7697**

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

Auxiliary Aids and Interpreter Services

English: You can request free auxiliary aids and services, including this material and other information in large print. Call 1-800-349-1855 (TTY 711). If English is not your first language, we can help. Call 1-800-349-1855 (TTY 711). We can give you, free of charge, the information in this material in your language orally or in writing, access to interpreter services, and can help answer your questions in your language.

Español (Spanish): Puede solicitar ayudas y servicios auxiliares gratuitos, incluido este material y otra información en letra grande. Llame al 1-800-349-1855 (TTY 711). Si el inglés no es su lengua nativa, podemos ayudarle. Llame al 1-800-349-1855 (TTY 711). Podemos ofrecerle, de forma gratuita, la información de este material en su idioma de forma oral o escrita, acceso a servicios de interpretación y podemos ayudarle a responder a sus preguntas en su idioma.

中国人 (Chinese): 您可以申请免费的辅助工具和服务，包括本资料和其他计划信息的大字版。请致电 1-800-349-1855 (TTY 711)。如果英语不是您的首选语言，我们能提供帮助。请致电 1-800-349-1855 (TTY 711)。我们可以通过口头或书面形式，用您使用的语言免费为您提供本资料中的信息，为您提供翻译服务，并且用您使用的语言帮助回答您的问题。

Tiếng Việt (Vietnamese): Bạn có thể yêu cầu các dịch vụ và hỗ trợ phụ trợ miễn phí, bao gồm tài liệu này và các thông tin khác dưới dạng bản in lớn. Gọi 1-800-349-1855 (TTY 711). Nếu Tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể giúp quý vị. Gọi đến 1-800-349-1855 (TTY 711). Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ của quý vị dưới dạng lời nói hoặc văn bản, quyền tiếp cận các dịch vụ phiên dịch, và có thể giúp trả lời các câu hỏi của quý vị bằng chính ngôn ngữ của quý vị.

한국인 (Korean): 귀하는 무료 보조 자료 및 서비스를 요청할 수 있으며, 여기에는 큰 활자체의 자료 및 기타 정보가 있습니다. 1-800-349-1855 (TTY 711). 번으로 전화주시기 바랍니다. 영어가 모국어가 아닌 경우 저희가 도와드리겠습니다. 1-800-349-1855 (TTY 711). 번으로 전화주시기 바랍니다. 저희는 귀하께 구두로 또는 서면으로 귀하의 언어로 된 자료의 정보를, 그리고 통역 서비스의 사용을 무료 제공해 드리며 귀하의 언어로 질문에 대한 답변을 제공해 드리겠습니다.

Français (French): Vous pouvez demander des aides et des services auxiliaires gratuits, y compris ce document et d'autres informations en gros caractères. Composez le 1-800-349-1855 (TTY 711).

Si votre langue maternelle n'est pas l'anglais, nous pouvons vous aider. Composez le 1-800-349-1855 (TTY 711). Nous pouvons vous fournir gratuitement les informations contenues dans ce document dans votre langue, oralement ou par écrit, vous donner accès aux services d'un interprète et répondre à vos questions dans votre langue.

Hmoob (Hmong): Koj tuaj yeem thov tau cov khoom pab cuam thiab cov kev pab cuam, suav nrog rau tej ntaub ntawv no thiab lwm lub phiaj xwm tej ntaub ntawv kom muab luam ua tus ntawv loj. Hu rau 1-800-349-1855 (TTY 711). Yog tias Lus Askiv tsis yog koj thawj hom lus hais, peb tuaj yeem pab tau. Hu rau 1-800-349-1855 (TTY 711). Peb tuaj yeem muab tau rau koj yam tsis sau nqi txog ntawm tej ntaub ntawv muab txhais ua koj hom lus hais ntawm ncauj los sis sau ua ntawv, mus siv tau cov kev pab cuam txhais lus, thiab tuaj yeem pab teb koj cov lus nug hais ua koj hom lus.

عربي (Arabic):

يمكنك طلب الخدمات والمساعدات الإضافية المجانية بما في ذلك، هذا المستند ومعلومات أخرى حول الخطة بأحرف كبيرة. اتصل على الرقم

1-800-349-1855 (TTY 711).

يمكننا. 1-800-349-1855 (TTY 711). إذا كانت اللغة الإنجليزية ليست لغتك الأولى، فيمكننا المساعدة. اتصل على الرقم أن نقدم لك المعلومات الواردة في هذا المستند بلغتك شفهيًا أو كتابيًا إلى خدمات

Русский (Russian): Вы можете запросить бесплатные вспомогательные средства и услуги, включая этот справочный материал и другую информацию напечатанную крупным шрифтом. Позвоните по номеру 1-800-349-1855 (TTY 711). Если английский не является Вашим родным языком, мы можем Вам помочь. Позвоните по номеру 1-800-349-1855 (TTY 711). Мы бесплатно предоставим Вам более подробную информацию этого справочного материала в устной или письменной форме, а также доступ к языковой поддержке и ответим на все вопросы на Вашем родном языке.

Tagalog (Tagalog): Maaari kang humiling ng libreng mga auxiliary aid at serbisyo, kabilang ang materyal na ito at iba pang impormasyon sa malaking print. Tumawag sa 1-800-349-1855 (TTY 711). Kung hindi English ang iyong unang wika, makakatulong kami. Tumawag sa 1-800-349-1855 (TTY 711). Maaari ka naming bigyan, nang libre, ng impormasyon sa materyal na ito sa iyong wika nang pasalita o nang pasulat, access sa mga serbisyo ng interpreter, at matutulungang sagutin ang mga tanong sa iyong wika.

ગુજરાતી (Gujarati): તમે મોટી પ્રિન્ટમાં આ સામગ્રી અને અન્ય માહિતી સહિત મફત સહાયક સહાય અને સેવાઓની વિનંતી કરી શકો છો 1-800-349-1855 (TTY 711). પર કોલ કરો

જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. 1-800-349-1855 (TTY 711). પર કોલ કરો તમારી ભાષામાં મૌખિક રીતે અથવા લેખિતમાં તમને આ સામગ્રીની માહિતી અમે વિના મૂલ્યે આપી શકીએ છીએ, દુભાષિયા સેવાઓની સુલભતા આપી શકીએ છીએ અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં અમે સહાયતા કરી શકીએ છીએ.

ខ្មែរ (Khmer): អ្នកអាចស្នើសុំសម្ភារៈនិងសេវាជំនួយដោយឥតគិតថ្លៃ រួមទាំងព័ត៌មានអំពីសម្ភារៈនេះ និងព័ត៌មានអំពី ផ្សេងទៀតនៅជាអក្សរពុម្ពធំ។ ហៅទូរសព្ទទៅលេខ 1-800-349-1855 (TTY 711). ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាទីមួយរបស់អ្នក យើងអាចជួយអ្នកបាន។ ហៅទូរសព្ទទៅលេខ 1-800-349-1855 (TTY 711). យើងអាចផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃនូវព័ត៌មាននៅក្នុងឯកសារនេះជាភាសារបស់អ្នក ដោយផ្ទាល់មាត់ឬជាលាយលក្ខណ៍អក្សរ ទទួលបានសេវាអ្នកបកប្រែ និងអាចជួយឆ្លើយសំណួររបស់អ្នកជាភាសារបស់អ្នក។

Deutsch (German): Sie können kostenlose Hilfsmittel und Services anfordern, darunter diese Unterlagen und andere Informationen in Großdruck. Rufen Sie uns an unter 1-800-349-1855 (TTY 711). Sollte Englisch nicht Ihre Muttersprache sein, können wir Ihnen behilflich sein. Rufen Sie uns an unter 1-800-349-1855 (TTY 711). Wir können Ihnen die in diesen Unterlagen enthaltenen Informationen kostenlos mündlich oder schriftlich in Ihrer Sprache zur Verfügung stellen, Ihnen einen Dolmetscherdienst vermitteln und Ihre Fragen in Ihrer Sprache beantworten.

हिंदी (Hindi): आप इस सामग्री और अन्य की जानकारी बड़े प्रिंट में दिए जाने सहित मुफ्त अतिरिक्त सहायता और सेवाओं का अनुरोध कर सकते हैं। 1-800-349-1855 (TTY 711). **पर कॉल करें।** अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम मदद कर सकते हैं। 1-800-349-1855 (TTY 711). **पर कॉल करें।** हम आपको मुफ्त में इस सामग्री की जानकारी आपकी भाषा में जबानी या लिखित रूप में दे सकते हैं, दुभाषिया सेवाओं तक पहुंच दे सकते हैं और आपकी भाषा में आपके सवालों के जवाब देने में मदद कर सकते हैं

ພາສາລາວ (Lao): ທ່ານສາມາດຂໍການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການຕ່າງໆໄດ້ແບບພິ, ລວມທັງເອກະສານນີ້ ແລະ ຂໍ້ມູນອື່ນໆເປັນຕົວພິມໃຫຍ່. ໂທຫາເບີ 1-800-349-1855 (TTY 711). ຖ້າພາສາແມ່ຂອງທ່ານ ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາເບີ 1-800-349-1855 (TTY 711). ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນໃນເອກະສານນີ້ ເປັນພາສາຂອງທ່ານທາງປາກເປົາ ຫຼື ເປັນລາຍລັກອັກສອນ, ການເຂົ້າເຖິງການບໍລິການນາຍແປພາສາ ໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງ ແລະ ສາມາດຊ່ວຍຕອບຄໍາຖາມຂອງທ່ານເປັນພາສາຂອງທ່ານ.

日本 (Japanese): この資料やその他の計画情報を大きな文字で表示するなど、無料の補助支援やサービスを要請することができます。 1-800-349-1855 (TTY 711). 英語が母国語でない方はご相談ください。 1-800-349-1855 (TTY 711). この資料に記載されている情報を、お客様の言語で口頭または書面にて無料でお伝えするとともに、通訳サービスへのアクセスを提供し、お客様のご質問にもお客様の言語でお答えします。

Your UnitedHealthcare Community Plan of North Carolina quick reference guide

I want to:	I can contact:
Learn more about choosing or enrolling in a health plan	Call toll-free: 1-833-870-5500
Get this handbook in another format or language	Member Services at 1-800-349-1855 , TTY 711
Keep track of my appointments and health services	My PCP or Member Services at 1-800-349-1855 , TTY 711
Get help with getting to and from my doctor's appointments	Member Services at 1-800-349-1855 , TTY 711 . You can also find more information on Transportation services in this handbook on page 44 .
Get help to deal with thoughts of hurting myself or others, distress, severe stress or anxiety, or any other behavioral health crisis	Behavioral Health Crisis Line at 1-877-334-1141 , at any time, 24 hours a day, seven days a week. If you are in danger or need immediate medical attention, call 911 .

I want to:	I can contact:
<p>Find a doctor, specialist or health care service and get answers to basic questions or concerns about my health, symptoms or medicines</p>	<p>My primary care provider (PCP). (If you need help with choosing your PCP, call Member Services at 1-800-349-1855, TTY 711.)</p> <p>NurseLine: 1-855-202-0992 at any time, 24 hours a day, 7 days a week to talk to experienced nurses</p> <p>Doctor Chat: Download the application at uhcdoctorchat.com. Connect to a doctor in seconds who can help address health concerns and prescribe medication.</p> <p>Dispatch Health: 1-855-752-9254 or dispatchhealth.com. Get in-home care from nurse practitioners who offer a range of services including same-day, high-acuity care. Available only in the greater Triangle area.</p>
<ul style="list-style-type: none"> • Understand a letter or notice I got in the mail from my health plan • File a complaint about my health plan • Get help with a recent change or denial of my health care services 	<p>Member Services at 1-800-349-1855, TTY 711, or the NC Medicaid Ombudsman at 1-877-201-3750.</p> <p>You can also find more information about the NC Medicaid Ombudsman in this handbook on page 83.</p>

I want to:	I can contact:
Update my address	<p>Call your local Department of Social Services (DSS) office to report an address change. A list of DSS locations can be found at dhhs.nc.gov/localdss.</p> <p>You can also use ePASS to update your address and information. epass.nc.gov is North Carolina's secure self-service website where you can apply for benefits and services. You can create a basic ePASS account, then choose to update to an Enhanced ePASS account.</p> <p>Sign up for ePASS at epass.nc.gov.</p>
Find my health plan's health care Provider Directory, request Value Added Services or other general information about my health plan	<p>Visit our website at myuhc.com/CommunityPlan or call Member Services at 1-800-349-1855, TTY 711.</p>

Key words used in this handbook

As you read this handbook, you may see some new words. Here is what we mean when we use them.

Adult Care Home: A licensed residential care setting with seven or more beds for elderly or disabled people who need some additional supports. These homes offer supervision and personal care appropriate to the person's age and disability.

Adult Preventive Care: Care consisting of wellness checkups, patient counseling and regular screenings to prevent adult illness, disease and other health-related issues.

Advance Directive: A written set of directions about how medical or mental health treatment decisions are to be made if you lose the ability to make them for yourself.

Adverse Benefit Determination: A decision your health plan can make to deny, reduce, stop or limit your health care services.

Appeal: If the health plan makes a decision, you do not agree with, you can ask them to review it. This is called an "appeal." Ask for an **appeal** when you do not agree with your health care service being denied, reduced, stopped or limited. When you ask your health plan for an appeal, you will get a new decision within 30 days. This decision is called a "resolution."
Appeals and grievances are different.

Behavioral Health Care: Mental health and substance use disorder treatment and recovery services.

Beneficiary: A person who is receiving Medicaid.

Benefits: A set of health care services covered by your health plan.

Care Coordination: A service where a care coordinator or care manager helps organize your health goals and information to help you achieve safer and more effective care. These services may include, but are not limited to, identification of health service needs, determination of level of care, addressing additional support services and resources, or monitoring treatment attendance.

Care Management: A service where a care manager can help you meet your health goals by coordinating your medical, social and behavioral health services, and help you find access to resources like transportation, healthy food and safe housing.

Care Manager: A health professional who can help you meet your health goals by coordinating your medical, social and behavioral health services, and help you find access to sources like transportation, healthy food and safe housing.

Children’s Screening Services: A medical examination to monitor how a child is developing. Screening services can help identify concerns and problems early. The screenings assess social/emotional behavior, vision and hearing, motor skills and coordination, cognitive abilities, language and speech.

Complaint: Dissatisfaction about your health plan, provider, care or services. Contact your health plan and tell them you have a “complaint” about your services. **Complaints and appeals are different.**

Copayment (Copay): An amount you pay when you get certain health care services or a prescription.

County Department of Social Services (DSS): The local (county) public agency that is responsible for determining eligibility for Medicaid and other assistance programs.

Covered Services: Health care services that are provided by your health plan.

Crossover: The time frame immediately before and after the start of North Carolina Medicaid Managed Care.

Durable Medical Equipment (DME): Certain items (like a walker or a wheelchair) your doctor can order for you to use at home if you have an illness or an injury.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): A Medicaid benefit that provides comprehensive and preventive health care services for children under age 21 who receive Medicaid. When children need medical care, services are not limited by UnitedHealthcare Community Plan of North Carolina’s coverage policies. Medicaid makes sure that members under age 21 can get the medical care they need, when they need it, including health care services to prevent future illnesses and medical conditions.

Early Intervention: Services and support available to babies and young children with developmental delays and disabilities and their families. Services may include speech and physical therapy and other types of services.

Eastern Band of Cherokee Indians (EBCI) Tribal Option: The primary care case management entity (PCCMe) created by the Cherokee Indian Hospital Authority (CIHA). It manages the primary care needs of federally recognized tribal members and others who qualify for services through Indian Health Service (IHS) and live in Cherokee, Haywood, Graham, Jackson or Swain County or in a neighboring county of the five-county regions.

Emergency Department Care (or Emergency Room Care): Care you receive in a hospital if you are experiencing an emergency medical condition.

Emergency Medical Condition: A situation in which your life could be threatened or you could be hurt permanently if you do not get care right away.

Emergency Medical Transportation: Ambulance transportation to the nearest hospital or medical facility for an emergency medical condition.

Emergency Services: Services you receive to treat your emergency medical condition.

Enrollment Broker: Unbiased, third-party entity that provides managed care choice counseling and enrollment assistance, and coordinates outreach and education to beneficiaries.

Excluded Services: Services covered by the NC Medicaid Direct program, but not by your health plan. You can get these services from any provider who takes Medicaid.

Fair Hearing: See “State Fair Hearing.”

Grievance: A complaint about your health plan, provider, care or services. Contact your health plan and tell them you have a “grievance” about your services. **Grievances and appeals are different.**

Habilitation Services and Devices: Health care services that help you keep, learn or improve skills and functioning for daily living.

Health Insurance: A type of insurance coverage that helps pay for your health and medical costs. Your Medicaid coverage is a type of insurance.

Health Plan (or Plan): The organization providing you with health care services.

Home Health Care: Certain services you receive outside a hospital or a nursing home to help with daily activities of life, like home health aide services, skilled nursing or physical therapy services.

Hospice Services: Special services for patients and their families during the final stages of terminal illness and after death. Hospice services include certain physical, psychological, social and spiritual services that support terminally ill individuals and their families or caregivers.

Hospital Outpatient Care: Services you receive from a hospital or other medical setting that do not require hospitalization.

Hospitalization: Admission to a hospital for treatment that lasts more than 24 hours.

Institution: Health care facility or setting that may provide physical and/or behavioral supports. Some examples include, but are not limited to, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), Skilled Nursing Facility (SNF) and Adult Care Home (ACH).

Legal Guardian or Legally Responsible Person: A person appointed by a court of law to make decisions for an individual who is unable to make decisions on their own behalf (most often a family member or friend unless there is no one available, in which case a public employee is appointed).

Local Management Entity/Managed Care Organization (LME/MCO): The organization providing behavioral health services to beneficiaries in the NC Medicaid Direct program.

Long-Term Services and Supports (LTSS): Care provided in the home, in community-based settings or in facilities to help individuals with certain health conditions or disabilities with day-to-day activities. LTSS includes services like home health and personal care services.

Managed Care: A health care program where North Carolina contracts with health plans, called managed care organizations (MCOs), to arrange for integrated and coordinated physical health, behavioral health and other health services for Medicaid beneficiaries.

Medicaid: Medicaid is a health coverage program. The program helps certain families or individuals who have low income or serious medical problems. It is paid with federal, state and county dollars and covers many physical health, behavioral health and I/DD services you might need. You must apply through your local Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and protections. See the website below for more information about Medicaid and your rights: [medicaid.ncdhhs.gov/medicaid/your-rights](https://www.ncdhhs.gov/medicaid/your-rights).

Medically Necessary: Medical services, treatments or supplies that are needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Member: A person enrolled in and covered by a health plan.

Member Services: The phone number you can call to speak to someone and get help when you have a question. UnitedHealthcare Community Plan of North Carolina's number is **1-800-349-1855, TTY 711**.

NC Department of Health and Human Services (NCDHHS): The state agency that includes NC Medicaid (Division of Health Benefits), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), Division of Social Services (DSS), Division of Aging and Adult Services (DAAS) and other health and human services agencies. The NCDHHS website is ncdhhs.gov.

NC Medicaid (State Medicaid Agency): Agency that manages Medicaid health care programs, pharmacy benefits and behavioral health services on behalf of NCDHHS.

NC Medicaid Direct: Previously known as traditional Medicaid, this category of care includes those who are not a part of NC Medicaid Managed Care.

NC Medicaid Ombudsman: A Department program that provides education and advocacy for Medicaid beneficiaries whether they are in NC Medicaid Managed Care or NC Medicaid Direct. The NC Medicaid Ombudsman provides issue resolution for NC Medicaid Managed Care members. A resource to be used when you have been unable to resolve issues with your health plan or PCP. The NC Medicaid Ombudsman is separate and distinct from the Long-Term Care Ombudsman program.

Network (or Provider Network): A group of doctors, hospitals, pharmacies and other health professionals who have a contract with your health plan to provide health care services for members.

Network Provider: A provider that is in your health plan's provider network.

Non-Covered Services: Health care services that are not covered by your health plan.

Non-Emergency Medical Transportation (NEMT): Transportation your health plan can arrange to help you get to and from your appointments, including personal vehicles, taxis, vans, mini-buses, mountain area transports and public transportation.

Ongoing Course of Treatment: When a member, in the absence of continued services reflected in a treatment or service plan or as otherwise clinically indicated, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization.

Ongoing Special Condition: A condition that is serious enough to require treatment to avoid possible death or permanent harm. A chronic illness or condition that is life-threatening, degenerative or disabling and requires treatment over an extended period. This definition also includes pregnancy in its second or third trimester, scheduled surgeries, organ transplants, scheduled inpatient care or being terminally ill.

Out-of-Network Provider: A provider that is not in your health plan's provider network.

Palliative Care: Specialized care for a patient and family that begins at diagnosis and treatment of a serious or terminal illness. This type of care is focused on providing relief from symptoms and stress of the illness with the goal of improving quality of life for you and your family.

Physician: A person who is qualified to practice medicine.

Physician Services: Health care services you receive from a physician, nurse practitioner or physician assistant.

Postnatal: Pregnancy health care for a mother who has just given birth to a child.

Premium: The amount you pay for your health insurance every month. Most Medicaid beneficiaries do not have a premium.

Prenatal: Pregnancy health care for expectant mothers prior to the birth of a child.

Prescription Drug Coverage: Refers to how the health plan helps pay for its members' prescription drugs and medications.

Prescription Drug: A drug that, by law, requires a provider to order it before a beneficiary can receive it.

Primary Care: Services from a primary care provider that help you prevent illness (checkup, immunization) to manage a health condition you already have (like diabetes).

Primary Care Provider or Primary Care Physician (PCP): The doctor or clinic where you get your primary care (immunizations, well visits, sick visits and visits to help you manage an illness like diabetes). Your PCP should also be available after hours and on weekends to give you medical advice. They also refer you to specialists (cardiologists, behavioral health providers) if you need it. Your PCP should be your first call for care before going to the emergency department.

Prior Authorization (or Preauthorization): Approval you must have from your health plan before you can get or continue getting certain health care services or medicines.

Provider Network (or Network): A group of doctors, hospitals, pharmacies and other health professionals who have a contract with your health plan to provide health care services for members.

Provider: A health care professional or a facility that delivers health care services, like a doctor, hospital or pharmacy.

Referrals: A documented order from your provider for you to see a specialist or receive certain medical services.

Rehabilitation and Therapy Services and Devices: Health care services and equipment that help you recover from an illness, accident, injury or surgery. These services can include physical or speech therapy.

Service Limit: The maximum amount of a specific service that can be received.

Skilled Nursing Care: Health care services that require the skill of a licensed nurse.

Skilled Nursing Facility (SNF): A facility that provides skilled nursing care and related services for residents who require medical or nursing care; or rehabilitation services for injured, disabled or sick people.

Specialist: A provider who is trained and practices in a specific area of medicine.

Standard Plan: A North Carolina Medicaid health plan that offers physical health, pharmacy and basic behavioral health services for members. Standard Plans offer added services for members who qualify. UnitedHealthcare Community Plan of North Carolina is a Standard Plan.

State Fair Hearing: When you do not agree with your health plan's resolution, you can ask for the state to review it. The NC Office of Administrative Hearings (OAH) will conduct your State Fair Hearing. The judge will carefully review the UnitedHealthcare Community Plan of North Carolina's resolution. The judge does not work for your health plan. You may give the judge more medical updates. You may also ask questions directly to a member of the team who worked on your resolution.

Substance Use Disorder: A medical disorder that includes the misuse of, or addiction to, alcohol and/or legal or illegal drugs.

Telehealth: Use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations.

Transition of Care: Process of assisting you to move between health plans or to another Medicaid program, such as NC Medicaid Direct. The term "transition of care" also applies to the assistance provided to you when your provider is not enrolled in the health plan.

Urgent Care: Care for a health condition that needs prompt medical attention but is not an emergency medical condition. You can get urgent care in a walk-in clinic for a non-life-threatening illness or injury.

Welcome to UnitedHealthcare Community Plan of North Carolina's North Carolina Medicaid Managed Care Program

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Health plan highlights

NC Medicaid Managed Care Program

This handbook will help you understand the Medicaid health care services available to you. You can also call Member Services with questions at **1-800-349-1855**, TTY **711** or visit our website at UHCCommunityPlan.com/NorthCarolina.

How managed care works

You have a health care team

Managed Care works like a central home to coordinate your health care needs.

- UnitedHealthcare Community Plan of North Carolina has a contract to meet the health care needs of people with North Carolina Medicaid. We partner with a group of health care providers (doctors, therapists, specialists, hospitals, home care providers and other health care facilities) who make up our **provider network**.
- When you join UnitedHealthcare Community Plan of North Carolina, our provider network is here to support you. Most of the time, your main contact will be your primary care provider (PCP). If you need to have a test, see a specialist or go into the hospital, your PCP can help arrange it. Your PCP is available to you day and night. If you need to speak to your PCP after hours or on weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible. Even though your PCP is your main source for health care, in some cases, you can go to certain doctors for some services without checking with your PCP. See [page 33](#) for details.
- You can visit our website at UHCCommunityPlan.com/NorthCarolina to find the Provider Directory online or call Member Services at **1-800-349-1855** to get a printed copy of the Provider Directory

How to use this handbook

This handbook tells you how UnitedHealthcare Community Plan of North Carolina works. It is your guide to health and wellness services.

Read [pages 27–36](#) now. These pages have information that you need to start using your health plan.

When you have questions about your health plan, you can:

- Use this handbook
- Ask your PCP
- Call Member Services at **1-800-349-1855**, TTY **711**
- Visit our website at UHCCommunityPlan.com/NorthCarolina

Help from Member Services

Member Services has people to help you. You can call Member Services at **1-800-349-1855**, TTY **711**.

For help with non-emergency issues and questions, call Member Services Monday–Saturday, 7:00 a.m. to 6:00 p.m. After hours, members will have the option to leave a voicemail, which will be handled within one business day. Members may also access plan information after hours on UHCCommunityPlan.com/NorthCarolina or register with myuhc.com/CommunityPlan for member-specific information.

- **In case of a medical emergency, call 911**
- **You can call Member Services to get help when you have a question.** You may call us to choose or change your PCP, ask about benefits and services, get help with referrals, replace a lost Medicaid ID card, report the birth of a new baby or ask about any change that might affect you or your family’s benefits.
- If you are or become pregnant, your child will become part of UnitedHealthcare Community Plan of North Carolina on the day your child is born. Call us and your local Department of Social Services right away if you become pregnant. We can help you choose a doctor for both you and your baby.
- **If English is not your first language, we can help.** Call us at **1-800-349-1855**, TTY **711** and we will find a way to speak with you in your own language.

Health plan highlights

Other ways we can help

If you have basic questions or concerns about your health, you can call our NurseLine at 1-855-202-0992 at any time, 24 hours a day, seven days a week. This is a free call. You can get advice on when to go to your PCP or ask questions about symptoms or medications.

If you are experiencing emotional or mental pain or distress, call the Behavioral Health Crisis Line at 1-877-334-1141 at any time, 24 hours a day, seven days a week, to speak with someone who will listen and help. This is a free call. We are here to help you with problems like stress, depression or anxiety. We can get you the support you need to feel better. **If you are in danger or need immediate medical attention, call 911.**

For people with hearing, vision or speech disabilities

You have the right to receive information about your health plan, care and services in a format that you can understand and access. UnitedHealthcare Community Plan of North Carolina provides free services to help people communicate effectively with us.

For people with hearing loss

If you are deaf, hard of hearing or feel that you have difficulty hearing and need help communicating, UnitedHealthcare Community Plan of North Carolina has resources available to help you. These include, but are not limited to:

- Qualified American Sign Language interpreters
- Certified deaf interpreters
- Communication Access Realtime Translation (CART) captioning
- Personal amplification listening devices (ALDs) for your use
- Staff trained to appropriately handle your relay service calls (videophone, captioned phone or TTY)

For people with vision loss

If you have vision loss, UnitedHealthcare Community Plan of North Carolina has resources available to help you. These include, but are not limited to:

- Information in large print
- Written materials in accessible formats (large print, braille, audio, accessible electronic format)

For people with speech disabilities

If you have a speech disability, UnitedHealthcare Community Plan of North Carolina has resources available to help you. These include, but are not limited to:

- Speech-to-Speech Relay (STS)
- Artificial larynx

For people with multiple disabilities

Access needs for people with disabilities vary. Special aids and services are always provided free of charge.

Other special aids and services for people with disabilities

- Help in making or getting to appointments
- Care managers who can help you get the care you need
- Names and addresses of providers who specialize in your condition
- If you use a wheelchair, we can tell you if a doctor's office is wheelchair accessible and help you make or get to appointments
- Easy access to any services (like ADA accessible, ramps, handrails and other services)

To ask for services, call Member Services at **1-800-349-1855**, TTY **711**.

UnitedHealthcare Community Plan of North Carolina complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability or sex. If you believe that UnitedHealthcare Community Plan of North Carolina failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Member Services at **1-800-349-1855**, TTY **711**.

If you have issues that you have been unable to resolve with **UnitedHealthcare Community Plan of North Carolina**, you may contact the NC Medicaid Ombudsman at 1-877-201-3750 or ncmedicaidombudsman.org.

Health plan highlights

Your Medicaid ID card



Your Medicaid ID card has been mailed to you with this welcome packet and Member Handbook. We used the mailing address on file at your local Department of Social Services. Your Medicaid ID card has:

- Your PCP's name and phone number
- Your Medicaid Identification (ID) number
- Information on how to contact us with questions

If anything is wrong on your Medicaid ID card or if you lose your Medicaid ID card, call Member Services at **1-800-349-1855**, TTY **711**. Always carry your Medicaid ID card with you. You will need to show it each time you receive care.

If you do not have your Medicaid card with you, you can still get services. Your doctor, hospital, pharmacy or other care provider can call us so you can get care. You can also view and print your Medicaid ID card online at myuhc.com/CommunityPlan.

Your Medicaid ID card

 Health Plan (80840) 911-87726-04 Member ID: A999999992 Group Number: NCMMC	
Member: MEMBER NAME	Payer ID: 87726
AMH/PCP Name: PROVIDER NAME	 Rx Bin: 610494 Rx Grp: ACUNC Rx PCN: 4949
AMH/PCP Phone: (000)000-0000 PROVIDER ADDRESS CITY, STATE, ZIP	Effective Date: 00/00/0000
0501 UnitedHealthcare Community Plan of North Carolina Administered by UnitedHealthcare of North Carolina, Inc.	

In an emergency go to nearest emergency room or call 911. Printed: 10/21/2020	
	
If you suspect a doctor, clinic, hospital, home health services, or any other kind of medical provider is committing Medicaid fraud, report it. Call the Medicaid Investigations Division at (919)881-2320. For questions about services not covered by UnitedHealthcare Plan of North Carolina, please contact the NC Medicaid Call Center at 888-245-0179 or 919-813-5550.	
For Members:	myuhc.com
Member Services:	800-349-1855 TTY 711
Behavioral Health Crisis Line:	877-334-1141 TTY 711
NurseLine:	855-202-0992 TTY 711
For Providers:	UHCprovider.com 800-638-3302
Claims: PO Box 5280, Kingston, NY, 12402-5280	
Pharmacy Claims: OptumRx, PO Box 650334, Dallas, TX 75265-0334 Pharmacy Services Line: 855-258-1593	

Going to the doctor

How to choose your PCP

Your PCP is a doctor, nurse practitioner, physician assistant or other type of provider who will:

- Care for your health
- Coordinate your needs
- Help you get referrals for specialized services if you need them

As a Medicaid beneficiary, you had an opportunity to choose your own PCP. If you did not choose a PCP, we chose one for you based on your past health care. You can find your PCP's name and contact information on your Medicaid ID card. If you would like to change your PCP, you have 30 days from the date you receive this packet to make the change. (See "How to change your PCP" on [page 29](#) to learn how to make those changes.)

When deciding on a PCP, you may want to find a PCP who:

- You have seen before
- Understands your health history
- Is taking new patients
- Can serve you in your language
- Is easy to get to

Each family member enrolled in **UnitedHealthcare Community Plan of North Carolina** can have a different PCP, or you can choose one PCP to take care of the whole family. A pediatrician treats children. Family practice doctors treat the whole family. Internal medicine doctors treat adults. Call Member Services at **1-800-349-1855, TTY 711** to get help choosing a PCP that is right for you and your family.

You can find the list of all the doctors, clinics, hospitals, labs and others who partner with UnitedHealthcare Community Plan of North Carolina in our Provider Directory. You can visit our website at UHCCommunityPlan.com/NorthCarolina to look at the Provider Directory online. You can also call Member Services at **1-800-349-1855, TTY 711** to get a printed copy of the Provider Directory.

Going to the doctor

You can find additional information on a network provider on UHCCommunityPlan.com/NorthCarolina for the following:

- Provider's name, address, and telephone number
- Professional qualifications and specialty
- The provider's board certification and status
- Cultural and linguistic capabilities, including languages offered by the provider or a skilled medical interpreter at the provider's office
- Offices that accommodate members with physical disabilities by using the UnitedHealthcare Community Plan Provider Directory online at UHCCommunityPlan.com/NorthCarolina

Women can choose an OB/GYN to serve as their PCP. Women do not need a PCP referral to see a health plan OB/GYN doctor or another provider who offers women's health care services. Women can get routine checkups, follow-up care if needed and regular care during pregnancy.

If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP. Call Member Services at **1-800-349-1855**, TTY **711** to get help with choosing a specialist as your PCP.

If you did not choose your PCP and have not visited your current PCP within the last 12 to 18 months, UnitedHealthcare Community Plan of North Carolina may assign you a different PCP based on your medical history.

If your provider leaves our provider network

If your provider leaves **UnitedHealthcare Community Plan of North Carolina**, we will tell you within 15 days from when we know about this. If the provider who leaves UnitedHealthcare Community Plan of North Carolina is your PCP, we will tell you within seven days and help make sure you choose a new PCP.

If your provider leaves our network, we can help you find a new one.

Even if your provider leaves our network, you may be able to stay with your provider for a while longer in certain situations.

Please read "Your care when you change health care providers" on [page 71](#) for more information about how long you can stay with a provider who has left our network.

If you have any questions about the information in this section, visit our website at UHCCommunityPlan.com/NorthCarolina or call Member Services at **1-800-349-1855**, TTY **711**.

28 **Questions?** Visit UHCCommunityPlan.com/NorthCarolina, or call Member Services at **1-800-349-1855**, TTY **711**.

How to change your PCP

You can find your PCP's name and contact information on your Medicaid ID card. You can change your PCP within 30 days from the date you receive your Medicaid ID card. To change your PCP, call Member Services at **1-800-349-1855**, TTY **711**. After that, you can only change your PCP once each year. You do not have to give a reason for the change.

To change your PCP more than once a year, you need to have a good reason (good cause). For example, you may have good cause if:

- Your PCP does not provide accessible and proper care, services or supplies (e.g., does not set up hospital care or consults with specialists when required for treatment)
- You disagree with your treatment plan
- Your PCP moves to a different location that is not convenient for you
- Your PCP changes the hours or days patients are seen
- You have trouble communicating with your PCP because of a language barrier or another issue
- Your PCP is not able to accommodate your special needs
- You and your PCP agree that a new PCP is what is best for your care

Call Member Services at **1-800-349-1855**, TTY **711** to learn more about how you can change your PCP.

How to get regular health care

“Regular health care” means exams, regular checkups, shots or other treatments to keep you well and address illness or other symptoms. It also includes giving you advice when you need it and referring you to the hospital or specialists when needed. You and your PCP work together to keep you well or to see that you get the care you need.

Your PCP is always available. Call your PCP when you have a medical question or concern. If you call after hours or on weekends, leave a message and where or how you can be reached. Your PCP will call you back as quickly as possible. Remember, your PCP knows you and knows how your health plan works.

Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If you cannot keep an appointment, call to let your PCP know.

Making your first regular health care appointment. As soon as you choose or are assigned a PCP, if it is a new provider, call to make a first appointment. There are several things you can do to help your PCP get to know you and your health care needs.

How to prepare for your first visit with a new provider:

- Request a transfer of medical records from your current provider to your new PCP
- Make a list of health concerns you have now, and be prepared to discuss your general health, past major illnesses, surgeries, etc.
- Make a list of questions you want to ask your PCP
- Bring all medications and supplements you are taking to your first appointment

It is best to visit your PCP within three months of joining the health plan.

If you need care before your first appointment, call your PCP’s office to explain your concern. Your PCP will give you an earlier appointment to address that particular health concern. You should still keep the first appointment to talk about your medical history and ask questions.

It is important to UnitedHealthcare Community Plan of North Carolina that you can visit a doctor within a reasonable amount of time. The Appointment Guide (on the following page) lets you know how long you may have to wait to be seen.

Appointment guide	
If you call for this type of service:	Your appointment should take place:
Adult preventive care (services like routine health checkups or immunizations)	Within 30 days
Pediatric preventive care (services like well-child checkups)	Within 14 days for members younger than 6 months; within 30 days for members 6 months or older
Urgent care services (care for problems like sprains, flu symptoms or minor cuts and wounds)	Within 24 hours
Emergency or urgent care requested after normal business office hours	Go to a hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to an urgent care clinic
First prenatal visit (first or second trimester)	Within 14 days
First prenatal visit (third trimester or high-risk pregnancy)	Within five days
Mental health	
Routine services	Within 14 days
Urgent care services	Within 24 hours
Emergency services (services to treat a life-threatening condition)	Go to a hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to an urgent care clinic
Mobile crisis management services	Within 30 minutes
Substance use disorders	
Routine services	Within 14 days
Urgent care services	Within 24 hours
Emergency services (services to treat a life-threatening condition)	Go to a hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to an urgent care clinic

If you are not getting the care you need within the time limits above, call Member Services at **1-800-349-1855, TTY 711**.

How to get specialty care – referrals

If you need specialized care that your PCP cannot give, your PCP will refer you to a **specialist** who can. A specialist is a doctor who is trained and practices in a specific area of medicine (like a cardiologist or a surgeon). If your PCP refers you to a specialist, we will pay for your care if it is medically necessary. Most specialists are UnitedHealthcare Community Plan of North Carolina providers. Talk with your PCP to be sure you know how referrals work. See below for the process on referrals to a specialist who is not in our provider network.

If you think a specialist does not meet your needs, talk with your PCP. Your PCP can help you find a different specialist.

There are some treatments and services your PCP must ask UnitedHealthcare Community Plan of North Carolina to approve before you can get them. Your PCP will tell you what those services are.

If you have trouble getting a referral you think you need, contact Member Services at **1-800-349-1855, TTY 711**.

Out-of-network referral

If **UnitedHealthcare Community Plan of North Carolina** does not have a specialist in our provider network who can give you the care you need, we will refer you to a specialist outside our health plan. This is called an **out-of-network referral**. Your PCP or another network provider must ask **UnitedHealthcare Community Plan of North Carolina** for approval before you can get an out-of-network referral.

To request care from an out-of-network specialist/provider, contact Member Services at **1-800-349-1855, TTY 711**. Your request will be resolved within 14 calendar days.

Sometimes we may not approve an out-of-network referral because we have a provider in UnitedHealthcare Community Plan of North Carolina who can treat you. If you do not agree with our decision, you can **appeal** our decision. See [page 65](#) to find out how.

Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care that is similar to what you can get from a UnitedHealthcare Community Plan of North Carolina provider. If you do not agree with our decision, you can **appeal** our decision. See [page 65](#) to find out how.

If you have a complex health condition or a special health care need, you may be able to choose a specialist to act as your PCP. To request to have a specialist as your PCP, contact Member Services at **1-800-349-1855, TTY 711**. Your specialist must ask UnitedHealthcare Community Plan of North Carolina for approval to be designated as your PCP.

Out-of-network providers

If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our plan, or an **out-of-network provider**. For more information about getting services from an out-of-network provider, talk to your PCP or call Member Services at **1-800-349-1855**, TTY **711**.

Get these services from UnitedHealthcare Community Plan of North Carolina without a referral

A referral is a documented order from your provider for you to see a specialist or receive certain medical services. You do not need a referral to get these services:

Primary care

You do not need a referral to get primary care services. If you need a checkup or have a question about your health, call your PCP to make an appointment. **Your assigned PCP's name and contact information are listed on your Medicaid ID card.**

Women's health care

You do not need a referral from your PCP if:

- You are pregnant and need pregnancy-related services
- You need OB/GYN services
- You need family planning services
- You need to have a breast or pelvic exam

Going to the doctor

Family planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. You do not need a referral from your PCP for family planning services. Family planning services include:

- Birth control
- Birth control devices such as IUDs, implantable contraceptive devices and others that are available with a prescription
- Emergency contraception
- Sterilization services
- HIV and sexually transmitted infection (STI) testing, treatment and counseling
- Screenings for cancer and other related conditions

Children's screening

You do not need a referral to get children's screening services or school-based services.

Local health department services

You do not need a referral to get services from your local health department.

Behavioral health services

You do not need a referral for your first behavioral health or substance use disorder assessment completed in a 12-month period. Ask your PCP or call Member Services at **1-800-349-1855**, TTY **711** for a list of mental health providers and substance use disorder providers. You can also find a list of our behavioral health providers online at UHCCommunityPlan.com/NorthCarolina.

Emergencies

You are always covered for emergencies. An emergency medical or behavioral condition is a situation in which your life could be threatened or you could be hurt permanently if you don't get care right away. Some examples of an emergency are:

- A heart attack or severe chest pain
- Bleeding that will not stop or a bad burn
- Broken bones
- Trouble breathing, convulsions or loss of consciousness

- When you feel you might hurt yourself or others
- If you are pregnant and have signs like pain, bleeding, fever or vomiting
- Drug overdose

Some examples of **non-emergencies** are colds, upset stomach or minor cuts and bruises. Non-emergencies may also be family issues or a breakup.

If you believe you have an emergency, call 911 or go to the nearest emergency department.

- You can go to any hospital or other setting to get emergency care
- You **do not** need approval from your health plan or your PCP before getting emergency care, and you are not required to use our hospitals or doctors
- **If you are not sure, call your PCP at any time, day or night.** Tell the person you speak with what is happening. Your PCP's team will:
 - Tell you what to do at home
 - Tell you to come to the PCP's office
 - Tell you about community services you can get
 - Tell you to go to the nearest urgent care emergency department

Remember: If you need to speak to your PCP after hours or on weekends, leave a message and how you can be reached. Your PCP will get back to you as soon as possible.

If you are out of the area when you have an emergency, go to the nearest emergency department.

Remember: Use the emergency department only if you have an emergency. If you have questions, call your PCP or UnitedHealthcare Community Plan of North Carolina Member Services at **1-800-349-1855, TTY 711.**

If you need help with a mental health or drug situation, feel stressed or worried, or need someone to talk to, you can call the Behavioral Health Crisis Line at 1-877-334-1141.

Going to the doctor

Urgent care

You may have an injury or an illness that is not an emergency but still needs prompt care and attention. This could be:

- A child with an earache who wakes up in the middle of the night and will not stop crying
- The flu
- A cut that needs stitches
- A sprained ankle
- A bad splinter you cannot remove

Whether you are at home or away, you can walk into an urgent care clinic to get care the same day or make an appointment for the next day. If you would like assistance making an appointment:

- Call your PCP anytime, day or night
- If you are unable to reach your PCP, call Member Services at **1-800-349-1855**, TTY **711**. Tell the person who answers what is happening. They will tell you what to do.

Care outside North Carolina and the United States

In some cases, UnitedHealthcare Community Plan of North Carolina may pay for health care services you get from a provider located along the North Carolina border or in another state. Your PCP and UnitedHealthcare Community Plan of North Carolina can give you more information about which providers and services are covered outside of North Carolina by your health plan and how you can get them if needed.

If you need medically necessary emergency care while traveling anywhere **within** the United States and its territories, UnitedHealthcare Community Plan of North Carolina will pay for your care. Your health plan will not pay for care received **outside** of the United States and its territories.

If you have any questions about getting care outside of North Carolina or the United States, talk with your PCP or call Member Services at **1-800-349-1855**, TTY **711**.

Your benefits

NC Medicaid Managed Care provides **benefits** or health care services covered by your health plan.

This section describes:

- Covered and non-covered services. “Covered services” means **UnitedHealthcare Community Plan of North Carolina** will pay for the services. These are also called benefits. “Non-covered services” means **UnitedHealthcare Community Plan of North Carolina** will not pay for the services.
- What to do if you are having a problem with your health plan

UnitedHealthcare Community Plan of North Carolina will provide or arrange for most services you need. Your health benefits can help you stay as healthy as possible if you:

- Are pregnant
- Are sick or injured
- Experience a substance use disorder or have behavioral health needs
- Need assistance with tasks like eating, bathing, dressing or other activities of daily living
- Need help getting to the doctor’s office
- Need medications

The section below describes the specific services covered by **UnitedHealthcare Community Plan of North Carolina**. Ask your PCP or call Member Services at **1-800-349-1855, TTY 711** if you have any questions about your benefits.

You can get some services without going through your PCP. These include primary care, emergency care, women’s health services, family planning services, children’s screening services, services provided at local health departments, school-based services and some behavioral health services. You can find more information about these services on [page 33](#).

Services covered by UnitedHealthcare Community Plan of North Carolina's network

You must get the services below from the providers who are in UnitedHealthcare Community Plan of North Carolina's network. Services must be medically necessary and provided, coordinated or referred by your PCP. Talk with your PCP or call Member Services at **1-800-349-1855**, TTY **711** if you have questions or need help.

Regular health care

- Office visits with your PCP, including regular checkups, routine labs and tests
- Referrals to specialists
- Vision/hearing exams
- Well-baby care
- Well-childcare
- Immunizations (shots) for children and adults
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under age 21 (see [page 55](#) for more information about EPSDT services)
- Help with quitting tobacco

Maternity care

- Prenatal, delivery and postpartum care
- Childbirth education classes
- Professional and hospital services related to maternal care and delivery
- One medically necessary postpartum home visit for newborn care and assessment following discharge, but no later than 60 days after delivery
- Care management services for high-risk pregnancies during pregnancy and for two months after delivery (see [page 51](#) for more information)

Hospital care

- Inpatient care
- Outpatient care
- Labs, X-rays and other tests

Home health services

- Must be medically necessary and arranged by **UnitedHealthcare Community Plan of North Carolina**
- Time-limited skilled nursing services
- Specialized therapies, including physical therapy, speech-language pathology and occupational therapy
- Home health aide services for help with activities such as bathing, dressing, preparing meals and housekeeping
- Medical equipment and supplies

Personal care services

- Must be medically necessary and arranged by **UnitedHealthcare Community Plan of North Carolina**
- Help with common activities of daily living, including eating, dressing and bathing for individuals with disabilities and ongoing health conditions

Hospice care

- Hospice care will be arranged by **UnitedHealthcare Community Plan of North Carolina** if medically necessary
- Hospice helps patients and their families with the special needs that come during the final stages of illness and after death
- Hospice provides medical, supportive and palliative care to terminally ill individuals and their families or caregivers
- You can get these services in your home, in a hospital or in a nursing home

Your benefits

Vision care

- Services provided by ophthalmologists and optometrists, including routine eye exams, medically necessary contact lenses and dispensing fees for eyeglasses. Opticians may also fit and dispense medically necessary contact lenses and eyeglasses.
- Specialist referrals for eye diseases or defects
- Fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses and ophthalmic frames, is provided to you through the NC Medicaid Direct program. Although these eyeglasses are covered through NC Medicaid Direct, UnitedHealthcare Community Plan of North Carolina providers who work in an office that offers eye exams and eyeglasses must give you your eye exam and your NC Medicaid Direct eyeglasses (see [page 57](#) for more information on benefits covered by Medicaid but not through your health plan).

Pharmacy

UnitedHealthcare Community Plan of North Carolina covers many prescription medications. If your doctor prescribes a medicine that is listed on your plan's preferred drug list (PDL), it is covered. If your drug is not preferred, your health care provider may request a different drug for you that is preferred. They can also work with UnitedHealthcare Community Plan to get an approval (prior authorization) to allow for that medication.

- Prescription drugs
- Some medicines sold without a prescription (also called "over-the-counter"), as covered through the NC Preferred Drug List (PDL)
- Insulin and other diabetic supplies like syringes, test strips, lancets and pen needles
- Smoking cessation agents, covered through the NC Preferred Drug List (PDL)
- Emergency contraception
- Medical and surgical supplies available through DME pharmacies and suppliers
- We also provide a Pharmacy-Prescriber Home program that helps identify members who are at risk for possible overuse or improper use of pain medications (opioid analgesics) and nerve medications (benzodiazepines and certain anxiolytics). See [page 54](#) for more information on our Pharmacy Lock-In program.

You can get your prescriptions filled at any pharmacy in our network. Many are available 24 hours a day, 7 days a week. Visit UHCCommunityPlan.com/NorthCarolina to:

- View the PDL
- Find a pharmacy near you

You can also call Member Services at **1-800-349-1855**, TTY **711**.

40 **Questions?** Visit UHCCommunityPlan.com/NorthCarolina, or call Member Services at **1-800-349-1855**, TTY **711**.

Emergency care

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency
- After you have received emergency care, you may need other care to make sure you remain in stable condition
- Depending on the need, you may be treated in the emergency department, in an inpatient hospital room or in another setting
- For more about emergency services, see [page 34](#)

Specialty care

- Respiratory care services
- Podiatry services
- Chiropractic services
- Cardiac care services
- Surgical services

Nursing home services

Must be ordered by a physician and authorized by UnitedHealthcare Community Plan of North Carolina. Includes short-term or rehabilitation stays and long-term care for up to 90 days in a row. After the 90th day, your nursing services will be covered by NC Medicaid Direct, not **UnitedHealthcare Community Plan of North Carolina**. Talk with your PCP or call Member Services at **1-800-349-1855**, TTY **711** if you have questions.

- Covered nursing home services include medical supervision, 24-hour nursing care, assistance with daily living, physical therapy, occupational therapy and speech-language pathology
- Nursing home services must come from a nursing home that is in **UnitedHealthcare Community Plan of North Carolina's** provider network. Call Member Services at **1-800-349-1855**, TTY **711** for help with questions about nursing home providers and health plan networks.

Your benefits

Behavioral health services (mental health and substance use disorder services)

Behavioral health care includes mental health (your emotional, psychological and social well-being) and substance (alcohol and drugs) use disorder treatment and rehabilitation services. All members have access to services to help with mental health issues like depression or anxiety, or to help with alcohol or other substance use disorders.

The behavioral health services **covered** by UnitedHealthcare Community Plan of North Carolina include the following:

- Ambulatory detoxification services
- Clinically managed residential withdrawal management (social setting detox)
- Diagnostic assessment services
- EPSDT services for members under age 21
- Facility-based crisis services for children and adolescents
- Inpatient behavioral health services
- Medically supervised or alcohol and drug abuse treatment center detoxification crisis stabilization
- Mobile crisis management services
- Non-hospital medical detoxification services
- Outpatient behavioral health emergency department services
- Outpatient behavioral health services provided by direct-enrolled providers
- Outpatient opioid treatment services
- Partial hospitalization
- Peer support services
- Professional treatment services in a facility-based crisis program
- Research-based intensive behavioral health treatment
- Substance Abuse Comprehensive Outpatient Treatments (SACOT)
- Substance Abuse Intensive Outpatient Program (SAIOP)

Some behavioral health services for people with a mental health disorder, substance use disorder, intellectual/developmental disability or traumatic brain injury are only available through the Local Management Entity/Managed Care Organizations (LME/MCOs) and in NC Medicaid Direct. The following behavioral health services are not covered by UnitedHealthcare Community Plan of North Carolina, but, if needed, members may access these services through the LME/MCOs and NC Medicaid Direct programs:

- Residential treatment facility services for children and adolescents
- Child and adolescent day treatment services
- Intensive in-home services
- Multi-systemic therapy services
- Psychiatric residential treatment facilities
- Assertive community treatment
- Community support team
- Psychosocial rehabilitation
- Substance Abuse Comprehensive Outpatient Treatment (SACOT)
- Substance Abuse Intensive Outpatient Program (SAIOP)
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Innovations Waiver services
- Traumatic Brain Injury Waiver services (only available in counties served by the LME/MCO Alliance Health)
- 1915(b)(3) services

If you believe you need access to any of the behavioral health services that UnitedHealthcare Community Plan of North Carolina does not provide, call Member Services at 1-800-349-1855, TTY 711.

Your benefits

Transportation services

- **Emergency:** If you need emergency transportation (an ambulance), call **911**.
- **Non-emergency:** UnitedHealthcare Community Plan of North Carolina can arrange and pay for your transportation to help you get to and from your appointments for Medicaid-covered care. This service is free to you. If you need an attendant to go with you to your doctor's appointment, or if your child (age 18 or younger) is a member of the plan, transportation is also covered for the attendant, parent or guardian. Non-emergency medical transportation (NEMT) includes personal vehicles with mileage reimbursement, taxis, vans, mini-buses, mountain area transports and public transportation.

How to get NEMT

Members should arrange for transportation as far in advance as possible, but no less than two business days before their appointment. Call **1-800-349-1855**, TTY **711** to schedule transportation. NEMT services via personal vehicles with mileage reimbursement, taxis, vans, mini-buses, mountain area transports and public transportation are provided through our contracted transportation company, Modivcare. You can contact Modivcare to request or cancel a trip by calling Member Services at **1-800-349-1855**, TTY **711** and choosing the option for Transportation. Rides for routine appointments must be scheduled at least 48 hours in advance by calling between 7:00 a.m. and 6:00 p.m., Monday through Saturday. Rides for urgent appointments can also be made after hours by calling Member Services.

Responsibilities of the member:

1. To use those transportation resources that are available and appropriate to their needs in the most efficient and effective manner.
2. To utilize transportation services appropriately.
3. To travel to the requested location and receive a Medicaid-covered service.
4. To make timely requests for transportation assistance.
5. To be ready and at the designated place for transportation pick-up or cancel the transportation request timely.
6. To follow the instructions of the driver.
7. To respect and not violate the rights of other passengers and the driver; for example, not creating a disturbance or engaging in threatening language or behavior.

Member no-shows:

A no-show is when the member does not go to the medical appointment.

1. The member must be ready and at the designated place for pick-up at the time required by the transportation vendor.
2. The member must call the number provided for trip requests to cancel scheduled transportation at least 24 hours in advance.

Members who miss three or more trips in a three-month period may receive counseling. Members who risk the safety of other passengers or the driver, may be suspended from Transportation services for up to 30 days.

For certain types of trips, UnitedHealthcare Community Plan of North Carolina may need to review the request or require additional information before we can schedule the trip. This is called **preauthorization** (see [page 61](#) for more information on service authorization). The following types of trips must be reviewed by us and/or require additional information before we can schedule the trip:

- Rides with a one-way distance greater than 100 miles
- Lodging and meal reimbursement
- Out-of-state care

Members can request these services by calling **1-800-349-1855**, TTY **711** and Modivcare will work with UnitedHealthcare Community Plan of North Carolina for the preauthorization. Approvals may take up to two business days.

Meals and lodging may be approved when the medical service is available only in another county, city or state. The medical condition, travel time and distance may warrant staying overnight. Allowable expenses can include overnight lodging and meals for eligible members while in transit to and from the medical resource.

You can get additional information on our NEMT policy by calling Member Services at **1-800-349-1855**, TTY **711** or by visiting our website at myuhc.com/CommunityPlan.

Member Services can provide information such as:

- How to request, schedule or cancel a trip
- Any limitations on NEMT services
- Expected member conduct and procedures for no-shows
- How to get mileage reimbursement if you use your own car

Your benefits

When taking a ride to your appointment, you can expect to:

- Arrive at your appointment on time and no sooner than one hour before the appointment
- Not to wait more than one hour after the appointment for a ride home or two hours if it is part of a multi-loaded trip
- Not to leave the appointment early

If you disagree with a decision made about your Transportation services, you have the right to appeal our decision. See [page 65](#) for more information on appeals. If you are dissatisfied with your Transportation services, you may file a grievance. See [page 70](#) for more information on grievances.

Long-term services and supports (LTSS)

If you have a certain health condition or disability, you may need help with day-to-day activities like eating, bathing or doing household chores. You can get help through a **UnitedHealthcare Community Plan of North Carolina** benefit known as “long-term services and supports” (LTSS). LTSS includes services like home health and personal care services. You may get LTSS in your home, community or in a nursing home.

- If you need LTSS, you may have a care manager on your care team. A care manager is a specially trained health professional who works with you, your doctors and other providers of your choice to make sure you get the right care when and where you need it. For more information about what a care manager can do for you, see “Extra support to manage your health (care management)” on [page 50](#).
- If you are leaving a nursing home and are worried about your living situation, we can help. Our housing specialist can connect you to housing options. Call Member Services at **1-800-349-1855**, TTY **711** to learn more.

If you have questions about using LTSS benefits, talk with your PCP, a member of your care team or call Member Services at **1-800-349-1855**, TTY **711**.

Family planning

You can go to any doctor or clinic that takes Medicaid and offers family planning services. You can also visit one of our family planning providers. You do not need a referral from your PCP for family planning services. Family planning services include:

- Birth control
- Birth control devices such as IUDs, implantable contraceptive devices and others that are available with a prescription

- Emergency contraception
- Sterilization services
- HIV and sexually transmitted infection (STI) testing, treatment and counseling
- Screenings for cancer and other related conditions

Other covered services

- Durable medical equipment/prosthetics/orthotics
- Hearing aid products and services
- Telehealth
- Extra support to manage your health (see [page 50](#) for more information)
- Home infusion therapy
- Rural health clinic (RHC) services
- Local health department services
- Federally qualified health center (FQHC) services
- Free clinic services

Added services

UnitedHealthcare Community Plan of North Carolina offers extra benefits at no cost to you. These are called added services. Some added services may only be available for members who qualify. UnitedHealthcare Community Plan of North Carolina offers the following added services.

As a member of UnitedHealthcare Community Plan of North Carolina, you have access to services that are not generally covered through Medicaid. These are known as “enhanced benefits.” We provide the following enhanced benefits:

Assistance for asthmatics – A hypoallergenic mattress cover and pillowcase to reduce asthma attacks.

Cell phone – Get health-related texts sent to you. Low cost phones or bring your own phone option from the federal Lifeline program. Call 1-800-641-1902, TTY 711 to learn more.

FreshEBT – A phone app that helps manage Supplemental Nutrition Assistance Program (SNAP) benefits.

Fresh Food benefit – Fresh fruits and vegetables for 6 months.

Your benefits

Gym membership – Yearly memberships to nationally known gyms, family membership to YMCA. Member must be 18 or older.

Youth club voucher – \$75.00 yearly for youth sports and activities at the YMCA for qualified members under ages 3-18.

BabyScripts – With BabyScripts, you and baby can earn gifts and rewards by completing your prenatal and postpartum doctor visits.

Doula – Access to culturally appropriate Doula services free of cost to member.

Breast pumps – Medicaid members can be provided manual, electronic or hospital-grade breast pumps. To be eligible, beneficiary must be at least 36 weeks pregnant and be committed to breastfeeding.

Telelactation services – Access to breastfeeding support for pregnant and new mothers.

Alternative healing benefit – A \$100 annual reimbursement for alternative healing for purchases and/or services such as herbal medications/herbal remedies, therapeutic massage, acupuncture, vitamins and minerals.

Non-emergency transportation for adult TANF members – Round trip employment-related transportation up to three round trips or six one-way ground trips per calendar year, and up to 100 miles one way.

Community care package (acute home-delivered meals) – Members being discharged from an acute hospital or skilled nursing facility setting, who are deemed eligible based on clinical criteria, will have access to 14 prepared home-delivered meals post-discharge.

On My Way (OMW) – Help prepare young adult members for adult life. OMW teaches life skills like managing money, getting housing, finding job training and applying for college.

Education – Members age 18 and older can access free GED exam preparation materials and the GED test to receive their diploma.

Local community baby showers – Pregnant or new moms can attend a local community baby shower and receive educational resources and needed baby care items.

Self Care – An app that offers access to on-demand help for stress, anxiety and depression.

Stacey’s Sensory Store gift card – \$75 dollar gift card to an online store specializing in products made for those with ADHD or Autism. For ages 2–18.

Rewards for grades – A \$25.00 gift card offered twice a year to eligible members in Grades 6–12 who obtain a 3.5 GPA or higher in school.

Literacy improvement – Yearly subscription to *Highlights* magazine for members ages up to 12.

School supply assistance – \$25 gift card to Amazon to assist with school supplies for members entering Kindergarten up to 12th grade.

In lieu of services

UnitedHealthcare Community Plan of North Carolina offers services or settings that are medically appropriate, cost-effective substitutions for services covered by NC Medicaid. These are called “in lieu of services.” UnitedHealthcare Community Plan of North Carolina offers the following in lieu of services:

Members have the right to refuse the substitution and to insist upon receiving the original state plan or waiver service instead:

- **Behavioral Health Urgent Care (BHUC):** An alternative to hospital emergency department services, this helps members with urgent behavioral health crisis needs see behavioral health professionals faster.
- **Institutions for Mental Disease (IMD) for acute psychiatric care:** We offer members more choices for places to receive acute mental health hospitalization, so we are covering placement in freestanding psychiatric centers.

If you have any questions about any of the benefits above, talk to your PCP or call Member Services at **1-800-349-1855, TTY 711**.

Extra support to manage your health (care management)

Managing your health care alone can be hard, especially if you are dealing with many health problems at the same time. If you need extra support to get and stay healthy, we can help. As a member of UnitedHealthcare Community Plan of North Carolina, you may have a care manager on your health care team. A care manager is a specially trained health care professional who works with you and your doctors to make sure you get the right care when and where you need it.

Your care manager can:

- Help coordinate your appointments and help arrange for transportation to and from your doctor
- Support you in reaching your goals to better manage your ongoing health conditions
- Answer questions about what your medicines do and how to take them
- Follow up with your doctors or specialists about your care
- Connect you to helpful resources in your community
- Help you continue to receive the care you need if you switch health plans or doctors

UnitedHealthcare Community Plan of North Carolina can also connect to you to a care manager who specializes in supporting:

- People who need access to services like nursing home care or personal care services to help manage daily activities of living like eating, bathing and household tasks
- Pregnant women with certain health issues such as diabetes or other concerns such as wanting help to quit tobacco smoking, e-cigarettes, vaping, nicotine, and tobacco products
- Children from birth to age 5 who may live in stressful situations or have certain health conditions or disabilities

At times, a member of your PCP's team will be your care manager. To learn more about how you get can extra support to manage your health, talk to your PCP or call Member Services at **1-800-349-1855, TTY 711.**

Pregnancy management program

At **UnitedHealthcare Community Plan of North Carolina**, we want you to have a healthy pregnancy and a healthy baby. We want you and your baby to get all the care you both need. That's why we have a special program for you – and your baby. We will help you learn what to expect when you see your doctor and how to take care of your changing body.

Here are some of the things your doctor will help you learn about:

- Local resources
- Nutrition, weight and well-being
- Sexual health
- Substance abuse
- Domestic violence
- Low birth weight
- Early childhood
- Infant mortality

Care management for high-risk pregnancy program

Your doctor will ask you questions that will help them decide if you may need extra help. The local health departments in your area can provide care management services for you if you are high risk and need this service.

Let us help you. If you are pregnant, or are thinking of getting pregnant, let us know by calling Member Services at **1-800-349-1855**, TTY **711**.

Care management for at-risk children (ages 0 to 5)

Your doctor will ask you questions about your child that will help them decide if they may need extra help. Some doctors and local health departments in your area can provide care management services for children if they are high risk and need this service.

Let us help you. If you think your child may need extra help, let us know by calling Member Services at **1-800-349-1855**, TTY **711**.

At times, a member of your PCP's team will be your care manager. To learn more about how you get can extra support to manage your health, talk to your PCP or call Member Services at **1-800-349-1855**, TTY **711**.

Your benefits

Substance use disorder helpline

When you're pregnant, using alcohol and illegal drugs puts the health of your unborn child in danger. The chemicals that you breathe in and come into contact with go right to your baby. It puts your baby at risk for low birth weight, birth defects, behavioral issues, developmental delays and even death. And if you've just had a baby and are breastfeeding, drinking alcohol or taking drugs can still be very harmful to your baby. If you are having problems with substance abuse as a mom or a mom-to-be, we can help.

Get help for yourself today

Call the Substance Use Disorder Helpline toll-free at **1-855-780-5955** or visit [liveandworkwell.com](https://www.liveandworkwell.com) for additional resources. Available 24/7.

Help with problems beyond medical care (healthy opportunities)

It can be hard to focus on your health if you have problems with your housing or worry about having enough food to feed your family. UnitedHealthcare Community Plan of North Carolina can connect you to resources in your community to help you manage issues beyond your medical care. Call Member Services at **1-800-349-1855**, TTY **711** if you:

- Worry about your housing or living conditions
- Have trouble getting enough food to feed yourself or your family
- Find it hard to get to appointments, work or school because of transportation issues
- Feel unsafe or are experiencing domestic or community violence. If you are in immediate danger, call **911**.

These services may be covered by UnitedHealthcare Community Plan of North Carolina based on where you live and other reasons, such as if you have a physical or behavioral health condition. To learn more about these services or to see if you qualify, contact your care manager or call Member Services at **1-800-349-1855**, TTY **711**.

Other programs to help you stay healthy

At UnitedHealthcare, we prioritize your well-being. As a UnitedHealthcare member, you may be eligible for member rewards by completing important doctor checkups or getting preventive screenings. These activities help keep you healthy, and we want to say thanks for taking steps towards managing your health! If you're eligible, you'll receive an invitation to do these things before the end of the year, along with clear steps on how to get your reward. We want to reward you for taking care of yourself and staying healthy!

UnitedHealthcare Community Plan of North Carolina wants to help you and your family get and stay healthy. If you want to quit tobacco or are a new mom who wants to learn more about how to best feed your baby, we can connect you with the right program for support.

Call Member Services at **1-800-349-1855**, TTY **711** to learn more about:

- Tobacco cessation services to help you stop smoking or using other tobacco products
- Women, Infants and Children (WIC) special supplemental nutrition program
- Newborn screening program
- Hearing screening program
- Early intervention program

Opioid Misuse Prevention program

Opioids are powerful prescription medications that can be the right choice for treating severe pain; however, opioids may also have serious side effects, such as addiction and overdose. **UnitedHealthcare Community Plan of North Carolina** supports safe and appropriate opioid use through our Opioid Misuse Prevention program. If you have any questions about our program, call Member Services at **1-800-349-1855**, TTY **711**.

Your benefits

Pharmacy Lock-In program

The Pharmacy-Prescriber Home program helps identify members who are at risk for possible overuse or improper use of pain medications (opioid analgesics) and nerve medications (benzodiazepines and certain anxiolytics). The Pharmacy-Prescriber Home program also helps identify members who get their medications from more than one prescriber (doctor, nurse practitioner or physician assistant). If you qualify for this program, UnitedHealthcare Community Plan of North Carolina will only pay for your pain medications and nerve medications when:

- One prescriber orders your medications, and one pharmacy is used to fill your prescriptions. You will be given a chance to pick a prescriber in the UnitedHealthcare Community Plan of North Carolina network.
- You have these prescriptions filled from one pharmacy. You will be given a chance to pick a pharmacy in the UnitedHealthcare Community Plan of North Carolina network.

If you qualify for Pharmacy-Prescriber Home program, you will be in the program for a two-year period. If you do not agree with our decision that you should be in the program, you can appeal our decision before you are placed in the program (see [page 65](#) for more information on appeals).

The plan will ensure alignment of activities with the State’s Quality Strategy and the State’s Healthy NC 2020 and 2030 goals for population health improvement and develop programs that will assist with meeting these goals.

Benefits you can get from UnitedHealthcare Community Plan of North Carolina or an NC Medicaid Direct provider

You can choose where to get some services. You can get these services from providers in the **UnitedHealthcare Community Plan of North Carolina** network or from another Medicaid provider. You do not need a referral from your PCP to get these services. If you have any questions, talk to your PCP or call Member Services at **1-800-349-1855, TTY 711**.

HIV and STI screening

You can get human immunodeficiency virus (HIV) and sexually transmitted infection (STI) testing, treatment and counseling services anytime from your PCP or UnitedHealthcare Community Plan of North Carolina doctors. When you get these services as part of a family planning visit, you can go to any doctor or clinic that takes Medicaid and offers family planning services. You do not need a referral when you get these services as part of a family planning visit.

You can choose to go either to your PCP or to the local health department for diagnosis and treatment. You do not need a referral to go to the local health department.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): The Medicaid health benefit for members under age 21

Members under age 21 have access to a broad menu of federal health care benefits referred to as “Early and Periodic Screening, Diagnostic and Treatment Services.” The “EPSDT guarantee” covers wellness visits and treatment services.

Early and periodic screening and diagnostic

These “screening” visits are wellness care. They are free for members under age 21. These visits include a complete exam, free vaccines, and vision and hearing tests. Your provider will also watch your child’s physical and emotional growth and well-being at every visit and “diagnose” any conditions that may exist. At these visits, you will get referrals to any treatment services your child needs to get well and to stay healthy.

The “T” in EPSDT: Treatment for members under age 21

Sometimes children need medical treatment for a health problem. When a product, treatment, or service is necessary for a child that exceeds policy limits or may not be covered by the North Carolina Medicaid Program, requests for services can be considered under the broader limits of the Federal EPSDT benefit. UnitedHealthcare Community Plan of North Carolina will pay for services outlined in 1905(a) of SSA if all EPSDT federal criteria are met. This decision is made specifically for your child. UnitedHealthcare Community Plan of North Carolina cannot deny your child’s service just because of a policy limit. Also, we cannot deny a service just because that service is not included in our coverage policies. We must complete a special EPSDT review in these cases.

Your benefits

When UnitedHealthcare Community Plan of North Carolina approves services for children, important rules apply:

- There are no copays for Medicaid-covered services to members under age 21
- There are no limits on how often a service or treatment is given
- There is no limit on how many services the member can get on the same day
- Services may be delivered in the best setting for the child's health. This might include a school or a community setting.

You will find the entire menu of Medicaid-covered services in the Social Security Act. The federal Medicaid program covers a broad menu of medical care, including:

- Dental services
- Comprehensive health screening services (well-child checks, developmental screenings and immunizations)
- Health education
- Hearing services
- Home health services
- Hospice services
- Inpatient and outpatient hospital services
- Lab and X-ray services
- Mental health services
- Personal care services
- Physical and occupational therapy
- Prescription drugs
- Prosthetics
- Rehabilitative and therapy services for speech, hearing and language disorders
- Transportation to and from medical appointments
- Vision services
- Any other necessary health services to treat, fix or improve a health problem

If you have questions about EPSDT services, talk with your child's PCP. You can also find out more about the federal EPSDT guarantee online. Visit our website at myuhc.com/CommunityPlan or go to the NC Medicaid EPSDT webpage at medicaid.ncdhhs.gov/epsdt.

Benefits covered by NC Medicaid Direct but not by your health plan

There are some Medicaid services that **UnitedHealthcare Community Plan of North Carolina** does not cover, but if you need them, the services are covered for you by the NC Medicaid Direct program. You can get these services from any provider who takes Medicaid:

- Dental services
- Services provided or billed by Local Education Agencies that are included in your child's Individualized Education Program, Individual Family Service Plan, Section 504 Accommodation Plan, Individual Health Plan or Behavior Intervention Plan
- Services provided and billed by Children's Developmental Services Agencies (CDSAs) or providers contracted with CDSAs that are included in your child's Individualized Family Service Plan
- Fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses and ophthalmic frames (see [page 40](#) for more information on vision services)

If you have questions or need help with accessing benefits you can only get through NC Medicaid Direct, talk with your PCP or call Member Services at **1-800-349-1855**, TTY **711**.

Services NOT covered

Below are some examples of services that are **not available** from **UnitedHealthcare Community Plan of North Carolina** or NC Medicaid Direct. If you get any of these services, you may have to pay the bill:

- Cosmetic surgery if not medically necessary
- Personal comfort items such as cosmetics, novelties, tobacco or beauty aids
- Routine foot care, except for beneficiaries with diabetes or a vascular disease
- Routine newborn circumcision (medically necessary circumcision is covered for all ages)
- Experimental drugs, procedures or diagnostic tests
- Infertility treatments
- Sterilization reversal
- Sterilization for patients under age 21
- Medical photography
- Biofeedback

Your benefits

- Hypnosis
- Blood tests to determine paternity (contact your local child support enforcement agency)
- Chiropractic treatment unrelated to the treatment of an incomplete or partial dislocation of a joint in the spine
- Erectile dysfunction drugs
- Weight gain drugs
- Liposuction
- “Tummy tuck”
- Ultrasound to determine sex of child
- Services from a provider who is not part of **UnitedHealthcare Community Plan of North Carolina** unless it is a provider you are allowed to see as described elsewhere in this handbook or **UnitedHealthcare Community Plan of North Carolina**, or your PCP sent you to that provider
- Services for which you needed a referral (approval) in advance but you did not receive it
- Services for which you needed prior authorization in advance but you did not receive it
- Medical services provided outside of the United States
- Tattoo removal

This list does not include all services that are not covered. To determine if a service is not covered, call Member Services at **1-800-349-1855**, TTY **711**.

A provider who agrees to accept Medicaid generally cannot bill you. You may have to pay for any service that your PCP or **UnitedHealthcare Community Plan of North Carolina** does not approve. Or, if before you get a service, you agree to be a “private pay” or “self-pay” patient, you will have to pay for the service. This includes:

- Services not covered (including those listed above)
- Unauthorized services
- Services provided by providers who are not part of **UnitedHealthcare Community Plan of North Carolina**

UnitedHealthcare Community Plan of North Carolina does not object to providing services on moral or religious grounds. If you want to leave our health plan because of any moral or religious objections, you have a good cause and the right to do so. See [page 29](#) for more information.

If you get a bill

If you get a bill for a treatment or service you do not think you owe, **do not ignore it**. Call Member Services at **1-800-349-1855**, TTY **711** right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, **UnitedHealthcare Community Plan of North Carolina** will contact the provider and help fix the problem for you.

You have the right to ask for an appeal and a State Fair Hearing if you think you are being asked to pay for something Medicaid or **UnitedHealthcare Community Plan of North Carolina** should cover. See the Appeals section on [page 65](#) in this handbook for more information. If you have any questions, call Member Services at **1-800-349-1855**, TTY **711**.

Other plan details

Health plan member copays

Some members may be required to pay a copay. A “copay” is a fee you pay when you get certain health care services from a provider or pick up a prescription from a pharmacy.

Copays if you have Medicaid*

Service	Your copay
Chiropractic visits	\$4 per visit
Doctor visits	
Non-emergency and emergency department visits	
Optometrist and optical visits	
Outpatient visits	
Podiatrist visits	
Generic and brand prescriptions	\$4 for each prescription

*There are NO copays for the following members or services:

- Members under age 21
- Members who are pregnant
- Members receiving hospice care
- Federally recognized tribal members
- North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) beneficiaries
- Children in foster care
- People living in an institution who are receiving coverage for cost of care
- Behavioral health services
- Intellectual/developmental disability (I/DD) services
- Traumatic brain injury (TBI) services
- Members receiving emergency services
- Members receiving care/case management services

- Members receiving family planning services
- Members receiving patient education
- Mental health crisis intervention
- Members receiving lab testing procedures
- Members receiving vaccines
- Members receiving radiology, echocardiography and imaging services
- Members receiving Durable Medical Equipment (DME, orthotics and prosthetics)
- Members receiving home infusion therapy
- Members receiving adult wellness exams

A provider cannot refuse to provide services if you cannot pay your copay at the time of service. If you have any questions about Medicaid copays, call Member Services at **1-800-349-1855**, TTY **711**.

If your PCP is not able to accommodate your special needs, call Member Services at **1-800-349-1855**, TTY **711** to learn more about how you can change your PCP.

Service authorization and actions

UnitedHealthcare Community Plan of North Carolina will need to approve some treatments and services **before** you receive them. **UnitedHealthcare Community Plan of North Carolina** may also need to approve some treatments or services for you to **continue** receiving them. This is called **preauthorization**. The following treatments and services must be approved before you get them:

- Some scheduled surgeries
- Facility admissions (skilled nursing facility, acute inpatient, behavioral health, rehab and long-term acute care)
- Durable medical equipment
- Outpatient therapies
- Pain management implants or injections
- Private duty nursing and home health
- Radiology
- Some non-emergency transportation
- Behavioral partial hospitalization
- Peer support services

Other plan details

- Non-hospital medical detoxification
- Medically supervised or alcohol drug abuse treatment center (ADATC) detoxification crisis stabilization

Asking for approval of a treatment or service is called a **service authorization request**. To get approval for these treatments or services, you or your doctor may call Member Services at **1-800-349-1855**, TTY **711**.

What happens after we get your service authorization request?

UnitedHealthcare Community Plan of North Carolina uses a group of qualified health care professionals for reviews. Their job is to be sure that the treatment or service you asked for is covered by our health plan and that it will help with your medical condition. **UnitedHealthcare Community Plan of North Carolina** nurses, doctors and behavioral health clinicians will review your provider's request.

UnitedHealthcare Community Plan of North Carolina uses policies and guidelines approved by the North Carolina Department of Health and Human Services (NCDHHS) to see if the service is medically necessary.

Sometimes **UnitedHealthcare Community Plan of North Carolina** may deny or limit a request your provider makes. This decision is called an adverse benefit determination. When this happens, you can request any records, standards and policies we used to decide on your request.

If you receive a denial and you do not agree with our decision, you may ask for an "appeal." You can call or send in the Appeal form you will find with your decision notice. See [page 65](#) for more information on appeals.

Prior authorization requests for children under age 21 (applies to Medicaid members only)

Special rules apply to decisions to approve medical services for children under age 21. **UnitedHealthcare Community Plan of North Carolina** cannot say no to a request for children under age 21 just because of our health plan policies, policy limits or rules. We must complete another review to help approve needed care. **UnitedHealthcare Community Plan of North Carolina** will use federal EPSDT rules for this review. These rules help **UnitedHealthcare Community Plan of North Carolina** take a careful look at:

- Your child's health problem
- The service or treatment your provider asked for

UnitedHealthcare Community Plan of North Carolina must approve services that are not included in our coverage policies when our review team finds that your child needs them to get well or to stay healthy. This means that the **UnitedHealthcare Community Plan of North Carolina** review team must agree with your provider that the service will:

- Correct or improve a health problem
- Keep the health problem from getting worse
- Prevent the development of other health problems

Important details about services coverable by the federal EPSDT guarantee

- Your provider must seek prior approval for the services that are not covered by **UnitedHealthcare Community Plan of North Carolina**. The services must be approved with an EPSDT review before your provider gives them.
- Your provider must explain clearly why the service is needed to help treat your child's health problem. The **UnitedHealthcare Community Plan of North Carolina** EPSDT reviewer must agree. We will work with your provider to get any information our team needs to make a decision. **UnitedHealthcare Community Plan of North Carolina** will apply EPSDT rules to your child's health condition. Your provider must tell us how the service will help improve your child's health problem or help keep it from getting worse.

To learn more about the Medicaid health plan for children (EPSDT), visit our website at myuhc.com/CommunityPlan and visit the state of North Carolina website for the EPSDT guarantee at medicaid.ncdhhs.gov/epsdt.

Preauthorization and time frames

We will review your request for a preauthorization within the following time frames:

- **Standard review:** A decision will be made within 14 days after we receive your request.
- **Expedited (fast track) review:** A decision will be made, and you will hear from us within three days of your request.
- In most cases, you will be given at least 10 days' notice if any change (to reduce, stop or restrict services) is being made to current services. **If we approve a service and you have started to receive that service, we will not reduce, stop or restrict the service during the approval period unless we determine the approval was based on information that was known to be false or wrong.**
- If we deny payment for a service, we will send a notice to you and your provider the day the payment is denied. These notices are not bills. **You will not have to pay for any care you received that was covered by UnitedHealthcare Community Plan of North Carolina or by Medicaid, even if we later deny payment to the provider.**

Other plan details

Information from Member Services

You can call Member Services at **1-800-349-1855**, TTY **711** to get a PCP, to ask about benefits and services, to get help with referrals, to replace a lost Medicaid ID card, to report the birth of a new baby, or ask about any change that might affect you or your family's benefits. We can answer any questions about the information in this handbook.

- **If English is not your first language**, we can help. Just call us and we will find a way to speak with you in your own language.
- **For people with disabilities:** If you have difficulty hearing or need assistance communicating, call us. If you are reading this on behalf of someone who is blind, deafblind or has difficulty seeing, we can help. We can tell you if a doctor's office is equipped with special communications devices. Also, we have services like:
 - TTY machine; our TTY phone number is **711**
 - Information in large print
 - Help in making or getting to appointments
 - Names and addresses of providers who specialize in your condition

If you use a wheelchair, we can tell you if a doctor's office is wheelchair accessible and assist you in making or getting to appointments.

You can help with health plan policies

We value your ideas. You can help us develop policies that best serve our members. We have several member committees in our health plan or with NCDHHS, like:

- **UnitedHealthcare Community Plan of North Carolina** Member Advisory Committee (MAC) – A group that meets at least quarterly where you can give input on our programs and policies.
- UnitedHealthcare Community Plan of North Carolina Long-Term Services and Supports (LTSS) Advisory Committee – A group that meets at least quarterly where you can give input on our long-term services and supports programs and policies.
- Medical Care Advisory Committee (MCAC) – A statewide group that gives advice to NC Medicaid about Medicaid medical care policies and quality of care.
- State Consumer and Family Advisory Committee (CFAC) – A statewide group that gives advice to NC Medicaid and lawmakers to help them plan and manage the state's behavioral health program.

Call Member Services at **1-800-349-1855**, TTY **711** to learn more about how you can help.

Appeals

Sometimes **UnitedHealthcare Community Plan of North Carolina** may decide to deny or limit a request your provider makes for you for benefits or services offered by our health plan. This decision is called an adverse benefit determination. You will receive a letter from **UnitedHealthcare Community Plan of North Carolina** notifying you of any adverse benefit determination. Medicaid members have a right to appeal adverse benefit determinations to **UnitedHealthcare Community Plan of North Carolina**. You have 60 days from the date on your letter to ask for an appeal. When members do not agree with our decisions on an appeal, they can ask the NC Office of Administrative Hearings for a State Fair Hearing.

When you ask for an appeal, **UnitedHealthcare Community Plan of North Carolina** has 30 days to give you an answer. You can ask questions and give any updates (including new medical documents from your providers) that you think will help us approve your request. You may do that in person, in writing or by phone.

You can ask for an appeal yourself. You may also ask a friend, a family member, your provider or a lawyer to help you. You can call **UnitedHealthcare Community Plan of North Carolina** at **1-800-349-1855**, TTY **711** or visit our website at myuhc.com/CommunityPlan if you need help with your appeal request. It's easy to ask for an appeal by using one of the options below:

- **Mail:** Fill out and sign the Appeal Request form in the notice you receive about our decision. Mail it to the address listed on the form. We must receive your form no later than 60 days after the date on the notice.
- **Fax:** Fill out, sign and fax the Appeal Request form in the notice you receive about our decision. You will find the fax number listed on the form. We must receive your form no later than 60 days after the date on the notice.
- **By phone:** Call **1-800-349-1855**, TTY **711** and ask for an appeal. When you appeal, you and any person you have chosen to help you can see the health records and criteria **UnitedHealthcare Community Plan of North Carolina** used to make the decision. If you choose to have someone help you, you must give them permission.

You can also contact the NC Medicaid Ombudsman to get more information about your options. See [page 83](#) for more information about the NC Medicaid Ombudsman.

Other plan details

Expedited (faster) appeals

You or your provider can ask for a faster review of your appeal when a delay will cause serious harm to your health or to your ability to attain, maintain or regain your good health. This faster review is called an expedited appeal.

Your provider can ask for an expedited appeal by calling us at **1-800-349-1855, TTY 711**.

You can ask for an expedited appeal by phone, by mail or by fax. There are instructions on your Appeal Request form that will tell you how to ask for an expedited appeal.

Provider requests for expedited appeals

If your provider asks us for an expedited appeal, we will give a decision no later than 72 hours after we get the request for an expedited appeal. We will call you and your provider as soon as there is a decision. We will send you and your provider a written notice of our decision within 72 hours from the day we received the expedited appeal request.

Member requests for expedited appeals

UnitedHealthcare Community Plan of North Carolina will review all member requests for expedited appeals. If your request for an expedited appeal is denied, we will call you during our business hours promptly following our decision. We also will tell you and the provider in writing if your request for an expedited appeal is denied. We will tell you the reason for the decision. UnitedHealthcare Community Plan of North Carolina will mail you a written notice within two calendar days.

If you do not agree with our decision to deny an expedited appeal request, you may file a grievance with us (see [page 70](#) for more information on grievances).

When we deny a member's request for an expedited appeal, there is no need to make another appeal request. The appeal will be decided within 30 days of your request. In all cases, we will review appeals as fast as a member's medical condition requires.

Timelines for standard appeals

If we have all the information we need, we will make a decision on your appeal within 30 days from the day we get your appeal request. We will mail you a letter to tell you about our decision. If we need more information to decide about your appeal, we:

- Will write to you and tell you what information is needed
- Will explain why the delay is in your best interest
- May take an additional 14 days to make a decision on your appeal if you request it or if there is a need for additional information, and the delay is in your best interest

If you need more time to gather records and updates from your provider, just ask. You or a helper you name may ask us to delay your case until you are ready. Ask for an extension by calling Member Services at **1-800-349-1855**, TTY **711** or writing to:

UnitedHealthcare Community Plan
Attn: Grievances and Appeals Unit
P.O. Box 31364
Salt Lake City, UT 84131-0364

Decisions on appeals

When we decide your appeal, we will send you a letter. This letter is called a Notice of Decision. If you do not agree with our decision, you can ask for a State Fair Hearing. You can ask for a State Fair Hearing within 120 days from the date on the Notice of Decision.

State Fair Hearings

If you do not agree with UnitedHealthcare Community Plan of North Carolina's decision on your appeal, you can ask for a State Fair Hearing. In North Carolina, State Fair Hearings include an offer of a free and voluntary mediation session. This meeting is held before your State Fair Hearing date.

Free and voluntary mediations

When you ask for a State Fair Hearing, you will get a phone call from the Mediation Network of North Carolina. The Mediation Network will call you within five business days after you request a State Fair Hearing. During this call, you will be offered a mediation meeting. The state offers this free meeting to help resolve your disagreement quickly. These meetings are held by phone.

Other plan details

You do not have to accept this meeting. You can ask to schedule just your State Fair Hearing. When you do accept, a Mediation Network counselor will lead your meeting. This person does not take sides. A member of UnitedHealthcare Community Plan of North Carolina's review team will also attend. If the meeting does not help with your disagreement, you will have a State Fair Hearing.

State Fair Hearings

State Fair Hearings are held by the NC Office of Administrative Hearings (OAH). An administrative law judge will review your request along with any new information you may have. The judge will make a decision on your service request. You can give any updates and facts you need to at this hearing. A member of **UnitedHealthcare Community Plan of North Carolina's** review team will attend. You may ask questions about the **UnitedHealthcare Community Plan of North Carolina's** decision. The judge in your State Fair Hearing is not a part of **UnitedHealthcare Community Plan of North Carolina** in any way.

It is easy to ask for a State Fair Hearing. Use one of the options below:

- **Mail:** Fill out and sign the State Fair Hearing Request form that comes with your notice. Mail it to the addresses listed on the form.
- **Fax:** Fill out, sign and fax the State Fair Hearing Request form that comes with your notice. You will find the fax numbers you need listed on the form.
- **By phone:** Call OAH at 1-984-236-1860 and ask for a State Fair Hearing. You will get help with your request during this call.

If you are unhappy with your State Fair Hearing decision, you can appeal to the North Carolina Superior Court in the county where you live. You have **30 days** from the day you get your decision from your State Fair Hearing to appeal to the Superior Court.

State Fair Hearings and disenrollment decisions

If you disagree about a decision to change your health plan, you can ask for a State Fair Hearing. The process to ask for a State Fair Hearing for disenrollment decisions is different than the process to ask for a State Fair Hearing when **UnitedHealthcare Community Plan of North Carolina** limits or denies a service that you requested. For more information about requesting a State Fair Hearing for disenrollment decisions, see [page 78](#).

Continuation of benefits during an appeal

Sometimes **UnitedHealthcare Community Plan of North Carolina's** decision reduces or stops a health care service you are already getting. You can ask to continue this service without changes until your appeal is finished. You can also ask the person helping you with your appeal to make that request for you. Your provider cannot ask for your services to continue during an appeal.

The rules in the section are the same for appeals and State Fair Hearings.

There are special rules about continuing your service during your appeal. Please read this section carefully!

You will get a notice if **UnitedHealthcare Community Plan of North Carolina** is going to reduce or stop a service you are receiving. You have 10 days from the date we send the letter to ask for your services to continue. The notice you get will tell you the exact date. The notice will also tell you how to ask for your services to continue while you appeal.

If you ask for your services to continue, **UnitedHealthcare Community Plan of North Carolina** will continue your services from the day you ask for them to continue until the day get your appeal decision. You or your authorized representative may contact Member Services at **1-800-349-1855, TTY 711** or contact the appeals coordinator on your adverse benefit determination letter to ask for your service to continue until you get a decision on your appeal.

Your appeal might not change the decision the health plan made about your services. When this happens, Medicaid allows UnitedHealthcare Community Plan of North Carolina to bill you for services we paid for during your appeal. We must get approval from NC Medicaid before we can bill you for services we paid for during your appeal.

Appeals during your transition out of UnitedHealthcare Community Plan of North Carolina

If you decide to leave **UnitedHealthcare Community Plan of North Carolina**, your appeal may be impacted by this transition. Please see below for additional information about how we will process appeals at transition. If you will be transitioning out of our health plan soon and have an appeal with us, contact Member Services at **1-800-349-1855, TTY 711** for additional information.

Other plan details

If you have problems with your health plan, you can file a grievance

We hope our health plan serves you well. If you are unhappy or have a complaint, you may talk with your PCP, and you may call Member Services at **1-800-349-1855**, TTY **711**, or write to us anytime at:

UnitedHealthcare Community Plan
Attn: Grievances and Appeals Unit
P.O. Box 31364
Salt Lake City, UT 84131-0364

A grievance and a complaint are the same thing

Contacting us with a grievance means that you are unhappy with your health plan, provider or your health services. Most problems like this can be solved right away. Whether we solve your problem right away or need to do some work, we will record your call, your problem and our solution. We will inform you that we have received your grievance in writing. We will also send you a written notice when we have finished working on your grievance.

You can ask a family member, a friend, your provider or a legal representative to help you with your complaint. If you need our help because of a hearing or vision impairment, or if you need translation services or help filling out any forms, we can help you.

You can contact us by phone or in writing at any time:

- By phone, call Member Services at **1-800-349-1855**, TTY **711**, 7:00 a.m.–6:00 p.m. EST Monday–Saturday. After business hours, you may leave a message, and we will contact you during the next business day.
- You can write to us with your complaint to:

UnitedHealthcare Community Plan
Attn: Grievances and Appeals Unit
P.O. Box 31364
Salt Lake City, UT 84131-0364

Resolving your grievance

We will let you know in writing that we got your grievance within five days of receiving it.

- We will review your complaint and tell you how we resolved it in writing within 30 days from receiving your complaint
- If your grievance is about your request for an expedited (faster) appeal, we will tell you how we resolved it in writing within five days of getting your complaint
- You may file a grievance with UnitedHealthcare Community Plan of North Carolina at any time by following the process described above

70 **Questions?** Visit [UHCommunityPlan.com/NorthCarolina](https://www.uhc.com/community-plan/north-carolina), or call Member Services at **1-800-349-1855**, TTY **711**.

Transition of care

Your care when you change health plans or providers

- If you join **UnitedHealthcare Community Plan of North Carolina** from another health plan, we will work with your previous health plan to get your health information, like your service history, service authorizations and other information about your current care into our records
- You can finish receiving any services that have already been authorized by your previous health plan. After that, if necessary, we will help you find a provider in our network to get any additional services if you need them.
- In almost all cases, your providers under your former health plan will also be **UnitedHealthcare Community Plan of North Carolina** providers. If your provider is not part of our network, there are some instances when you can still see the provider that you had before you joined **UnitedHealthcare Community Plan of North Carolina**. You can continue to see your provider if:
 - At the time you join **UnitedHealthcare Community Plan of North Carolina**, you are receiving an ongoing course of treatment or have an ongoing special condition. In that case, you can ask to keep your provider for up to 90 days.
 - You are more than three months pregnant when you join **UnitedHealthcare Community Plan of North Carolina** and you are getting prenatal care. In that case, you can keep your provider until after your delivery and for up to 60 days of postpartum care.
 - You are pregnant when you join **UnitedHealthcare Community Plan of North Carolina** and you are receiving services from a behavioral health treatment provider. In that case, you can keep your provider until after your delivery.
 - You have a surgery, organ transplant or inpatient stay already scheduled that your provider is doing. In these cases, you may be able to stay with your provider through the scheduled procedure, discharge from the hospital and for up to 90 days of follow-up care.
 - You are terminally ill, and the provider is supporting you in your care. You are considered terminally ill if you have been told by your provider that they expect you have six months or less to live. In that case, you can keep your provider for the remainder of your life.

Other plan details

- If your provider leaves **UnitedHealthcare Community Plan of North Carolina**, we will tell you in writing within 15 days from when we know this will happen. If the provider who leaves **UnitedHealthcare Community Plan of North Carolina** is your PCP, we will tell you in writing within seven days from when we know this will happen. We will tell you how you can choose a new PCP or how we will choose one for you if you do not make a choice within 30 days.
- If you want to continue receiving care from a provider who is not in our network, contact Member Services at **1-800-349-1855**, TTY **711**. Your request will be resolved within 14 calendar days.
 - The first step in the process and who initiates (form, call, follow-up from care manager, etc.)
 - Contact information for resource to assist member through the process
 - The timeline for the health plan to review the request and inform the member of the decision
 - The method by which the health plan will notify the member of the decision (by written notice, etc.)

If you have any questions, call Member Services at **1-800-349-1855**, TTY **711**.

Member rights and responsibilities

As a member of **UnitedHealthcare Community Plan of North Carolina**, you have certain rights and responsibilities. **UnitedHealthcare Community Plan of North Carolina** will respect your rights and make sure that no one working for our health plan, or any of our providers, will prevent you from using your rights. Also, we will make sure that you are aware of your responsibilities as a member of our health plan. For a full list of your rights and responsibilities as a member of **UnitedHealthcare Community Plan of North Carolina**, visit our website at myuhc.com/CommunityPlan or call Member Services at **1-800-349-1855**, TTY **711** to get a copy.

Your rights

As a member of **UnitedHealthcare Community Plan of North Carolina**, you have a right to:

- Receive information about the organization, its services, its practitioners and providers
- Be cared for with respect and with consideration for your dignity and privacy without regard for health status, sex, race, color, religion, national origin, age, marital status, sexual orientation or gender identity
- Be told what services are available to you

- Be told where, when and how to get the services you need from **UnitedHealthcare Community Plan of North Carolina**
- Be told by your PCP what your options are when getting services so you or your guardian can make an informed choice
- Be told by your PCP what health issues you may have, what can be done for you and what will likely be the result, in a way you understand regardless of cost or coverage. This includes additional languages.
- Participate with practitioners in making decisions about your health care
- Get a second opinion about your care
- Give your approval of any treatment
- Give your approval of any plan for your care after that plan has been fully explained to you and follow the agreed upon plan
- Refuse care and be told what you may risk if you do
- Provide and get information about your health care to support care delivered by your practitioner and providers
- Get a copy of your medical record and talk about it with your PCP
- Ask, if needed, that your medical record be amended or corrected
- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract or with your approval
- Make suggestions about our members rights and responsibilities policies
- Use the **UnitedHealthcare Community Plan of North Carolina** complaint process to settle complaints. You can also contact the **NC Medicaid Ombudsman** anytime you feel you were not fairly treated (see [page 83](#) for more information about the NC Medicaid Ombudsman).
- Use the State Fair Hearing system
- Appoint someone you trust (relative, friend or lawyer) to speak for you if you are unable to speak for yourself about your care and treatment
- Receive considerate and respectful care in a clean and safe environment, free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation

Other plan details

Your rights if you are a minor

Minors have the right to agree to some treatments and services without the consent of a parent or guardian:

- Treatment for sexually transmitted diseases
- Services related to pregnancy
- Services to help with alcohol and/or other substance use disorders
- Services to help with emotional conditions

Your responsibilities

As a member of **UnitedHealthcare Community Plan of North Carolina**, you agree to:

- Work with your PCP to protect and improve your health
- Participate with practitioners in making decisions about your health care
- Find out how your health plan coverage works
- Listen to your PCP's advice and ask questions if you do not understand your rights or plan of treatment and be able to participate in developing health goals
- Follow plans and instructions for agreed upon care
- Call or go back to your PCP if you do not get better or ask for a second opinion
- Treat health care staff with respect
- Tell us if you have problems with any health care staff by calling Member Services at **1-800-349-1855, TTY 711**
- Tell your PCP and Member Services Advocate or Care Manager about your health and changes in your health
- Keep your appointments. If you must cancel, call as soon as you can.
- Use the emergency department only for emergencies
- Call your PCP when you need medical care, even if it is after hours

How to change your health plan (disenrollment)

At set times during your benefit year, you will be given a chance to pick a different health plan without needing a good reason (without cause). You can always ask to change health plans if you have a good reason (with cause).

The set times where you **do not** need a good reason to change health plans include:

- At least once every 12 months. This usually happens at the same time that your eligibility for Medicaid is being recertified.
- During the first 90 days that **UnitedHealthcare Community Plan of North Carolina** starts managing your care (you may hear this called your choice period). You may leave **UnitedHealthcare Community Plan of North Carolina** and join another health plan at any time during the 90 days.

You will receive a letter letting you know when you can change health plans without a good reason. During those set times, you may choose to stay a member of **UnitedHealthcare Community Plan of North Carolina** or pick a different health plan that offers benefits and services where you live.

If you want to leave **UnitedHealthcare Community Plan of North Carolina** at any other time, you can do so **only** with a good reason (with cause). Some examples of a good reason to change health plans include:

- You move out of our service area
- You have a family member in another health plan
- Your requested related services are not available in our provider network, and there is risk to getting the services separately
- Your medical condition requires treatment that you are unable to receive in our health plan
- Your LTSS provider is no longer with our health plan
- We do not provide the services you need due to religious or moral reasons
- Other reasons (poor quality of care, lack of access to covered services, lack of access to providers experienced in dealing with your health care needs)

If you need certain services to address needs related to a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI), you may have other choices. Call **1-833-870-5500** (TTY **711** or [RelayNC.com](https://www.relaync.com)).

Other plan details

How to request to change health plans

You can ask to change health plans by phone, mail or electronically. You will receive help and information to choose a new health plan from the enrollment broker. If you want to change your health plan, you can change in one of these ways:

- Go to ncmedicaidplans.gov
- Use the NC Medicaid Managed Care mobile app
- Call **1-833-870-5500** (TTY **711** or RelayNC.com)

You can also ask for a form when you call so that you can mail or fax your request to change health plans. If your request is approved, you will get a notice that the change will take place by a certain date. **UnitedHealthcare Community Plan of North Carolina** will provide the care you need until then.

You can ask for faster action if you believe the timing of the regular process will cause risk to your health. In that case, you will get a notice about your request to leave the health plan within three days of making the request.

Reasons why you may have to leave UnitedHealthcare Community Plan of North Carolina

There are also some reasons why you may have to leave **UnitedHealthcare Community Plan of North Carolina**, even when you did not ask to leave our health plan. The following are reasons why you may have to leave **UnitedHealthcare Community Plan of North Carolina** when you did not ask to leave:

- If **UnitedHealthcare Community Plan of North Carolina's** request for you to leave our health plan is approved
 - We may request that you leave our health plan only if your actions or behavior seriously limits our ability to care for you or other members of our health plan. **UnitedHealthcare Community Plan of North Carolina is not allowed** to request that you leave our health plan because of a change in your health status, your use of benefits and services, your mental capacity diminishes, or for any disruptive behavior due to your health needs.
 - Before **UnitedHealthcare Community Plan of North Carolina** would make a request for you to leave our health plan, we would try our best to work with you to address any concerns that we may have in providing your care

- If **UnitedHealthcare Community Plan of North Carolina's** request for you to leave our health plan is approved, you will receive a letter telling you that our request was approved and what new health plan is going to take over your care. If you do not like the new health plan that takes over your care, you will be given the option to choose a different health plan.
- If you lose your NC Medicaid Managed Care program eligibility
 - You may lose your eligibility for the Medicaid Managed Care program if any of the following happen:
 - You stay in a nursing home for more than 90 days in a row (see [page 41](#) for more information on nursing services)
 - You become eligible for and are transferred for treatment to a state-owned Neuro-Medical Center or a Department of Military & Veteran Affairs-operated Veterans Home
 - You have a change in Medicaid eligibility category
 - You begin receiving Medicare

If you are no longer eligible for NC Medicaid Managed Care, you will receive a letter letting you know that you will continue to receive your benefits and services through NC Medicaid Direct instead of through UnitedHealthcare Community Plan of North Carolina.

If this happens, you can call the NC Medicaid Contact Center at 1-888-245-0179 for help.

- If you lose your Medicaid eligibility
 - You may have to leave our health plan if you are notified that you are no longer eligible to receive benefits and services through the Medicaid programs. **If you are no longer eligible for Medicaid, you will receive a letter telling you that all benefits and services you may be receiving under the program will stop.** If this happens, call your local Department of Social Services.

Other plan details

State Fair Hearings for disenrollment decisions

You have a right to ask for a State Fair Hearing if you disagree with a decision to:

- Deny your request to change health plans
- Approve a request made by **UnitedHealthcare Community Plan of North Carolina** for you to leave the plan

State Fair Hearings are held by OAH. You will have a chance to give more information and facts, and to ask questions about the decision for you to change health plans before an administrative law judge. The judge in your State Fair Hearing is not a part of **UnitedHealthcare Community Plan of North Carolina** in any way. In North Carolina, State Fair Hearings include an offer of a free and voluntary mediation session that is held before your Hearing date (see [page 67](#) for more information on mediations).

Requesting a State Fair Hearing for disenrollment decisions

If you disagree with a decision for you to change health plans, you have **30 days** from the date on the letter notifying you of the decision to ask for a State Fair Hearing. You can ask for a State Fair Hearing yourself. You may also ask a friend, a family member, your provider or a lawyer to help you. You can call the enrollment broker at **1-833-870-5500** if you need help with your State Fair Hearing request.

You can use one of the following ways to request a State Fair Hearing:

- **Mail:** Fill out and sign the State Fair Hearing Request form that comes with your notice. Mail it to the addresses listed on the form.
- **Fax:** Fill out, sign and fax the State Fair Hearing Request form that comes with your notice. The fax numbers you need are listed on the form.
- **By phone:** Call OAH at **1-984-236-1860** and ask for a State Fair Hearing. You will get help with your request during this call. When you ask for a State Fair Hearing, you and any person you have chosen to help you can see the records and criteria used to make the decision. If you choose to have someone help you, you must give them written permission. Include their name and contact information on the State Fair Hearing Request form.

If you are unhappy with your State Fair Hearing decision, you can appeal to the North Carolina Superior Court in the county where you live. You have **30 days** from the day you get your decision from your State Fair Hearing Final Decision to appeal to the Superior Court.

Advance directives

There may come a time when you become unable to manage your own health care. If this happens, you may want a family member or other person close to you making decisions on your behalf. By planning in advance, you can arrange now for your wishes to be carried out. An advance directive is a set of directions you give about the medical and mental health care you want if you ever lose the ability to make decisions for yourself.

Making an advance directive is your choice. If you become unable to make your own decisions, and you have no advance directive, your doctor or behavioral health provider will consult with someone close to you about your care. Discussing your wishes for medical and behavioral health treatment with your family and friends now is strongly encouraged, as this will help to make sure that you get the level of treatment you want if you can no longer tell your doctor or other physical or behavioral health providers what you want.

North Carolina has three ways for you to make a formal advance directive. These include living wills, health care power of attorney and advance instructions for mental health treatment.

Living will

In North Carolina, a “living will” is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time
- Are unconscious and your doctor determines that it is highly unlikely that you will regain consciousness
- Have advanced dementia or a similar condition that results in a substantial loss of attention span, memory, reasoning and other brain functions, and it is highly unlikely the condition will be reversed

In a living will, you can direct your doctor not to use certain life-prolonging treatments such as a breathing machine (called a “respirator” or “ventilator”) or to stop giving you food and water through a feeding tube.

A living will goes into effect only when your doctor and one other doctor determine that you meet one of the conditions specified in the living will. You are encouraged to discuss your wishes with friends, family and your doctor now, so they can help make sure you get the level of care you want at the end of your life.

Other plan details

Health care power of attorney

A **health care power of attorney** is a legal document in which you can name one or more people as your health care agents to make medical and behavioral health decisions for you as you become unable to decide for yourself. You can always say what medical or behavioral health treatments you would want and not want. You should choose an adult you trust to be your health care agent. Discuss your wishes with the people you want as your agents before you put them in writing.

Again, it is always helpful to discuss your wishes with your family, friends and your doctor. A health care power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your health care choices. If, due to moral or religious beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do it.

Advance instruction for mental health treatment

An **advance instruction for mental health treatment** is a legal document that tells doctors and mental health providers what mental health treatments you would want and what treatments you would not want if you later become unable to decide for yourself. It can also be used to nominate a person to serve as guardian if guardianship proceedings are started. Your advance instruction for behavioral health treatment can be a separate document or combined with a health care power of attorney or a general power of attorney. An advance instruction for behavioral health may be followed by a doctor or behavioral health provider when your doctor or an eligible psychologist determines in writing that you are no longer able to make or communicate behavioral health decisions.

Forms you can use to make an advance directive

You can find the advance directive forms at www.sosnc.gov/ahcdr. The forms meet all the rules for a formal advance directive. For more information, you can also call 1-919-807-2167 or write to:

Advance Health Care Directive Registry
Department of the Secretary of State
P.O. Box 29622
Raleigh, NC 27626-0622

You can change your mind and update these documents at any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you cannot speak for yourself. Talk to your PCP or call Member Services at **1-800-349-1855**, TTY **711** if you have any questions about advance directives.

80 **Questions?** Visit UHCCCommunityPlan.com/NorthCarolina, or call Member Services at **1-800-349-1855**, TTY **711**.

Concerns about abuse, neglect and exploitation

Your health and safety are very important. You should be able to lead your life without fear of abuse or neglect by others or someone taking advantage of you (exploitation). Anyone who suspects any allegations of abuse, neglect or exploitation of a child (age 17 or younger) or disabled adult **must** report these concerns to the local DSS. A list of DSS locations can be found at dhhs.nc.gov/localdss. There are also rules that no one will be punished for making a report when the reporter is concerned about the health and safety of an individual.

Providers are required to report any concerns of abuse, neglect or exploitation of a child or disabled adult receiving mental health, substance use disorder, I/DD services or TBI services from an unlicensed staff to the local DSS and the Healthcare Personnel Registry Section of the North Carolina Division of Health Service Regulation for a possible investigation. The link to the Healthcare Personnel Registry Section is [NC HCPR: Verify Registry Listings \(ncdhhs.gov\)](https://ncdhhs.gov). The provider will also take steps to ensure the health and safety of individuals receiving services.

For additional information on how to report concerns, call Member Services at **1-800-349-1855, TTY 711**.

Fraud, waste and abuse

If you suspect that someone is committing Medicaid fraud, report it. Examples of Medicaid fraud include:

- An individual who does not report all income or other health insurance when applying for Medicaid
- An individual who does not get Medicaid uses a Medicaid member's ID card with or without the member's permission
- A doctor or a clinic bills for services that were not provided or were not medically necessary

You can report suspected fraud and abuse in any of the following ways:

- Call the Medicaid Fraud, Waste and Program Abuse Tip Line at 1-877-DMA-TIP1 (1-877-362-8471)
- Call the State Auditor's Waste Line at 1-800-730-TIPS (1-800-730-8477)
- Call the U.S. Office of Inspector General's Fraud Line at 1-800-HHS-TIPS (1-800-447-8477)

Other plan details

Important phone numbers

Member Services **1-800-349-1855, TTY 711**
7:00 a.m.–6:00 p.m. ET, Monday–Saturday

Behavioral Health Crisis Line **1-877-334-1141**
24 hours a day, seven days a week

NurseLine **1-855-202-0992**
24 hours a day, seven days a week

Enrollment Broker **1-833-870-5500 (TTY 1-833-870-5588)**
7:00 a.m.–5:00 p.m., Monday–Saturday

NC Medicaid Ombudsman **1-877-201-3750**
8:00 a.m.–5:00 p.m., Monday–Friday, except State holidays

NC Medicaid Contact Center **1-888-245-0179**
8:00 a.m.–5:00 p.m., Monday–Friday, except State holidays

Provider Services **1-800-638-3302**
8:00 a.m.–6:00 p.m., Monday–Saturday

Pharmacy Service Line for Pharmacists and Prescribers **1-855-258-1593**
7:00 a.m.–6:00 p.m. ET, Monday–Saturday

Mediation Network of North Carolina **1-336-461-3300**

Legal Aid Helpline **1-866-219-LANC (5262)**
8:30 a.m.–4:30 p.m., Monday–Friday
5:30 p.m.–8:30 p.m., Monday and Thursday

Advance Health Care Directive Registry **1-919-814-5400**

NC Medicaid Fraud, Waste and Abuse Tip Line **1-800-730-TIPS (1-800-730-8477)**

State Auditor Waste Line **1-800-730-TIPS (1-800-730-8477)**

U.S. Office of Inspector General Fraud Line **1-800-HHS-TIPS (1-800-447-8477)**

Keep us informed

Call Member Services at **1-800-349-1855**, TTY **711** whenever these changes happen in your life:

- You have a change in Medicaid eligibility
- You give birth
- There is a change in Medicaid coverage for you or your children

If you no longer get Medicaid, check with your local DSS. You may be able to enroll in another program.

NC Medicaid Ombudsman

The NC Medicaid Ombudsman is a resource you can contact if you need help with your health care needs. The NC Medicaid Ombudsman is an independently operated, nonprofit organization whose only job is to ensure that individuals and families under NC Medicaid Managed Care get access to the care they need.

The NC Medicaid Ombudsman can:

- Answer your questions about benefits
- Help you understand your rights and responsibilities
- Provide information about NC Medicaid Managed Care
- Answer your questions about enrolling with or disenrolling from a health plan
- Help you understand a notice you have received
- Refer you to other agencies that may be able to assist you with your health care needs
- Help with issues you have been unable to resolve with your health care provider or health plan
- Be an advocate for you if you are dealing with an issue or a complaint affecting access to health care
- Provide information to assist you with your appeal, grievance, mediation or Fair Hearing
- Connect you to legal help if you need it to help resolve a problem with your health care

You can contact the NC Medicaid Ombudsman at **1-877-201-3750** or ncmedicaidombudsman.org.

Health Plan Notices of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2025

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

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

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

HI is information about your health or medical services. We have the right to make changes to this notice of privacy practices. If we make important changes, we will notify you by mail or e-mail. We will also post the new notice on our website. Any changes to the notice will apply to all HI we have. We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

How We Collect, Use, and Share Your Information

We collect, use and share your HI with:

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

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

- **For Payment.** To process payments and pay claims. For example, we may tell a doctor whether we will pay for certain medical procedures and what percentage of the bill may be covered.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your HI with a hospital you are in, to help them provide medical care to you.
- **For Health Care Operations.** To run our business. For example, we may talk to your doctor to tell him or her about a special disease management or wellness program available to you. We may study data to improve our services.

- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** If you receive health insurance through your employer, we may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** To make health insurance underwriting decisions. We will not use your genetic information for underwriting purposes.
- **For Reminders on Benefits or Care.** We may send reminders about appointments you have and information about your health benefits.
- **For Communications to You.** We may contact you about your health insurance benefits, healthcare or payments.

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

- **As Required by Law.** To follow the laws that apply to us.
- **To Persons Involved with Your Care.** A family member or other person that helps with your medical care or pays for your care. This also may be to a family member in an emergency. This may happen if you are unable to tell us if we can share your HI or not. If you are unable to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share HI with family members or friends who helped with your care or paid for your care.
- **For Public Health Activities.** For example, to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with certain entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings,** for example, to answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** To public health agencies or law enforcement, for example, in an emergency or disaster.
- **For Government Functions.** For military and veteran use, national security, or certain protection services.
- **For Workers' Compensation.** If you were hurt at work or to comply with employment laws.
- **For Research.** For example, to study a disease or medical condition. We also may use HI to help prepare a research study.

Other plan details

- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help identify the person who died, why they died, or to meet certain laws. We also may give HI to funeral directors.
- **For Organ Transplant.** For example, to help get, store or transplant organs, eyes or tissues.
- **To Correctional Institutions or Law Enforcement.** For persons in custody, for example: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates.** To give you services, if needed. These are companies that provide services to us. They agree to protect your HI.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
 1. Alcohol and Substance Use Disorder
 2. Biometric Information
 3. Child or Adult Abuse or Neglect, including Sexual Assault
 4. Communicable Diseases
 5. Genetic Information
 6. HIV/AIDS
 7. Mental Health
 8. Minors' Information
 9. Prescriptions
 10. Reproductive or Sexual Health
 11. Sexually Transmitted Diseases

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

Your Rights

You have the following rights for your medical information.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.

86 **Questions?** Visit [UHCCommunityPlan.com/NorthCarolina](https://www.UHCCommunityPlan.com/NorthCarolina), or call Member Services at **1-800-349-1855**, TTY **711**.

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

Using Your Rights

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

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

¹ This Medical Information Notice of Privacy Practices applies to health plans that are affiliated with UnitedHealth Group. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.

Financial Information Privacy Notice

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

Effective January 1, 2025

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

Information We Collect

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

Sharing of FI

We will only share FI as permitted by law.

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

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

Confidentiality and Security

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

Questions About This Notice

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

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

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



We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-349-1855**, TTY **711**, 7:00 a.m.–6:00 p.m. ET, Monday–Saturday. You can also visit our website at UHCCommunityPlan.com/NorthCarolina.

UnitedHealthcare Community Plan

UHCCommunityPlan.com/NorthCarolina

1-800-349-1855, TTY 711

**United
Healthcare®**
Community Plan

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