



Welcome to the community

Medicaid Member Handbook

1-800-414-9025, TTY/PA Relay 711
myuhc.com/CommunityPlan

United
Healthcare®
Community Plan

Discrimination is against the law. The company complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

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

UnitedHealthcare Community Plan
P.O. Box 30608
Salt Lake City, UT 84131-0364

Email: UHC_Civil_Rights@uhc.com

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building
P.O. Box 2675, Harrisburg, PA 17105-2675

Phone: **717-787-1127**, TTY/PA Relay **711**
Fax: **717-772-4366**, or
Email: RA-PWBEOAO@pa.gov

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

Online: hhs.gov/civil-rights/filing-a-complaint/index.html

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

By phone: **1-800-368-1019** (TDD **1-800-537-7697**)

We provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide 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, please call Member Services at **1-800-414-9025**, TTY/PA RELAY **711**.

1-800-414-9025, TTY 711

English: ATTENTION: Translation and other language assistance services are available at no cost to you. If you need help, please call the number above.

Spanish: ATENCIÓN: La traducción y los servicios de asistencia de otros idiomas se encuentran disponibles sin costo alguno para usted. Si necesita ayuda, llame al número que se indica arriba.

Russian: ВНИМАНИЕ! Услуги перевода, а также другие услуги языковой поддержки предоставляются бесплатно. Если вам требуется помощь, пожалуйста, позвоните по указанному выше номеру.

Chinese (Simplified): 请注意：您可以免费获得翻译和其他语言帮助服务。如果您需要帮助，请拨打上述电话号码。

Vietnamese: CHÚ Ý: Dịch vụ dịch thuật và hỗ trợ ngôn ngữ khác được cung cấp cho quý vị miễn phí. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên.

Arabic: تنبيه: تتوفر خدمات الترجمة وخدمات المساعدة اللغوية الأخرى لك مجانًا. إذا كنت بحاجة إلى المساعدة، يُرجى الاتصال بالرقم أعلاه.

Nepali: ध्यान दिनुहोस्: तपाईंका लागि अनुवाद र अन्य भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। यदि तपाईंलाई मद्दत चाहिए न्छ भने कृपया माथ को नम्बर फोन गर्नु नुहोस्।

Korean: 참고: 번역 및 기타 언어 지원 서비스를 무료로 제공해 드립니다. 도움이 필요하시면 위에 명시된 번호로 전화해 주십시오.

Cambodian: សម្គាល់៖ ប្រតិបត្តិការ និងសេវាជំនួយភាសាផ្សេងទៀត គឺអាចរកបានដោយឥតគិតថ្លៃចំពោះអ្នក។ ប្រសិនបើអ្នកត្រូវការជំនួយ សូមហៅទូរសព្ទទៅលេខខាងលើ។

French: ATTENTION : la traduction et d'autres services d'assistance linguistique sont disponibles sans frais pour vous. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus.

Burmese: သတိပူရန်- သင့်အတွက် အခကြေးငွေ ကုန်ကျမှု မရှိဘဲ ဘာသာပြန်ဆိုခြင်းနှင့် အခြားသော ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို ရယူနိုင်ပါသည်။ အကူအညီလိုအပ်ပါက အထက်ပါဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။

Haitian Creole: ATANSYON: Gen tradiksyon ak lòt sèvis èd pou lang ki disponib gratis pou ou. Si w bezwen èd, tanpri rele nimewo ki mansyone anwo a.

Portuguese (Brazil): ATENÇÃO: Serviços de tradução e outros serviços de assistência linguística estão disponíveis sem nenhum custo para você. Se precisar de ajuda, ligue para o número acima.

Bengali: মনোযোগ দিন: অনুবাদ এবং অন্যান্য ভাষা সহায়তা পরিষেবাগুলি আপনার জন্য বিনা খরচে পাওয়া যায়। আপনার সাহায্যের প্রয়োজন হলে অনুগ্রহ করে উপরের নম্বরে কল করুন।

Albanian: VINI RE: Shërbimet e përkthimit dhe të tjera të ndihmës me gjuhën janë në dispozicion pa asnjë kosto për ju. Nëse keni nevojë për ndihmë, ju lutemi telefonojinni numrit më sipër.

Gujarati: ધ્યાન આપો: ભાષાન્તર અને અન્ય ભાષા સહાય સેવાઓ તમારા માટે કોઈપણ ખર્ચ વિના ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર કૉલ કરો.

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Section 1 – Welcome

Introduction

What is HealthChoices?

HealthChoices is Pennsylvania’s Medical Assistance managed care program. The Office of Medical Assistance Programs (OMAP) in Pennsylvania’s Department of Human Services (DHS) oversees the physical health portion of HealthChoices. Physical health services are provided through the physical health managed care organizations (PH-MCOs). Behavioral health services are provided through behavioral health managed care organizations (BH-MCOs). For more information on behavioral health services, see page 89.

Welcome to UnitedHealthcare Community Plan

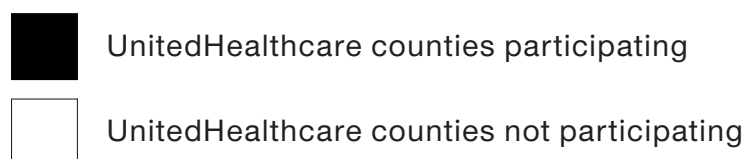
UnitedHealthcare Community Plan welcomes you as a “member” in HealthChoices and UnitedHealthcare Community Plan! UnitedHealthcare has offered quality health care to Pennsylvania residents since 1989 through the HealthChoices Program. Today, as a licensed health maintenance organization (HMO), UnitedHealthcare Community Plan works to improve the health and well-being of our members and their communities. With UnitedHealthcare Community Plan, you get all of your regular Medicaid benefits plus more services.

Section 1 — Welcome

Pennsylvania Community Plan

Key

UnitedHealthcare Community Plan counties:



UnitedHealthcare Community Plan has a network of contracted providers, facilities, and suppliers to provide covered physical health services to members. It is important to use our provider network. Our providers accept our payments and agree they will not bill you for covered services. They accept our standards for appointments, for their offices, and the quality of the care they provide. Providers outside our network may have different standards.

There are some exceptions, times when you may use out-of-network providers. In some cases, you will need a prior authorization to do so. Page 23 tells you about these exceptions, and how your PCP, or other in-network provider, can help you ask for that authorization.

Member Services

Staff at Member Services can help you with:

- Explaining your plan, options, and choices
- Answering questions about how to get care
- Helping you with any problems you have with your health care
- Helping you with PCP changes if you need a new PCP for any reason
- Helping you file a Grievance or ask for a State Fair Hearing

UnitedHealthcare Community Plan's Member Services are available:

Monday, Tuesday, Thursday, and Friday, 8:00 a.m. to 5:00 p.m.

Wednesday, 8:00 a.m. to 8:00 p.m.

If you call after hours, your call will be received by UnitedHealthcare Crisis Line, Nurseline or Voicemail. If you choose to leave a voicemail a representative will call you back in one business day.

And can be reached at toll-free **1-800-414-9025**, TTY/PA Relay **711**.

Member Services can also be contacted in writing at:

Member Services
UnitedHealthcare Community Plan
680 Blair Mill Road, 2nd Floor
Horsham, PA 19044

and



Website: myuhc.com/CommunityPlan


Section 1 — Welcome

Member identification cards

Your UnitedHealthcare Community Plan member ID card

Every UnitedHealthcare Community Plan member will get a UnitedHealthcare Community Plan member ID card. Show this ID card, your Pennsylvania ACCESS card and any other insurance cards every time you get health care or pharmacy services. Your member ID card will have your name, member number, your PCP's name and phone number. If you do not have a member ID card or need a new one, call Member Services at **1-800-414-9025**, TTY/PA Relay **711**. You can also call if the information on your card is wrong. If your ID card is lost or stolen, please notify Member Services immediately. You will continue to be covered for all services while a new ID card is issued.

	
Health Plan (80840) 911-87726-04	
Member ID: 999999999	Group: PAPHCP
Member: Subscriber Brown	Payer ID: 87726
Medicaid ID: 9999999999	 Rx Bin: 610494 Rx Grp: ACUPA Rx PCN: 9999
PCP Name: Provider Brown	
PCP Phone: (999) 999-9999	
Copays and Limits May Apply to Some Services 0501 UnitedHealthcare Community Plan for Families Administered by UnitedHealthcare of Pennsylvania, Inc.	

In an emergency go to nearest emergency room or call 911.		Printed: 09/28/11
		
By using this card for services, you agree to the release of medical information, as stated in your member handbook. To verify benefits or to find a provider, visit the website www.myuhc.com/communityplan or call.		
For Members:	800-414-9025	TTY 711
For Providers:	www.uhccommunityplan.com	800-600-9007
Medical Claims:	PO Box 8207, Kingston, NY, 12402	
Pharmacy Claims:	OptumRx, PO Box 29044, Hot Springs, AR 71903	
For Pharmacists:	877-305-8952	

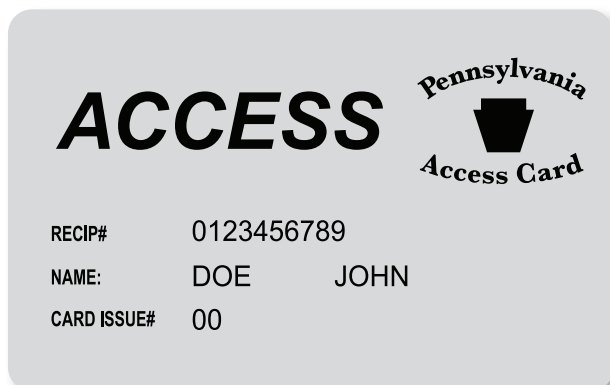
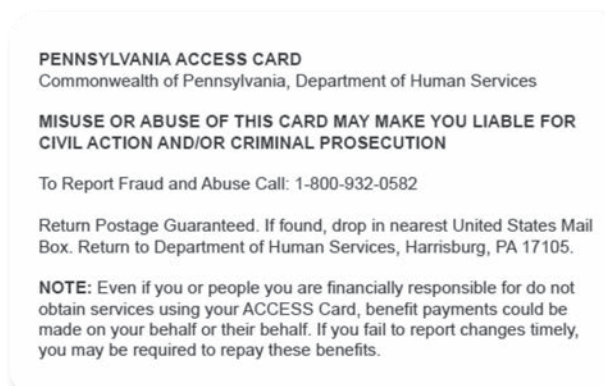
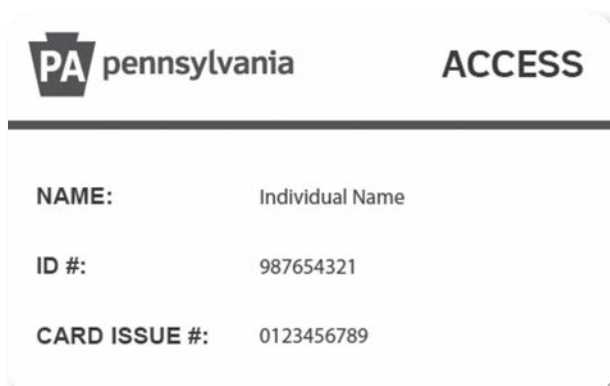
You will also get an ACCESS or EBT card

You will need to present this card along with your UnitedHealthcare Community Plan ID card at all appointments. If you lose your ACCESS or EBT card, call your County Assistance Office (CAO). The phone number for the CAO is listed below under the **Important Contact Information** section. You will receive one of the following two cards.

The MA cards with the Capitol and cherry blossoms may be used for cash assistance, the Supplemental Nutritional Assistance Program (SNAP) and MA. Additionally, if a Member is eligible for cash assistance, they are automatically eligible for MA. Typically, this card is issued the person who the cash assistance and/or SNAP benefit is directed to, or for MA it is issued to the head of household.



The “Blue Card(s)” are issued only for MA to all other members of the household.



Older MA cards that may still be active are shown here. The green/blue card with yellow “ACCESS” may also serve as the head of household’s EBT card for SNAP and cash assistance, and their MA card. The yellow card is only for MA for all other members of the household.

Until you get your UnitedHealthcare Community Plan ID card, use your ACCESS card for your health care services that you get through HealthChoices.

Important contact information

The following is a list of important phone numbers you may need. If you are not sure who to call, please contact Member Services for help: **1-800-414-9025**, TTY/PA Relay **711**.

Emergencies

Please see Section 3, **Covered Physical Health Services**, beginning on page 34, for more information about emergency services. If you have an emergency, you can get help by going to the nearest emergency department, calling **911**, or calling your local ambulance service.

Important contact information – At a glance

Name	Contact information: phone or website	Support provided
Pennsylvania Department of Human Services phone numbers		
County Assistance Office/COMPASS	1-877-395-8930 or 1-800-451-5886 (TTY/TTD) or www.compass.state.pa.us or myCOMPASS PA mobile app for smart phones	Change your personal information for Medical Assistance eligibility. See page 115 of this handbook for more information.
Fraud and Abuse Reporting Hotline, Department of Human Services	1-844-DHS-TIPS (1-844-347-8477)	Report member or provider fraud or abuse in the Medical Assistance Program. See page 33 of this handbook for more information.

Name	Contact information: phone or website	Support provided
Other important phone numbers		
UnitedHealthcare Community Plan Nurse Hotline	UnitedHealthcare Community Plan Nurse Hotline 1-844-222-7341 or you can contact one of our nurses through an online web chat by visiting myuhc.com/CommunityPlan	Talk with a nurse 24 hours a day, 7 days a week, about urgent health matters. See page 24 of this handbook for information.
Enrollment Assistance Program	1-800-440-3989	Pick or change a HealthChoices plan. See page 17 of this handbook for more information.
Insurance Department, Bureau of Consumer Services	1-877-881-6388	Ask for a complaint form, file a complaint, or talk to a consumer services representative.
Protective Services	1-800-490-8505	Report suspected abuse, neglect, exploitation, or abandonment of an adult over age 60 and an adult between age 18 and 59 who has a physical or mental disability.

Section 1 — Welcome

Other phone numbers

Childline 1-800-932-0313

County Assistance Office page 115

Crisis Intervention Services page 129

Legal Aid 1-800-322-7572

Medical Assistance Transportation Program page 78

Mental Health/Intellectual Disability Services page 139

Suicide and Crisis Lifeline

The 988 Suicide and Crisis Lifeline number is available 24/7.

Call: **988**

Text: **988**

Visit or Chat: 988lifeline.org

If mental health care or support is needed, you can learn more about services in PA at <http://www.dhs.pa.gov/Services/Mental Health in PA/Pages/default.aspx>.

Communication services

UnitedHealthcare Community Plan can provide this handbook and other information you need in languages other than English at no cost to you. UnitedHealthcare Community Plan can also provide your handbook and other information you need in other formats such as compact disc, braille, large print, DVD, electronic communication, and other formats if you need them, at no cost to you. Please contact Member Services at **1-800-414-9025**, TTY/PA Relay **711** to ask for any help you need. Depending on the information you need, it may take up to 5 business days for UnitedHealthcare Community Plan to send you the information.

UnitedHealthcare Community Plan will also provide an interpreter, including for American Sign Language or TTY services, if you do not speak or understand English or are deaf or hard of hearing. These services are available at no cost to you. If you need an interpreter, call Member Services at **1-800-414-9025**, TTY/PA Relay **711** and Member Services will connect you with the interpreter service that meets your needs. Call Member Services who will connect you to the next available TTY line.

If your PCP or other provider cannot provide an interpreter for your appointment, UnitedHealthcare Community Plan will provide one for you. Call Member Services at **1-800-414-9025**, TTY/PA Relay **711** if you need an interpreter for an appointment.

Enrollment

In order to get services in HealthChoices, you need to stay eligible for Medical Assistance. You will get paperwork or a phone call about renewing your eligibility. It is important that you follow instructions so that your Medical Assistance does not end. If you have questions about any paperwork you get or if you are unsure whether your eligibility for Medical Assistance is up to date, call UnitedHealthcare Community Plan Member Services at **1-800-414-9025**, TTY/PA Relay **711** or your CAO.

Enrollment services

The Medical Assistance Program works with the Enrollment Assistance Program (EAP) to help you enroll in HealthChoices. You received information about EAP with the information you received about selecting a HealthChoices plan. Enrollment specialists can give you information about all of the HealthChoices plans available in your area so that you can decide which one is best for you. If you do not pick a HealthChoices plan, a HealthChoices plan will be chosen for you. Enrollment specialists can also help you if you want to change your HealthChoices plan or if you move to another county.

Enrollment specialists can help you:

- Pick a HealthChoices plan
- Change your HealthChoices plan
- Pick a PCP when you first enroll in a HealthChoices plan
- Answer questions about all of the HealthChoices plans
- Determine whether you have special needs, which could help you decide which HealthChoices plan to pick
- Give you more information about your HealthChoices plan

To contact the EAP, call 1-800-440-3989 or 1-800-618-4225 (TTY).

Changing your HealthChoices plan

You may change your HealthChoices plan at any time, for any reason. To change your HealthChoices plan, call the EAP at 1-800-440-3989 or 1-800-618-4225 (TTY). They will tell you when the change to your new HealthChoices plan will start, and you will stay in UnitedHealthcare Community Plan until then. It can take up to 6 weeks for a change to your HealthChoices plan to take effect. Use your UnitedHealthcare Community Plan ID card at your appointments until your new plan starts.

Section 1 — Welcome

Changes in the household

Call your CAO and Member Services at **1-800-414-9025**, TTY/PA Relay **711** if there are any changes to your household.

For example:

- Someone in your household is pregnant or has a baby
- Your address or phone number changes
- You or a family member who lives with you gets other health insurance
- You or a family member who lives with you gets very sick or becomes disabled
- A family member moves in or out of your household
- There is a death in the family

A newborn baby is automatically assigned to the mother's current HealthChoices plan. You may change your baby's plan by calling the EAP at **1-800-440-3989**. Once the change is made you will receive a new HealthChoices member ID card for your baby.

Remember that it is important to call your CAO right away if you have any changes in your household because the change could affect your benefits.

What happens if I move?

If you move out of your county you may need to choose a new HealthChoices plan. Contact your CAO if you move. If UnitedHealthcare Community Plan also serves your new county you can stay with UnitedHealthcare Community Plan. If UnitedHealthcare Community Plan does not serve your new county, the EAP can help you select a new plan.

If you move out of state, you will no longer be able to get services through HealthChoices. Your caseworker will end your benefits in Pennsylvania. You will need to apply for benefits in your new state.

Loss of benefits

There are a few reasons why you may lose your benefits completely.

They include:

- Your Medical Assistance ends for any reason. If you are eligible for Medical Assistance again within 6 months, you will be re-enrolled in the same HealthChoices plan unless you pick a different HealthChoices plan.
- You go to a nursing home outside of Pennsylvania
- You have committed Medical Assistance fraud and have finished all appeals
- You go to prison or are placed in a youth development center

There are also reasons why you may no longer be able receive services through a physical health MCO and you will be placed in the fee-for service program.

They include:

- You are placed in a youth development center/detention center for more than 35 days in a row
- You are 21 years of age or older and begin receiving Medicare Part D (Prescription Drug Coverage)
- You go to a state mental health hospital

You may also become eligible for Community HealthChoices. If you become eligible for Medicare coverage or become eligible for nursing facility or home and community based services, you will be eligible for Community HealthChoices. For more information on Community HealthChoices visit www.healthchoices.pa.gov.

You will receive a notice from DHS if you lose your benefits or if you are no longer able to receive services through a physical health MCO and will begin to receive services through the fee-for-service system or Community HealthChoices.

Information about providers

The UnitedHealthcare Community Plan's provider directory has information about the providers in UnitedHealthcare Community Plan's network. The provider directory is located online here: myuhc.com/CommunityPlan. You may call Member Services at **1-800-414-9025**, TTY/PA Relay **711** to ask that a copy of the provider directory be sent to you or to request information about where a doctor went to medical school or their residency program. You may also call Member Services to get help finding a provider. The provider directory includes the following information about network providers*:

- Name, address, website address, email address, telephone number
- Whether or not the provider is accepting new patients
- Days and hours of operation
- The provider's credentials and board certifications
- The provider's specialty and services offered by the provider
- Whether or not the provider speaks languages other than English and, if so, which languages
- Whether or not the provider locations are wheelchair accessible

* The information in the printed provider directory may change. You can call Member Services to check if the information in the provider directory is current. UnitedHealthcare Community Plan updates the printed provider directory twice a month. The online directory is updated weekly.

Picking your Primary Care Provider (PCP)

Your PCP is the doctor or doctors' group who provides and works with your other health care providers to make sure you get the health care services you need. Your PCP refers you to specialists you need and keeps track of the care you get by all of your providers.

A PCP may be a family doctor, a general practice doctor, a pediatrician (for children and teens), or an internist (internal medicine doctor). You may also pick a certified registered nurse practitioner (CRNP) as a PCP. A CRNP works under the direction of a doctor and can do many of the same things a doctor can do such as prescribing medicine and diagnosing illnesses.

Some doctors have other medical professionals who may see you and provide care and treatment under the supervision of your PCP.

Some of these medical professionals may be:

- Physician Assistants
- Medical Residents
- Certified Nurse-Midwives

If you have Medicare, you can stay with the PCP you have now even if your PCP is not in UnitedHealthcare Community Plan's network. If you do not have Medicare, your PCP must be in UnitedHealthcare Community Plan's network.

If you have special needs, you can ask for a specialist to be your PCP. The specialist needs to agree to be your PCP and must be in UnitedHealthcare Community Plan's network.

Enrollment specialists can help you pick your first PCP with UnitedHealthcare Community Plan. If you do not pick a PCP through the EAP within 14 days of when you picked UnitedHealthcare Community Plan, UnitedHealthcare Community Plan will pick your PCP for you.

Changing your PCP

If you want to change your PCP for any reason, call Member Services at **1-800-414-9025**, TTY/PA Relay **711** to ask for a new PCP. If you need help finding a new PCP, you can go to myuhc.com/CommunityPlan which includes a provider directory, or ask Member Services to send you a printed provider directory.

UnitedHealthcare Community Plan will send you a new ID card with the new PCP's name and phone number on it. The Member Services representative will tell you when you can start seeing your new PCP. When you change your PCP, UnitedHealthcare Community Plan will send your medical records from your old PCP to your new PCP. In emergencies, UnitedHealthcare Community Plan will help to transfer your medical records as soon as possible.

If you have a pediatrician or pediatric specialist as a PCP, you may ask for help to change to a PCP who provides services for adults.

Office visits

Making an appointment with your PCP

To make an appointment with your PCP, call your PCP's office. If you need help making an appointment, please call UnitedHealthcare Community Plan Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

If you need help getting to your doctor's appointment, please see the **Medical Assistance Transportation Program (MATP)** section on page 78, of this handbook or call UnitedHealthcare Community Plan Member Services at the phone number above.

If you do not have your UnitedHealthcare Community Plan ID card by the time of your appointment, take your ACCESS card with you. You should also tell your PCP that you selected UnitedHealthcare Community Plan as your HealthChoices plan.

Appointment standards

UnitedHealthcare Community Plan's providers must meet the following appointment standards:

- Your PCP should see you within 10 business days of when you call for a routine appointment
- You should not have to wait in the waiting room longer than 30 minutes, unless the doctor has an emergency
- If you have an urgent medical condition, your provider should see you within 24 hours of when you call for an appointment
- If you have an emergency, the provider must see you immediately or refer you to an emergency room
- If you are pregnant and:
 - In your first trimester, your provider must see you within 10 business days of UnitedHealthcare Community Plan learning you are pregnant
 - In your second trimester, your provider must see you within 5 business days of UnitedHealthcare Community Plan learning you are pregnant
 - In your third trimester, your provider must see you within 4 business days of UnitedHealthcare Community Plan learning you are pregnant
 - Have a high-risk pregnancy, your provider must see you within 24 hours of UnitedHealthcare Community Plan learning you are pregnant

Referrals

A referral is when your PCP sends you to a specialist. A specialist is a doctor (or a doctor's group) or a CRNP who focuses his or her practice on treating one disease or medical condition or a specific part of the body. If you go to a specialist without a referral from your PCP, you may have to pay the bill.

If UnitedHealthcare Community Plan does not have at least 2 specialists in your area and you do not want to see the specialist in your area, UnitedHealthcare Community Plan will work with you to see an out-of-network specialist at no cost to you. Your PCP must contact UnitedHealthcare Community Plan to let UnitedHealthcare Community Plan know you want to see an out-of-network specialist and get approval from UnitedHealthcare Community Plan before you see the specialist.

Your PCP will help you make the appointment with the specialist. The PCP and the specialist will work with you and with each other to make sure you get the health care you need.

Sometimes you may have a special medical condition where you need to see the specialist often. When your PCP refers you for several visits to a specialist, this is called a standing referral.

For a list of specialists in UnitedHealthcare Community Plan's network, please see the provider directory on our website at myuhc.com/CommunityPlan or call Member Services at **1-800-414-9025**, TTY/PA Relay **711** to ask for a printed provider directory.

Self-referrals

Self-referrals are services you arrange for yourself and do not require that your PCP arrange for you to receive the service. You must use a UnitedHealthcare Community Plan network provider unless UnitedHealthcare Community Plan approves an out-of-network provider.

The following services do not require referral from your PCP:

- Prenatal visits
- Routine obstetric (OB) care
- Routine gynecological (GYN) care
- Routine family planning services (may see out-of-network provider without approval)
- Routine dental services
- Routine eye exams
- Emergency services

You do not need a referral from your PCP for behavioral health services. You can call your behavioral health managed care organization for more information. Please see Section 7 of the handbook, on page 89 for more information.

After-hours care

You can call your PCP for non-emergency medical problems 24 hours a day, 7 days a week. On-call health care professionals will help you with any care and treatment you need.

UnitedHealthcare Community Plan has a toll-free nurse hotline at 1-844-222-7341 that you can also call 24 hours a day, 7 days a week. A nurse will talk with you about your urgent health matters.

Member engagement

Suggesting changes to policies and services

UnitedHealthcare Community Plan would like to hear from you about ways to make your experience with HealthChoices better. If you have suggestions for how to make the program better or how to deliver services differently, please contact Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

UnitedHealthcare Community Plan Health Education Advisory Committee (HEAC)

UnitedHealthcare Community Plan has a Health Education Advisory Committee (HEAC) that includes members and network providers. The Committee provides advice to UnitedHealthcare Community Plan about the experiences and needs of members like you. For more information about the Committee, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711** or go to the website myuhc.com/CommunityPlan.

No-cost GED testing

When you pass the general educational development (GED) test, you can improve your future — and your health. To help you further your education and achieve your goals, UnitedHealthcare Community Plan will provide eligible members with free resources to assist with obtaining a GED certificate. Eligible members are qualified to receive the following: unlimited free study materials and practice tests, live tutoring, weekly advising from an assigned, bi-lingual advisor throughout the program and test pass guarantee. For more information call Member Services at **1-800-414-9025**, TTY/PA Relay **711**. To qualify for this benefit, members must: 18 years or above in age, not be currently enrolled in high school/ college and not be currently enrolled for a GED test.

One Pass – gym and digital fitness membership

One Pass can help you reach your fitness goals whether you work out at home or at the gym. Available at no extra cost to eligible members. Includes: Access to a large, nationwide network of gyms and fitness locations; Live, digital fitness classes and on-demand workouts. Bring a caregiver to the gym with you at no extra cost. Join at UHCCP.com/OnePassPA or call Member Services at **1-800-414-9025**, TTY/PA Relay **711** for more information.

On My Way

On My Way (OMW) is a fully interactive application for a smart phone or tablet that walks members ages 14-26 through “gameified” tracks for learning about the transition to adulthood. The tracks include housing, education, health care and finance. Any individual can access OMW, as long as they have a valid email account.

Get started

Begin the journey at uhcomw.com.

Member Rewards program

UnitedHealthcare Community Plan’s Member Rewards program is designed to encourage the use of preventive health care services. The Member Rewards program educates our qualified Medicaid members on the importance of scheduling and completing key preventive services/screenings. Eligible Medicaid members have the opportunity to earn rewards for completing screenings and exams.

UnitedHealthcare Community Plan Quality Improvement Program

The Quality Improvement Program that UnitedHealthcare Community Plan utilizes incorporates processes and programs to measure, test, and improve the quality and safety of clinical care and program services provided to our members. The program coordinates activities and initiatives to meet the needs of our members.

UnitedHealthcare Community Plan works to continuously improve the quality of care and services provided by our health care delivery system both from the clinical and non-clinical perspective.

UnitedHealthcare Community Plan has specific goals and objectives related to quality improvement for our members:

- Promote and combine quality into the health plan's organizational structure and processes
- Promote measuring and testing of patient care and services provided by practitioners and providers for compatibility with evidence-based medicine guidelines
- Find and look at opportunities for improvement related to member care and outreach programs and put in place actions and follow-up
- Coordinate quality improvement, risk management, patient safety and operational activities
- Maintain compliance with local, state, and federal regulatory requirements and accreditation standards
- Serve culturally and linguistically diverse populations
- Measure and improve quality indicators
- Support members living healthier lives, including those with multiple complex illnesses

UnitedHealthcare Community Plan's quality improvement activities and programs are always being assessed and updated with the latest guidance from accreditation organizations, state requirements, and clinical professional guidelines. Meeting members healthcare needs to live healthier lives is the pillar of our programs. Utilizing a systematic and monitored approach the plan analyzes programs for effectiveness of any programs especially around services such as well visits, diabetes, lead screening, pregnancy and woman's health. Provider outreach is part of this approach and engagement with providers is ongoing with clinical staff at the provider sites. Our quality staff is always engaging with providers and members to bring about a holistic overall approach to programs for our members.

If you want more information on our Quality Improvement Program including outreach and clinical programs, contact us at **1-800-385-7978**.

Section 2 – Rights and responsibilities

Member rights and responsibilities

UnitedHealthcare Community Plan and its network of providers do not discriminate against members based on race, sex, religion, national origin, disability, age, sexual orientation, gender identity, or any other basis prohibited by law.

As a UnitedHealthcare Community Plan member, you have the following rights and responsibilities.

Member rights

You have the right:

1. To be treated with respect, recognizing your dignity and need for privacy, by UnitedHealthcare Community Plan staff and network providers.
2. To get information in a way that you can easily understand and find help when you need it.
3. To get information that you can easily understand about UnitedHealthcare Community Plan, its services, and the doctors and other providers that treat you.
4. To pick the network health care providers that you want to treat you.
5. To get emergency services when you need them from any provider without UnitedHealthcare Community Plan approval.
6. To get information that you can easily understand and talk to your providers about your treatment options, risks of treatment, and tests that may be self-administered without any interference from UnitedHealthcare Community Plan.
7. To make all decisions about your health care, including the right to refuse treatment. If you cannot make treatment decisions by yourself, you have the right to have someone else help you make decisions or make decisions for you.
8. To talk with providers in confidence and to have your health care information and records kept confidential.
9. To see and get a copy of your medical records and to ask for changes or corrections to your records.
10. To ask for a second opinion.

Section 2 — Rights and responsibilities

11. To file a Grievance if you disagree with UnitedHealthcare Community Plan's decision that a service is not medically necessary for you.
12. To file a complaint if you are unhappy about the care or treatment you have received.
13. To ask for a DHS Fair Hearing.
14. To be free from any form of restraint or seclusion used to force you to do something, to discipline you, to make it easier for the provider, or to punish you.
15. To get information about services that UnitedHealthcare Community Plan or a provider does not cover because of moral or religious objections and about how to get those services.
16. To exercise your rights without it negatively affecting the way DHS, UnitedHealthcare Community Plan, and network providers treat you.
17. To create an advance directive. See Section 6 on page 88 for more information.
18. To make recommendations about the rights and responsibilities of UnitedHealthcare Community Plan's members.

Member responsibilities

Members need to work with their health care service providers. UnitedHealthcare Community Plan needs your help so that you get the services and supports you need.

These are the things you should do:

1. Provide, to the extent you can, information needed by your providers.
2. Follow instructions and guidelines given by your providers.
3. Be involved in decisions about your health care and treatment.
4. Work with your providers to create and carry out your treatment plans.
5. Tell your providers what you want and need.
6. Learn about UnitedHealthcare Community Plan coverage, including all covered and non-covered benefits and limits.
7. Use only network providers unless UnitedHealthcare Community Plan approves an out-of-network provider or you have Medicare.
8. Get a referral from your PCP to see a specialist.
9. Respect other patients, provider staff, and provider workers.
10. Make a good-faith effort to pay your co-payments.
11. Report fraud and abuse to the DHS Fraud and Abuse Reporting Hotline.

Privacy and confidentiality

UnitedHealthcare Community Plan must protect the privacy of your protected health information (PHI). UnitedHealthcare Community Plan must tell you how your PHI may be used or shared with others. This includes sharing your PHI with providers who are treating you or so that UnitedHealthcare Community Plan can pay your providers. It also includes sharing your PHI with DHS. This information is included in UnitedHealthcare Community Plan's Notice of Privacy Practices. To get a copy of UnitedHealthcare Community Plan's Notice of Privacy Practices, please call the UnitedHealth Group Call Center at 1-866-633-2446, TTY/PA Relay 711 or visit www.uhccommunityplan.com/privacy-policy.html#hippa.

Co-payments

A co-payment is the amount you pay for some covered services. It is usually only a small amount. You will be asked to pay your co-payment when you get the service, but you cannot be denied a service if you are not able to pay a co-payment at that time. If you did not pay your co-payment at the time of the service, you may receive a bill from your provider for the co-payment.

Co-payment amounts can be found in the **Covered Services** chart on page 34 of this handbook.

The following members do not have to pay co-payments:

- Members under age 18
- Pregnant women (including 1 year after the child is born (the post-partum period))
- Members who live in a long-term care facility including intermediate care facilities for the intellectually disabled and other related conditions or other medical institution
- Members who live in a personal care home or domiciliary care home
- Members eligible for benefits under the Breast and Cervical Cancer Prevention and Treatment Program
- Members eligible for benefits under Title IV-B Foster Care and Title IV-E Foster Care and Adoption Assistance

The following services do not require a co-payment:

- Emergency services
- Laboratory services
- Family planning services, including supplies
- Hospice services
- Home health services

Section 2 — Rights and responsibilities

- Tobacco cessation services
- Renal dialysis services
- Oxygen
- Rental of durable medical equipment
- Targeted case management services
- Blood and blood products
- Ostomy supplies
- Screenings provided under the EPSDT Program

What if I am charged a co-payment and I disagree?

If you believe that a provider charged you the wrong amount for a co-payment or for a co-payment you believe you should not have to pay, you can file a complaint with UnitedHealthcare Community Plan. Please see Section 8, **Complaints, Grievances, and Fair Hearings** for information on how to file a Complaint, or call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Billing information

Providers in UnitedHealthcare Community Plan's network may not bill you for medically necessary services that UnitedHealthcare Community Plan covers. Even if your provider has not received payment or the full amount of his or her charge from UnitedHealthcare Community Plan, the provider may not bill you. This is called balance billing.

When can a provider bill me?

Providers may bill you if:

- You did not pay your co-payment
- You received services from an out-of-network provider without approval from UnitedHealthcare Community Plan and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service
- You received services that are not covered by UnitedHealthcare Community Plan and the provider told you before you received the service that the service would not be covered, and you agreed to pay for the service
- You received a service from a provider that is not enrolled in the Medical Assistance Program

What do I do if I get a bill?

If you get a bill from a UnitedHealthcare Community Plan network provider and you think the provider should not have billed you, you can call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

If you get a bill from a provider for one of the above reasons that a provider is allowed to bill you, you should pay the bill or call the provider.

Third-party liability

You may have Medicare or other health insurance. Medicare or your other health insurance is your primary insurance. This other insurance is known as “third party liability” or TPL. Having other insurance does not affect your Medical Assistance eligibility. In most cases, your Medicare or other insurance will pay your PCP or other provider before UnitedHealthcare Community Plan pays. UnitedHealthcare Community Plan can only be billed for the amount that your Medicare or other health insurance does not pay.

You must tell both your CAO and Member Services at **1-800-414-9025**, TTY/PA Relay **711** if you have Medicare or other health insurance. When you go to a provider or to a pharmacy you must tell the provider or pharmacy about all forms of medical insurance you have and show the provider or pharmacy your Medicare card or other insurance card, ACCESS or EBT card, and your UnitedHealthcare Community Plan ID card. This helps make sure your health care bills are paid timely and correctly.

Coordination of benefits

If you have Medicare and the service or other care you need is covered by Medicare, you can get care from any Medicare provider you pick. The provider does not have to be in UnitedHealthcare Community Plan’s network. You also do not have to get prior authorization from UnitedHealthcare Community Plan or referrals from your Medicare PCP to see a specialist. UnitedHealthcare Community Plan will work with Medicare to decide if it needs to pay the provider after Medicare pays first, if the provider is enrolled in the Medical Assistance Program.

If you need a service that is not covered by Medicare but is covered by UnitedHealthcare Community Plan, you must get the service from a UnitedHealthcare Community Plan network provider. All UnitedHealthcare Community Plan rules, such as prior authorization and specialist referrals, apply to these services.

Section 2 — Rights and responsibilities

If you do not have Medicare but you have other health insurance and you need a service or other care that is covered by your other insurance, you must get the service from a provider that is in both the network of your other insurance and UnitedHealthcare Community Plan's network. You need to follow the rules of your other insurance and UnitedHealthcare Community Plan, such as prior authorization and specialist referrals. UnitedHealthcare Community Plan will work with your other insurance to decide if it needs to pay for the services after your other insurance pays the provider first.

If you need a service that is not covered by your other insurance, you must get the services from a UnitedHealthcare Community Plan network provider. All UnitedHealthcare Community Plan rules, such as prior authorization and specialist referrals, apply to these services.

Recipient Restriction/Lock-in Program

The Recipient Restriction/Member Lock-In Program requires a member to use specific providers if the member has abused or overused his or her health care or prescription drug benefits. UnitedHealthcare Community Plan works with DHS to decide whether to limit a member's doctor, pharmacy, and dentist or other provider.

How does it work?

UnitedHealthcare Community Plan reviews the health care and prescription drug services you have used. If UnitedHealthcare Community Plan finds overuse or abuse of health care or prescription services, UnitedHealthcare Community Plan asks DHS to approve putting a limit on the providers you can use. If approved by DHS, UnitedHealthcare Community Plan will send you a written notice that explains the limit.

You can pick the providers, or UnitedHealthcare Community Plan will pick them for you. If you want a different provider than the one UnitedHealthcare Community Plan picked for you, call Member Services at **1-800-414-9025**, TTY/PA Relay **711**. The limit will last for 5 years even if you change HealthChoices plans.

If you disagree with the decision to limit your providers, you may appeal the decision by asking for a DHS Fair Hearing, within 30 days of the date of the letter telling you that UnitedHealthcare Community Plan has limited your providers.

Section 2 — Rights and responsibilities

You must sign the **written** request for a Fair Hearing and send it to:

Department of Human Services, Office of Administration
Bureau of Program Integrity – DPPC, Recipient Restriction Section
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

If you need help asking for a Fair Hearing, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711** or contact your local legal aid office.

If your appeal is postmarked within 15 days of the date on UnitedHealthcare Community Plan's notice, the limits will not apply until your appeal is decided. If your appeal is postmarked more than 15 days but within 30 days from the date on the notice, the limits will be in effect until your appeal is decided. The Bureau of Hearings and Appeals will let you know, in writing, of the date, time, and place of your hearing. You may not file a Grievance or Complaint through UnitedHealthcare Community Plan about the decision to limit your providers.

After 5 years, UnitedHealthcare Community Plan will review your services again to decide if it the limits should be removed or continued and will send the results of its review to DHS. UnitedHealthcare Community Plan will tell you the results of the review in writing.

Reporting fraud or abuse

How do I report member fraud or abuse?

If you think that someone is using your or another member's UnitedHealthcare Community Plan card to get services, equipment, or medicines, is forging or changing their prescriptions, or is getting services they do not need, you can call the UnitedHealthcare Community Plan Fraud and Abuse Hotline at 1-877-401-9430 TTY/PA Relay 711 to give UnitedHealthcare Community Plan this information. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

How do I report provider fraud or abuse?

Provider fraud is when a provider bills for services, equipment, or medicines you did not get or bills for a different service than the service you received. Billing for the same service more than once or changing the date of the service are also examples of provider fraud. To report provider fraud, you can call the UnitedHealthcare Community Plan's Fraud and Abuse Hotline at 1-877-401-9430. You may also report this information to the DHS Fraud and Abuse Reporting Hotline at 1-844-DHS-TIPS (1-844-347-8477).

Section 3 – Physical health services

Covered services

The chart below lists the services that are covered by UnitedHealthcare Community Plan, when the services are medically necessary. Some of the services have limits, co-payments or need a referral from your PCP or require prior authorization by UnitedHealthcare Community Plan. If you need services beyond the limits listed below, your provider can sometimes ask for an exception, as explained below in this section. Limits do not apply if you are under age 21 or pregnant. All medically necessary Medicaid-coverable services in any amount are covered for individual members under the age of 21.

Service		Children	Adults
Primary Care Provider	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Specialist	Limit	None	None
	Co-Payment	None	\$1
	Prior Authorization	Referral from PCP except for dental, family planning, vision care, chiropractic services, or OB/GYN services.	Referral from PCP except for dental, family planning, vision care, chiropractic services, or OB/GYN services.
Certified Registered Nurse Practitioner	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None

Section 3 — Physical health services

Service		Children	Adults
Federally Qualified Health Center/ Rural Health Center	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Outpatient Non-Hospital Clinic	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Outpatient Hospital Clinic	Limit	None	None
	Co-Payment	None	\$1
	Prior Authorization	None	None
Podiatrist Services	Limit	None	None
	Co-Payment	None	\$1
	Prior Authorization	May require prior authorization.	May require prior authorization.
Chiropractor Services	Limit	None	None
	Co-Payment	None	\$1
	Prior Authorization	None	None
Optometrist Services	Limit	None	2 visits/year
	Co-Payment	None	None
	Prior Authorization	None	None

Section 3 — Physical health services

Service		Children	Adults
Hospice Care	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	May require prior authorization.	May require prior authorization.
Dental Care Services	Limit	None	Dentures 1 per lifetime; Exams/prophylaxis 1 per 180 days; Crowns, periodontics and endodontics may be an available benefit if you meet one or more of the criteria listed on page 58 via an approved Benefit Limit Exception Form submitted by your dental provider.
	Co-Payment	None	None
	Prior Authorization	Prior authorization needed for some services.	Prior authorization needed for some services.
Radiology (ex. X-rays, MRIs, CTs)	Limit	None	None
	Co-Payment	None	\$1
	Prior Authorization	Prior authorization required.	Prior authorization required.
Outpatient Hospital Short Procedure Unit	Limit	None	None
	Co-Payment	None	\$3
	Prior Authorization	May require prior authorization.	May require prior authorization.

Section 3 — Physical health services

Service		Children	Adults
Outpatient Ambulatory Surgical Center	Limit	None	None
	Co-Payment	None	\$3
	Prior Authorization	May require prior authorization.	May require prior authorization.
Non-Emergency Medical Transport	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	May require prior authorization. Some services provided by MATP. Please see page 78.	May require prior authorization. Some services provided by MATP. Please see page 78.
Family Planning Services	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Renal Dialysis	Limit	None	Initial training for home dialysis is limited to 24 sessions per patient per calendar year. Backup visits to the facility limited to no more than 75 per calendar year.
	Co-Payment	None	None
	Prior Authorization	None	None

Section 3 — Physical health services

Service		Children	Adults
Emergency Services	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Urgent Care	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Ambulance Services	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Inpatient Hospital	Limit	None	None
	Co-Payment	None	\$3 per day, up to \$21 maximum per stay.
	Prior Authorization	Prior authorization needed for non-emergent admission.	Prior authorization needed for non-emergent admission.
Inpatient Rehab Hospital	Limit	None	None
	Co-Payment	None	\$3 per day, up to \$21 maximum per stay.
	Prior Authorization	Prior authorization required.	Prior authorization required.

Section 3 — Physical health services

Service		Children	Adults
Maternity Care	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Prescription Drugs	Limit	None	None
	Co-Payment *Some drugs do not have a co-payment. See Prescriptions section.	None	Brand: \$3, Generic: \$1
	Prior Authorization	Prior authorization required on some medications. See Prescriptions section.	Prior authorization required on some medications. See Prescriptions section.
Enteral/ Parenteral Nutritional Supplements	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	May require prior authorization.	May require prior authorization.
Nursing Facility Services	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	Prior authorization required.	Prior authorization required.

Section 3 — Physical health services

Service		Children	Adults
Home Health Care Including Nursing, Aide, and Therapy Services	Limit	None	Unlimited first 28 days; 15 days per month following.
	Co-Payment	None	None
	Prior Authorization	Prior authorization required.	Prior authorization required.
Durable Medical Equipment	Limit	None	None
	Co-Payment	None	\$1 limit to \$3 max
	Prior Authorization	May require prior authorization if over \$500.	May require prior authorization if over \$500.
Prosthetics and Orthotics	Limit	None	Orthopedic shoes and hearing aids are not covered. Coverage for low vision aids (e.g. magnifying glass) is limited to 1 per 2 calendar years. Coverage for an eye (ocular) prosthetic is limited to 1 per calendar year.
	Co-Payment	None	\$1 limit to \$3 max
	Prior Authorization	May require prior authorization if over \$500.	May require prior authorization if over \$500.

Section 3 — Physical health services

Service		Children	Adults
Eyeglass Lenses	Limit	Members under age 21. None Regular single vision, bifocal or trifocal lenses. Polycarbonate lenses: Covered.	Members age 21 and over are covered for 2 lenses per year. Regular single vision, bifocal or trifocal lenses. Polycarbonate lenses: Covered for adults who are blind in one eye and +/-6.00 prescription.
	Co-Payment	None	None
	Prior Authorization	None	None
Eyeglass Frames	Limit	Members under age 21 are covered for 2 frames per year. In-plan frames are covered in full. Out-of-plan frames are covered up to \$20; member must pay cost over \$20.	Members age 21 and over are covered for 1 frame per year. In-plan frames are covered in full. Out-of-plan frames are covered up to \$20; member must pay cost over \$20.
	Co-Payment	Out-of-plan frames are covered up to \$20; member must pay cost over \$20. This allowance applies at retail locations such as Walmart and may not be available at independent provider locations.	Out-of-plan frames are covered up to \$20; member must pay cost over \$20. This allowance applies at retail locations such as Walmart and may not be available at independent provider locations.
	Prior Authorization	None	None

Section 3 — Physical health services

Service		Children	Adults
Contact Lenses	Limit	<p>One pair soft daily wear contacts or medically necessary contacts covered in lieu of glasses, including contact lens exam/evaluation.</p> <p>Medically necessary contact lenses are covered when such lenses provide better management of a visual or ocular condition than can be achieved with spectacle lenses, including, but not limited to, the diagnosis of: Unilateral Aphakia; or Keratoconus when vision with glasses is less than 20/40; or Corneal transplant when vision with glasses is less than 20/40; or Anisometropia that is greater than or equal to 4.00 diopter.</p> <p>Medically necessary exceptions can be made for children under 21.</p>	<p>One pair soft daily wear contacts or medically necessary contacts covered in lieu of glasses, including contact lens exam/evaluation.</p> <p>Medically necessary contact lenses are covered when such lenses provide better management of a visual or ocular condition than can be achieved with spectacle lenses, including, but not limited to, the diagnosis of: Unilateral Aphakia; or Keratoconus when vision with glasses is less than 20/40; or Corneal transplant when vision with glasses is less than 20/40; or Anisometropia that is greater than or equal to 4.00 diopter.</p>
	Co-Payment	None	None
	Prior Authorization	None	None
Contact Lenses Fitting	Covered when medically necessary	\$0	<p>Prior authorization</p> <p>No referral</p>

Section 3 — Physical health services

Service		Children	Adults
Medical Supplies	Limit	None	None
	Co-Payment	None	\$1 limit to \$3 max
	Prior Authorization	None	None
Therapy (Physical, Occupational, Speech)	Limit	None	None
	Co-Payment	None	\$1
	Prior Authorization	None	None
Laboratory	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Tobacco Cessation	Limit	None	None
	Co-Payment Product (e.g. nicotine patch, gum etc.)	None	Brand: \$3, Generic: \$1
	Prior Authorization	None	None
Abortions	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	Must meet current federal and state guidelines and be medically necessary.	Must meet current federal and state guidelines and be medically necessary.

Section 3 — Physical health services

Service		Children	Adults
Allergy Testing	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Audiology	Limit	None	Hearing aides are not covered.
	Co-Payment	None	None
	Prior Authorization	None	None
Autism Services	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	May require prior authorization.	May require prior authorization.
Birth Control Services	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Diabetic Education, Home Visits and Monitoring	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Diabetic Supplies and Equipment	Limit	None	None
	Co-Payment	None	\$1 limit to \$3 max
	Prior Authorization	None	None

Section 3 — Physical health services

Service		Children	Adults
EPSDT Services	Limit	None	Not Covered
	Co-Payment	None	Not Covered
	Prior Authorization	None	Not Covered
Hearing Aids and Batteries	Limit	None	Not Covered
	Co-Payment	None	Not Covered
	Prior Authorization	Prior authorization required.	Not Covered
Hearing Exams	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Immunizations	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Incontinence Supplies	Limit	None	None
	Co-Payment	None	\$1 limit to \$3 max
	Prior Authorization	None	None
Mammograms	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None

Section 3 — Physical health services

Service		Children	Adults
Organ Transplant Evaluation	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	Prior authorization required.	Prior authorization required.
Orthodontia	Limit	None	Not Covered
	Co-Payment	None	Not Covered
	Prior Authorization	Prior authorization required.	Not Covered
Pain Management	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	May require prior authorization.	May require prior authorization.
Shift Care/ Private Duty Nursing	Limit	None	Not Covered
	Co-Payment	None	Not Covered
	Prior Authorization	Prior authorization required.	Not Covered
Second Opinions (Medical and Surgical)	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None
Urgent Care	Limit	None	None
	Co-Payment	None	None
	Prior Authorization	None	None

Services that are not covered

There are physical health services that UnitedHealthcare Community Plan does not cover. If you have any questions about whether or not UnitedHealthcare Community Plan covers a service for you, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

UnitedHealthcare may choose to cover experimental medical procedures, medicines, and equipment based on your specific situation. UnitedHealthcare will provide coverage for routine patient care costs for beneficiaries participating in qualifying clinical trials.

- Care from doctors that are not covered by your health insurance who are not prior-approved, except for emergency or family planning/pregnancy services
- Services covered by other insurance, workers' compensation or programs like Veterans Administration
- Boarding home expenses (residential care that is not medically necessary)
- Infertility services
- Skilled nursing or intermediate care facilities over 30 consecutive days for members outside of Community HealthChoices areas. See page 77.
- Personal convenience items (telephone, television, etc.) while in a hospital room, unless medically necessary
- Plastic or cosmetic surgery, except in case of injury or surgery that causes disfigurement or in the case of Gender Dysphoria, certain surgeries of this type may be covered. Prior Authorization required.
- Services that are not medically necessary
- Custodial services
- Home-delivered meals except if enrolled in a UnitedHealthcare Community Plan specific program
- Personal Emergency Response Systems

Second opinions

You have the right to ask for a second opinion if you are not sure about any medical treatment, service, or non-emergency surgery that is suggested for you. A second opinion may give you more information that can help you make important decisions about your treatment. A second opinion is available to you at no cost other than a co-pay.

Call your PCP to ask for the name of another UnitedHealthcare Community Plan network provider to get a second opinion. If there are not any other providers in UnitedHealthcare Community Plan's network, you may ask UnitedHealthcare Community Plan for approval to get a second opinion from an out-of-network provider.

What is Prior Authorization?

Some services or items need approval from UnitedHealthcare Community Plan before you can get the service. This is called Prior Authorization. For services that need prior authorization, UnitedHealthcare Community Plan decides whether a requested service is medically necessary before you get the service. You or your provider must make a request to UnitedHealthcare Community Plan for approval before you get the service.

What does medically necessary mean?

Medically necessary means that a service, item, or medicine does one of the following:

- It will, or is reasonably expected to, prevent an illness, condition, or disability
- It will, or is reasonably expected to, reduce or improve the physical, mental, or developmental effects of an illness, condition, injury or disability
- It will help you to get or keep the ability to perform daily tasks, taking into consideration both your abilities and the abilities of someone of the same age

If you need any help understanding when a service, item, or medicine is medically necessary or would like more information, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Utilization review process

UnitedHealthcare Community Plan reviews the health care you get to make sure it is the right care for you and that it is covered by UnitedHealthcare Community Plan and Medicaid. UnitedHealthcare Community Plan has policies we follow when making decisions about which medical services you need. Our goal is to make sure you get the medical help you need and services in the right setting. Decisions about care are based only on appropriateness of care and existing coverage. No UnitedHealthcare Community Plan employee or provider is rewarded in any way for making decisions about what care you should or should not receive, or that could result in not enough care. UnitedHealthcare Community Plan also makes sure our providers give you great care. Your doctor can ask for our decision-making procedures by calling Provider Services. You can also request decision-making procedures or call Member Services during normal business hours at **1-800-414-9025**, TTY/PA Relay **711**. Language assistance is available.

How to ask for prior authorization

To request prior authorization, please submit your request online, or by phone or fax:

- Online:** Use the Prior Authorization and Notification app on Link. Go to [UHCprovider.com](https://www.uhcprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- Phone:** **800-600-9007**
- Fax:** 877-310-3826;
Fax form is available at [UHCCommunityPlan.com](https://www.uhccommunityplan.com)
> For Health Care Professionals > Pennsylvania > Provider Information
> Prior Authorization Fax Request Form

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

If you need help to better understand the prior authorization process, talk to your PCP or specialist or call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

If you or your provider would like a copy of the medical necessity guidelines or other rules that were used to decide your prior authorization request, go to <https://www.uhcprovider.com/en/policies-protocols/comm-plan-medicaid-policies/medicaid-community-state-policies.html>. The preferred drug list (PDL) and the prior authorization requirements are located here <https://www.uhcprovider.com/en/health-plans-by-state/pennsylvania-health-plans/pa-comm-plan-home/pa-cp-pharmacy.html>.

Section 3 — Physical health services

What services, items, or medicines need prior authorization?

The following chart identifies some, but not all services, items, and medicines that require prior authorization.

Podiatrist services
Hospice care
Radiology (ex. X-rays, MRIs, CTs)
Outpatient hospital short procedure unit
Outpatient ambulatory surgical center
Non-emergency medical transport
Inpatient rehab hospital
Dental (surgical procedures, extractions)
Nursing facility services
Home health care including nursing, aide, and therapy services
Durable Medical Equipment
Prosthetics and orthotics
Hearing aids and batteries
Organ transplant evaluation
Orthodontia
Pain management
Shift care/Private duty nursing
Cystic fibrosis drugs
Obesity treatment agents
Human growth hormone drugs
Long-acting opioid drugs
Pulmonary arterial hypertension drugs

This is not a comprehensive listing of services, items, and medicines that require prior authorization. Please refer to myuhc.com/CommunityPlan or call Member Services at **1-800-414-9025**, TTY/PA Relay **711** for more information on services, items, and medicines that require prior authorization.

For those services that have limits, if you or your provider believes that you need more services than the limit on the service allows, you or your provider can ask for more services through the prior authorization process.

If you are or your provider is unsure about whether a service, item, or medicine requires prior authorization, call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Prior authorization of a service or item

UnitedHealthcare Community Plan will review the prior authorization request and the information you or your provider submitted. UnitedHealthcare Community Plan will tell you of its decision within 2 business days of the date UnitedHealthcare Community Plan received the request if UnitedHealthcare Community Plan has enough information to decide if the service or item is medically necessary.

If UnitedHealthcare Community Plan does not have enough information to decide the request, UnitedHealthcare Community Plan must tell your provider within 48 hours of receiving the request that UnitedHealthcare Community Plan needs more information to decide the request and allow 14 days for the provider to give UnitedHealthcare Community Plan more information. UnitedHealthcare Community Plan will tell you of UnitedHealthcare Community Plan's decision within 2 business days after UnitedHealthcare Community Plan receives the additional information.

You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

Prior Authorization of Home Accessibility Durable Medical Equipment

Home Accessibility Durable Medical Equipment (DME) is equipment and appliances that are used to serve a medical purpose and are generally not useful to a person without a disability, illness or injury. These items can withstand repeated use and can be reusable or removable.

Covered items include:

- Wheelchair lifts
- Stair glides
- Ceiling lifts
- Metal accessibility ramps

Section 3 — Physical health services

- Other items used by a member with a mobility impairment to enter and exit the home:
 - Are used to support activities of daily activities
 - Are removable and reusable

Also covered are:

- Installation costs
- Medically necessary repairs to the equipment
- Parts or supplies
- Labor to attach or mount the item
- Required permits
- Installing an electrical outlet or connection to an existing electrical source
- Pouring a concrete slab or foundation
- External supports such as bracing a wall
- Removing/replacing an existing railing or banister as needed to accommodate the equipment

Home modifications, such as home repairs, or changes to the home, are not a covered benefit.

A prior authorization request must include a letter of medical necessity or other clinical information from your doctor telling us:

- Why you need the equipment and/or appliance
- That the equipment and/or appliance can be safely installed
- That you can safely use the equipment and/or appliance
- That you or your caretaker can activate and control the equipment and/or appliance
- That you have an on-going need for the equipment and/or appliance

Required information also needed for the prior authorization is permission from either the property owner or the landlord to perform the installation of the equipment and the total cost and bill for the items.

Prior authorization of covered drugs

UnitedHealthcare Community Plan will review a prior authorization request for outpatient drugs, which are drugs that you do not get in the hospital, within 24 hours from when UnitedHealthcare Community Plan gets the request. You and your provider will get a written notice telling you if the request is approved or denied and, if it was denied, the reason it was denied.

If you go to a pharmacy to fill a prescription and the prescription cannot be filled because it needs prior authorization, the pharmacist will give you a temporary supply unless the pharmacist thinks the medicine will harm you. If you have not already been taking the medicine, you will get a 72-hour supply. If you have already been taking the medicine, you will get a 15-day supply. Your provider will still need to ask UnitedHealthcare Community Plan for prior authorization as soon as possible

What if I receive a denial notice?

If UnitedHealthcare Community Plan denies a request for a service, item, or drug or does not approve it as requested, you can file a Grievance or a Complaint. If you file a Complaint or a Grievance for denial of an ongoing medication, UnitedHealthcare Community Plan must authorize the medication until the Complaint or Grievance is resolved. See Section 8, **Complaints, Grievances, and Fair Hearings**, starting on page 94 of this handbook for detailed information on Complaints and Grievances.

Program exception process

For those services that have limits, if you or your provider believes that you need more services than the limits on the service allows, you or your provider can ask for a program exception (PE). The PE process is different from the **Dental Benefit Limit Exception** process described on page 58.

To ask for a PE, your PCP will provide clinical information about the benefit being requested to UnitedHealthcare Community Plan's Utilization Management department. This information will be reviewed by a UnitedHealthcare Medical Director. The determination will be communicated to both you and your doctor through standard notice processes.

Service descriptions

Emergency services

Emergency services are services needed to treat or evaluate an emergency medical condition. An emergency medical condition is an injury or illness that is so severe that a reasonable person with no medical training would believe that there is an immediate risk to a person’s life or long-term health. If you have an emergency medical condition, go to the nearest emergency room, dial **911**, or call your local ambulance provider. You do **not** have to get approval from UnitedHealthcare Community Plan to get emergency services and you may use any hospital or other setting for emergency care.

Below are some examples of emergency medical conditions and non-emergency medical conditions:

Emergency medical conditions:

- Heart attack
- Chest pain
- Severe bleeding
- Intense pain
- Unconsciousness
- Poisoning

Non-emergency medical conditions:

- Sore throat
- Vomiting
- Cold or flu
- Backache
- Earache
- Bruises, swelling, or small cuts

If you are unsure if your condition requires emergency services, call your PCP or the UnitedHealthcare Community Plan NurseLine at 1-844-222-7341 24 hours a day, 7 days a week.

Emergency medical transportation

UnitedHealthcare Community Plan covers emergency medical transportation by an ambulance for emergency medical conditions. If you need an ambulance, call **911** or your local ambulance provider. Do not call MATP (described on page 78 of this handbook) for emergency medical transportation.

Urgent care

UnitedHealthcare Community Plan covers urgent care for an illness, injury, or condition which if not treated within 24 hours, could rapidly become a crisis or an emergency medical condition. This is when you need attention from a doctor, but not in the emergency room.

If you need urgent care, but you are not sure if it is an emergency, call your PCP or the UnitedHealthcare Community Plan NurseLine at 1-844-222-7341 first. Your PCP or the hotline nurse will help you decide if you need to go to the emergency room, the PCP's office, or an urgent care center near you. In most cases if you need urgent care, your PCP will give you an appointment within 24 hours. If you are not able to reach your PCP or your PCP cannot see you within 24 hours and your medical condition is not an emergency, you may also visit an urgent care center or walk-in clinic within UnitedHealthcare Community Plan's network. Prior authorization is not required for services at an Urgent Care center.

Some examples of medical conditions that may need urgent care include:

- Vomiting
- Coughs and fever
- Sprains
- Rashes
- Earaches
- Diarrhea
- Sore throats
- Stomach aches

If you have any questions, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Section 3 — Physical health services

Dental care services

Members under 21 years of age

UnitedHealthcare Community Plan provides all medically necessary dental services for children under 21 years of age. Children may go to a participating dentist within the UnitedHealthcare Community Plan network.

Dental visits for children do not require a referral. If your child's first tooth comes in, or the child is 1 year old or older and does not have a dentist, you can ask your child's PCP to refer your child to a dentist for regular dental checkups. You can also choose a participating dentist on your own. For more information on dental services, contact UnitedHealthcare Community Plan Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Dental services covered for children under age 21 include the following, when medically needed:

- Anesthesia
- Checkups
- Cleanings
- Crowns
- Dental emergencies
- Dental surgical procedures
- Dentures
- Extractions (tooth removals)
- Fillings
- Fluoride treatments
- Orthodontics (braces)*
- Periodontal services
- Root canals
- Sealants
- X-rays

*** If braces were placed before age 21, the care will be covered until it is done, or until age 23, whichever comes first, as long as the member remains eligible for Medical Assistance and remains a member of UnitedHealthcare Community Plan. If the member changes to another HealthChoices health plan, coverage will be provided by that HealthChoices plan.**

Your children's PCP may refer them to a dental home as part of their EPSDT well-child screenings. A dental home is a dental office where you have an ongoing relationship with a dentist who provides all aspects of oral health care. UnitedHealthcare will be offering an opportunity for children to use the services of a dental van for checkups at several schools. Look for our dental flyer in the mail announcing these events. For more information on your child's dental benefits, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Members 21 years of age and older

UnitedHealthcare Community Plan covers some dental benefits for members 21 years of age and older through dentists in the UnitedHealthcare Community Plan network. Some dental services have limits.

The dental services you may get as an adult member are based on your eligibility category and need. All adult members are eligible for emergency services related to treatment symptoms and pain.

Some are also eligible for these dental services:

- Surgical procedures (requires prior authorization)
- Extractions (impacted tooth removal) (requires prior authorization)
- Extraction (simple tooth removals)
- Fillings (restorations)
- Palliative Care (emergencies)
- X-rays
- Inpatient, Short Procedure Unit (SPU) or Ambulatory Surgical Center (ASC)
- One dental exam and one cleaning every 180 days (6 months)
- Pulpotomies (removal of pulp) for pain relief
- Re-cementing of crowns (re-gluing the crown)
- In your lifetime, you can get:
 - One partial upper denture or one full upper denture. If you got a partial or full upper denture paid by the Medical Assistance program since March 1, 2004, you must get special approval, called a benefit limit exception, to get another one.
 - One partial lower denture or one full lower denture. If you got a partial or full lower denture paid by the Medical Assistance program since March 1, 2004, you must get special approval, called a benefit limit exception, to get another one.
- The services below are available only if a benefit exception is approved. Approval of a Benefit Limit Exception requires you to meet one or more of the criteria listed on page 58:
 - Crowns and related services
 - Root canals and other endodontic services
 - Periodontal services
 - Additional cleanings and exams

Section 3 — Physical health services

Dental benefit limit exception

Some dental services are only covered with a Benefit Limit Exception (BLE). You or your dentist can also ask for a BLE if you or your dentist believes that you need more dental services than the limits allow.

UnitedHealthcare Community Plan will approve a BLE if:

- You have a serious or chronic illness or health condition and without the additional service your life would be in danger; **or**
- You have a serious or chronic illness or health condition and without the additional service your health would get much worse; **or**
- You would need more expensive treatment if you do not get the requested service; **or**
- It would be against federal law for UnitedHealthcare Community Plan to deny the exception.

Your dental service may also be covered by a BLE if you have one of the following underlying medical/dental condition(s).

1. Diabetes
2. Coronary Artery Disease or risk factors for the disease
3. Cancer of the face, neck, and throat (does not include stage 0 or stage 1 non-invasive basal or sarcoma cell cancers of the skin)
4. Intellectual disability
5. Current pregnancy including post-partum period

To ask for a BLE before you receive the service, you or your dentist can call UnitedHealthcare Community Plan Member Services at **1-800-414-9025**, TTY/PA Relay **711** or send the request to:

UnitedHealthcare Community Plan for Families
Benefit Limit Exception
P.O. Box 1091
Milwaukee, WI 53201

BLE requests must include the following information:

- | | | |
|---------------------|-----------------------------------|--------------------------------|
| • Your name | • The service you need | • Your provider's name |
| • Your address | • The reason you need the service | • Your provider's phone number |
| • Your phone number | | |

Timeframes for deciding a benefit limit exception

If you or your provider asks for an exception before you get the service, UnitedHealthcare Community Plan will let you know whether or not the BLE is approved within 21 days.

Section 3 — Physical health services

If your dentist asks for an exception after you got the service, UnitedHealthcare Community Plan will let you know whether or not the BLE request is approved within 30 days of the date UnitedHealthcare Community Plan gets the request.

If you disagree with or are unhappy with UnitedHealthcare Community Plan's decision, you may file a Complaint or Grievance with UnitedHealthcare Community Plan. For more information on the Complaint and Grievance process, please see Section 8 of this handbook, **Complaints, Grievances, and Fair Hearings** on page 94.

Vision care services

Members under 21 years of age

UnitedHealthcare Community Plan covers all medically necessary vision services for children under 21 years of age. Children may go to a participating vision provider within the UnitedHealthcare Community Plan network.

Service		Members under 21 years of age
Vision		
Examination and Refraction	Limit	None
	Quantity Limit	No more than 2 examinations per calendar year, additional examinations in that year must be prior authorized.
	Co-Payment	None
	Prior Authorization	None
Standard Eyeglass Lenses	Limit	None
	Quantity Limit	No more than 4 standard lenses per calendar year, additional lenses in that year must be prior authorized.
	Co-Payment	None
	Prior Authorization	None

Section 3 — Physical health services

Service		Members under 21 years of age
Contact Lenses	Limit	None
	Quantity Limit	No more than 4 standard lenses per calendar year, additional lenses in that year must be prior authorized.
	Co-Payment	None
	Prior Authorization	None
Low Vision Aids	Limit	None
	Quantity Limit	No more than 1 low vision aid every 2 years, additional low vision aids in that time period must be prior authorized.
	Co-Payment	None
	Prior Authorization	May require prior authorization.
Eye Prostheses	Limit	None
	Quantity Limit	No more than 1 prosthesis every 2 years, additional prostheses in that time period must be prior authorized.
	Co-Payment	None
	Prior Authorization	May require prior authorization.

Please note: If you choose eyeglass frames, eyeglass lenses, and contact lenses that are not considered standard, you may have to pay out of pocket for these items. Your eye doctor will let you know if you have to pay extra for any of these services. If you have questions, you can call Member Services.

Members 21 years of age and older

UnitedHealthcare Community Plan covers some vision services for members 21 years of age and older through providers within the UnitedHealthcare Community Plan network.

The following vision services are covered for members age 21 and over:

- Routine vision exams — no referral is necessary
- UnitedHealthcare Community Plan covers prescription eyeglasses or daily wear contacts (in-plan frames, 2 lenses/1 frame per year)
- There are special provisions for members with aphakia. To learn more, call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Pharmacy benefits

UnitedHealthcare Community Plan covers pharmacy benefits that include prescription medicines and over-the-counter medicines and vitamins with a doctor's prescription.

Prescriptions

When a provider prescribes a medication for you, you can fill your prescription at any pharmacy that is in UnitedHealthcare Community Plan's network. You will need to have your UnitedHealthcare Community Plan ID card with you, and you may have a co-payment if you are over the age of 18. UnitedHealthcare Community Plan will pay for any medicine listed on the Statewide Preferred Drug List and the UnitedHealthcare Community Plan Supplemental Preferred Drug List, and may pay for other medicines if they are prior authorized. Either your prescription or the label on your medicine will tell you if your doctor ordered refills of the prescription and how many refills you may get. If your doctor ordered refills, you may only get 1 refill at a time. If you have questions about whether a prescription medicine is covered, need help finding a pharmacy in UnitedHealthcare Community Plan's network, or have any other questions, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Section 3 — Physical health services

Prescription drug co-pays

Below lists the co-pays that you may be charged. If you are under 18 years of age, pregnant or in a nursing home, you do not have co-pays.

Program/Category co-pays:

Medical assistance — \$1 Generic; \$3 Brand

The following classes of drugs do not have co-pays. If you are not sure whether you have a co-pay, call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

- Antipsychotics
- Blood pressure drugs
- Cancer drugs
- Diabetes drugs
- Glaucoma drugs
- Heart drugs
- HIV/AIDS drugs
- Naloxone/Narcan nasal spray
- Parkinson's drugs
- Seizure drugs
- Vaccines

You need a written prescription from your PCP or specialist to have your prescription filled. Many generic over-the-counter medicines are covered as long as you have a prescription. Just take your prescription to a UnitedHealthcare Community Plan participating pharmacy. Call Member Services at **1-800-414-9025**, TTY/PA Relay **711**, and someone will help you find a participating pharmacy near you. If you take your prescription to a pharmacy provider who is not participating with UnitedHealthcare Community Plan, you will be responsible to pay for that medicine, except when:

- UnitedHealthcare Community Plan approved ahead of time for you to get that prescription filled at that pharmacy, or
- The provider writing the prescription and the pharmacy are your Medicare providers, or
- The provider writing the prescription and the pharmacy are your providers for other insurance you have.

Statewide Preferred Drug List (PDL) and UnitedHealthcare Community Plan supplemental formulary

UnitedHealthcare Community Plan covers medicines listed on the Statewide Preferred Drug List (PDL) and the UnitedHealthcare Community Plan supplemental formulary. This is what your PCP or other doctor should use when deciding what medicines you should take. Both the Statewide PDL and UnitedHealthcare Community Plan supplemental formulary cover both brand name and generic drugs. Generic drugs contain the same active ingredients as brand name drugs. Any medicine prescribed by your doctor that is not on the Statewide PDL and UnitedHealthcare Community Plan's supplemental formulary needs prior authorization. The Statewide PDL and UnitedHealthcare Community Plan's supplemental formulary can change from time to time, so you should make sure that your provider has the latest information when prescribing a medicine for you.

If you have any questions or to get a copy of the Statewide Preferred Drug List or the UHC Supplemental Preferred Drug List, call Member Services at **1-800-414-9025**, TTY/PA Relay **711** or visit UnitedHealthcare Community Plan's website at welcome.optumrx.com/rxexternal/external-prescription-drug-list?type=ClientFormulary&var=UCSPAQ6&infoid=UCSPAQ6&page=insert&par=.

Reimbursement for medication

You can find information at the following link about steps you can take to get reimbursed for the medication you have paid out of pocket for. [Pennsylvania UnitedHealthcare Community Plan for Families Find a provider or pharmacy | UnitedHealthcare Community Plan \(uhc.com\)](#). Here you can find the Direct Member Reimbursement link [PA_DMR Form.docx \(uhc.com\)](#) which has a form to be used when you pay full price for your covered prescription drug(s). This form is to be used when:

- You are a new member and don't have your prescription ID card
- Your pharmacy couldn't find your information in the pharmacy system
- You were discharged from an inpatient facility after service hours
- Your primary insurance has already paid for the attached prescription (Coordination of Benefits)
- You had an emergency outside of where you live and didn't have your prescription ID card (Provide proof of Urgent Care or Emergency Room Explanation of Benefits)

This form does not cover your co-pay for a prescription medication. If you have any questions, call the toll-free member services number on your member ID card.

Specialty medicines

The Statewide PDL and UnitedHealthcare Community Plan Supplemental PDL include medicines that are called specialty medicines. A prescription for these medicines needs prior authorization. You may have a co-payment for your medicine. To see the Statewide PDL and UnitedHealthcare Community Plan Supplemental PDL and a complete list of specialty medicines, call Member Services at **1-800-414-9025**, TTY/PA Relay **711** or visit UnitedHealthcare Community Plan's website at welcome.optumrx.com/rxexternal/external-prescription-drug-list?type=ClientFormulary&var=UCSPAQ6&infoid=UCSPAQ6&page=insert&par=.

You will need to get these medicines from a specialty pharmacy. A specialty pharmacy can mail your medicines directly to you and will not charge you for the mailing of your medicines. The specialty pharmacy will contact you before sending your medicine. The pharmacy can also answer any questions you have about the process. You can pick any specialty pharmacy that is in UnitedHealthcare Community Plan's network. For the list of network specialty pharmacies, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711** or see the provider directory on UnitedHealthcare Community Plan's website at [Pharmacy Resources and Physician Administered Drugs | UnitedHealthcare Community Plan of Pennsylvania | UHCprovider.com](#). For any other questions or more information please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Section 3 — Physical health services

Over-the-counter medicines

UnitedHealthcare Community Plan covers some over-the-counter medicines. You must have a prescription from your provider for these medicines in order for UnitedHealthcare Community Plan to pay for them. You will need to have your UnitedHealthcare Community Plan prescription ID card with you, and you may have a co-payment. The following are some examples of covered over-the-counter medicines:

- Sinus and allergy medicine
- Tylenol or aspirin
- Vitamins
- Cough medicine
- Heartburn medicine
- Topical antifungals
- Topical acne agents

You can find more information about covered over-the-counter medicines by visiting UnitedHealthcare Community Plan's website at welcome.optumrx.com/rxexternal/external-prescription-drug-list?type=ClientFormulary&var=UCSPAQ6&inoid=UCSPAQ6&page=insert&par= or by calling Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Tobacco cessation

Do you want to quit smoking? UnitedHealthcare Community Plan wants to help you quit!

If you are ready to be smoke free, no matter how many times you have tried to quit smoking, we are here to help you.

Medicines

UnitedHealthcare Community Plan covers the following medicines to help you quit smoking. A prior authorization is required when the quantity prescribed is greater than the quantity limit listed below.

Section 3 — Physical health services

Medication	Quantity limits
Bupropion HCL (Smoking Deterrent) Tab Er 12 Hr 150 MG	2 per day
Varenicline Tartrate Tab 0.5 MG (Base Equiv) – Chantix	2 per day
Varenicline Tartrate Tab 1 MG (Base Equiv) – Chantix	2 per day
Varenicline Tartrate Tab 0.5 MG X 11 and Tab 1 MG X 42 Pack – Chantix	2 per day
Nicorelief Gum	24 per day
Nicotine Polacrilex Gum 2 MG	24 per day
Nicotine Polacrilex Gum 4 MG	24 per day
Nicotine Polacrilex Lozenge 2 MG	20 per day
Nicotine Polacrilex Lozenge 4 MG 20 per day	20 per day
Nicotine Mini Lozenge	20 per day
Nicotine TD Patch 24 Hr 7 MG/24 Hr	1 per day
Nicotine TD Patch 24 Hr 14 MG/24 Hr	1 per day
Nicotine TD Patch 24 Hr 21 MG/24 Hr	1 per day

Contact your PCP for an appointment to get a prescription for a tobacco cessation medicine.

Counseling services

Counseling support may also help you to quit smoking. UnitedHealthcare Community Plan covers the following counseling services:

- 70 visits per calendar year

Talk to your PCP about Tobacco Cessation Counseling or call the Regional Primary Contractor in your area for more information.

Section 3 — Physical health services

Regional primary contractors

Eight regional primary contractors provide tobacco use prevention and cessation activities across Pennsylvania:

Allegheny Region

Counties served: Allegheny

Tobacco Free Allegheny

www.tobaccofreeallegheny.org

Phone: 412-322-8321

Northeast Region

Counties served: Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Susquehanna, Wayne, and Wyoming

American Lung Association in Pennsylvania

www.lung.org

Phone: 717-971-1126 OR Phone: 717-971-1121

Northcentral Region

Counties served: Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, and Union

American Lung Association in Pennsylvania

www.lung.org

Phone: 717-971-1126 OR Phone: 717-971-1121

Northwest Region

Counties served: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango and Warren

Erie County Health Department

www.ecdh.org

Phone: 814-451-6700

Philadelphia Region

Counties served: Philadelphia

Department of Public Health

<http://www.phila.gov/health/ChronicDisease>

Phone: 215-685-5693

Southeast Region

Counties served: Berks, Bucks, Chester, Delaware, Lancaster, Montgomery, and Schuylkill
Health Promotion Council of Southeastern PA, Inc.

www.hpcpa.org or www.sepatobaccofree.org

Phone: 215-731-6154

Southcentral Region

Counties served: Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry, and York

American Lung Association in Pennsylvania

www.lung.org

Phone: 717-971-1126 OR Phone: 717-971-1121

Southwest Region

Counties served: Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, and Westmoreland

Adagio Health, Inc.

www.adagiohealth.org

Phone: 724-944-2433

Behavioral health treatment

Some people may be stressed, anxious, or depressed when they are trying to become smoke-free. UnitedHealthcare Community Plan members are eligible for services to address these side effects, but these services are covered by your BH-MCO. To find the BH-MCO in your county and its contact information:

- Go to <https://www.dhs.pa.gov/HealthChoices/HC-Services/Pages/BehavioralHealth-MCOs.aspx>
- Or on page 89 in this handbook call UnitedHealthcare Community Plan Member Services at **1-800-414-9025**, TTY/PA Relay **711** for help in contacting your BH-MCO

Other tobacco cessation resources

The Pennsylvania Tobacco QuitLine is a telephone hotline that can help with quitting tobacco. You can call 1-800-QuitNow (784-8669) or go online at <https://pa.quitlogix.org> to get support for quitting tobacco. Other resources on tobacco cessation services include:

PA American Cancer Society: 1-800-227-2345

American Heart Association: 1-800-242-8721

American Lung Association: 1-800-586-4872

Remember UnitedHealthcare Community Plan is here to help support you in becoming healthier by becoming smoke-free. Do not wait! Please call Member Services at **1-800-414-9025**, TTY/PA Relay **711** so we can help to get you started.

Section 3 — Physical health services

Family planning

UnitedHealthcare Community Plan covers family planning services. You do not need a referral from your PCP for family planning services. These services include pregnancy testing, testing and treatment of sexually transmitted diseases, birth control supplies, and family planning education and counseling. You can see any doctor that is a Medical Assistance provider, including any out-of-network provider that offers family planning services. There is no co-payment for these services. When you go to a family planning provider that is not in the UnitedHealthcare Community Plan network, you must show your UnitedHealthcare Community Plan and Access ID cards.

For more information on covered family planning services or to get help finding a family planning provider, call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Maternity care

Care during pregnancy

Prenatal care is the health care a woman receives through her pregnancy and delivery from a maternity care provider, such as an obstetrician (OB or OB/GYN) or a nurse-midwife. Early and regular prenatal care is very important for you and your baby's health. Even if you have been pregnant before, it is important to go to a maternity care provider regularly through each pregnancy.

If you think you are pregnant and need a pregnancy test, see your PCP or a family planning provider. If you are pregnant, you can:

- Call or visit your PCP, who can help you find a maternity care provider in the UnitedHealthcare Community Plan's network
- Visit a network OB or OB/GYN or nurse-midwife on your own. You do not need a referral for maternity care.
- Visit a network health center that offers OB or OB/GYN services
- Call Member Services at **1-800-414-9025**, TTY/PA Relay **711** to find a maternity care provider
- You should see a doctor as soon as you find out you are pregnant. If you are pregnant and:
 - In your first trimester, your provider must see you within 10 business days of UnitedHealthcare Community Plan learning you are pregnant
 - In your second trimester, your provider must see you within 5 business days of UnitedHealthcare Community Plan learning you are pregnant
 - In your third trimester, your provider must see you within 4 business days of UnitedHealthcare Community Plan learning you are pregnant
 - Have a high-risk pregnancy, your provider must see you within 24 hours of UnitedHealthcare Community Plan learning you are pregnant

If you have an emergency, go to the nearest emergency room, dial **911**, or call your local ambulance provider. It is important that you stay with the same maternity care provider throughout your pregnancy and postpartum care (1 year after your baby is born). They will follow your health and the health of your growing baby closely. It is also a good idea to stay with the same HealthChoices plan during your entire pregnancy.

UnitedHealthcare Community Plan has specially trained maternal health coordinators who know what services and resources are available for you.

If you are pregnant and are already seeing a maternity care provider when you enroll in UnitedHealthcare Community Plan, you can continue to see that provider even if he or she is not in UnitedHealthcare Community Plan's network. The provider will need to be enrolled in the Medical Assistance Program and must call UnitedHealthcare Community Plan for approval to treat you.

Care for you and your baby after your baby is born

You should visit your maternity care provider between 7 to 84 days after your baby is delivered for a check-up unless your maternity care provider wants to see you sooner.

Your baby should have an appointment with the baby's PCP when he or she is 3 to 5 days old, unless the doctor wants to see your baby sooner. It is best to pick a doctor for your baby while you are still pregnant. If you need help picking a doctor for your baby, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Healthy First Steps

UnitedHealthcare Community Plan has a special program for pregnant women called Healthy First Steps.

Our Healthy First Steps program makes sure that both mom and baby get good medical attention.

We will help:

- Get good advice on nutrition, fitness and safety
- Get supplies, including breast pumps for nursing moms
- Choose a doctor or nurse midwife
- Schedule visits and exams
- Arrange rides to doctor's visits
- Connect with community resources such as Women, Infants and Children (WIC) services
- Get care after your baby is born
- Choose a pediatrician (child's doctor)
- Get family planning information

Section 3 — Physical health services

Call us toll-free at 1-800-599-5985. It's important to start pregnancy care early. Be sure to go to all of your doctor visits, even if this isn't your first baby.

Family Visiting Program

This program is designed to provide services and support to build strong families through early assessments, referrals, education, and follow up. Eligible and consenting families will receive an assessment during home visits, by Evidence Informed Organization (EIO) partners or UnitedHealthcare Community Plan Community Health Workers (CHW). The home visits will help to establish a relationship with the family and identify needs for services and support.

Eligibility — The Family Visiting Program is open for enrollment to any pregnant women, or family that has a child up to 18 months of age. UnitedHealthcare Community Plan members who meet any of the criteria below are eligible to participate in the Family Visiting Program.

- Any family with a child up to 18 months of age
- Pregnant women
- First time parents
- Parents with known Substance Use Disorder
- Parents with significant behavioral health issues, prioritizing Severe Persistent Mental Illness
- Parents with Social Determinants of Health barriers such as homelessness, unstable housing, food insecurity, domestic violence, recent incarceration
- Baby with a NICU stay of >7 days
- Babies diagnosed with neonatal abstinence syndrome

Durable Medical Equipment and medical supplies

UnitedHealthcare Community Plan covers Durable Medical Equipment (DME), including home accessibility DME (see page 51) and medical supplies. DME is a medical item or device that can be used many times in your home or in any setting where normal life activities occur and is generally not used unless a person has an illness or injury. Medical supplies are usually disposable and are used for a medical purpose. Some of these items need prior authorization, and your physician must order them. DME suppliers must be in the UnitedHealthcare Community Plan network. You may have a co-payment. UnitedHealthcare will not be held liable for reimbursement regarding the out of pocket cost for DME (durable medical equipment) purchased from a retail store or online retail dealer (e.g. Amazon). Retail stores and suppliers are not covered by your medical DME benefit for safety reasons. UnitedHealthcare offers a wide network of participating DME providers who are credentialed to meet Medicare and Medicaid standards and requirements.

Examples of DME include:

- Oxygen tanks
- Wheelchairs
- Crutches
- Walkers
- Splints
- Special medical beds

Examples of home accessibility DME include:

- Wheelchair lifts
- Stair glides
- Ceiling lifts
- Metal accessibility ramps
- UnitedHealthcare Community Plan covers installation of the home accessibility DME, but not home modifications

Examples of medical supplies include:

- Diabetic supplies (such as syringes, test strips)
- Gauze pads
- Dressing tape
- Underpads
- Incontinence supplies (such as pull ups, briefs, underpads)

If you have any questions about DME or medical supplies, or for a list of network suppliers, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

We now cover Home Accessibility DME. Covered items may include stair glides, wheelchair ramps and vertical lifts. This does not cover structural home modifications. For more information, call the Special Needs Unit at 1-877-844-8844.

Section 3 — Physical health services

Outpatient services

UnitedHealthcare Community Plan covers outpatient services such as physical, occupational, and speech therapy as well as X-rays and laboratory tests. Your PCP will arrange for these services with one of UnitedHealthcare Community Plan's network providers. Prior authorization may be needed for some services, your UHC provider will take care of submitting the request.

Nursing facility services

UnitedHealthcare covers medically necessary nursing facility services. If you need long term nursing facility services (longer than 30 days), you can apply for the Community HealthChoices Program. You will be evaluated to see if you are eligible for participation in the Community HealthChoices Program. If you have any questions or need more information, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Hospital services

UnitedHealthcare Community Plan covers inpatient and outpatient hospital services. If you need to be admitted to a hospital and it is not an emergency, your PCP or specialist will arrange for you to go to a hospital in UnitedHealthcare Community Plan's network and will follow your care even if you need other doctors during your hospital stay. Inpatient hospital stays must be approved by UnitedHealthcare Community Plan. To find out if a hospital is in the UnitedHealthcare Community Plan network, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711** or check the provider directory on UnitedHealthcare Community Plan's website at <https://www.uhccommunityplan.com/pa/medicaid/community-plan-for-families.html>. If you have any other questions on hospital services, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

If you have an emergency and are admitted to the hospital, you or a family member or friend should let your PCP know as soon as possible but no later than 24 hours after you were admitted to the hospital. If you are admitted to a hospital that is not in UnitedHealthcare's network, you may be transferred to a hospital in UnitedHealthcare's network. You will not be moved to a new hospital until you are stable enough to be transferred to a new hospital.

It is very important to make an appointment see your PCP within 7 days after you leave the hospital. Seeing your PCP right after your hospital stay will help you follow any instructions you got while you were in the hospital and prevent you from having to be readmitted to the hospital.

Sometimes you may need to see a doctor or receive treatment at a hospital without being admitted overnight. These services are called outpatient hospital services.

If you have any other questions about hospital services, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Preventive services

UnitedHealthcare Community Plan covers preventive services, which can help keep you healthy. Preventive services include more than just seeing your PCP once a year for a check-up. They also include immunizations (shots), lab tests, and other tests or screenings that let you and your PCP know if you are healthy or have any health problems. Visit your PCP for preventive services. He or she will guide your health care according to the latest recommendations for care.

Members can also go to a participating OB/GYN for their yearly Pap test and pelvic exam, and to get a prescription for a mammogram.

Physical exam

You should have a physical exam by your PCP at least once a year. This will help your PCP find any problems that you may not know about. Your PCP may order tests based on your health history, age, and sex. Your PCP will also check if you are up to date on immunizations and preventive services to help keep you healthy.

If you are unsure about whether or not you are up to date with your health care needs, please call your PCP or Member Services at **1-800-414-9025**, TTY/PA Relay **711**. Member Services can also help you make an appointment with your PCP.

New medical technology

UnitedHealthcare Community Plan may cover new medical technologies such as procedures and equipment if requested by your PCP or specialist. UnitedHealthcare Community Plan wants to make sure that new medical technologies are safe, effective, and right for you before approving the service.

The Medical Technology Assessment Committee (MTAC) meets on a regular basis, no less frequently than ten times per year. MTAC will:

- Review the clinical evidence in new or existing medical policies and make conclusions about the safety and effectiveness of the device, service or technology. Where clinical evidence supports the use of health services, they are designated proven and medically necessary or proven and medically necessary for certain diagnoses. Where clinical evidence does not support the use of health services, they are designated unproven and not medically necessary.
- Review and approve clinical criteria within new or existing medical policies to be utilized when performing a medical necessity review when applicable
- Review and approve utilization review and clinical practice guidelines, both locally developed and nationally recognized, for alignment with internally developed medical policies and UnitedHealthcare's Hierarchy of Clinical Evidence

Section 3 — Physical health services

- Review disease-specific clinical guidelines and forward recommendations to the National Medical Care Management Committee (NMCMC)
- Review and approve medical policy and guideline related to policies and procedures on an annual basis

If you need more information on new medical technologies, please call UnitedHealthcare Community Plan Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Home health care

UnitedHealthcare Community Plan covers home health care provided by a home health agency. Home health care is care provided in your home and includes skilled nursing services; help with activities of daily living such as bathing, dressing, and eating; and physical, speech, and occupational therapy. Your physician must order home health care.

If you are over age 21, there are no limits on the number of home health care visits that you can get, however they will require prior authorization for medical necessity. You should contact Member Services at **1-800-414-9025**, TTY/PA Relay **711** if you have been approved for home health care and that care is not being provided as approved.

Patient centered medical homes

A patient-centered medical home or health home is a team approach to providing care. It is not a building, house, or home health care service.

Your entire medical care will be handled by your family doctor working with a team of people. They work together and schedule appointments with specialists and other services to help you stay healthy. The PCMH pays attention to your physical and mental health. The plan is to be sure you get the care you need to be healthy and feel good.

Disease management

UnitedHealthcare Community Plan has voluntary programs to help you take better care of yourself if you have one of the health conditions listed below. UnitedHealthcare Community Plan has care managers who will work with you and your providers to make sure you get the services you need. You do not need a referral from your PCP for these programs, and there is no co-payment.

If you or your child has a chronic disease including asthma, diabetes or HIV/AIDS and would like to request more information call the Special Needs Unit at **1-877-844-8844**.

By following your provider's plan of care and learning about your disease or condition, you can stay healthier. UnitedHealthcare Community Plan care managers are here to help you understand how to take better care of yourself by following your doctor's orders, teaching you about your medicines, helping you to improve your health, and giving you information to use in your community. If you have any questions or need help, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Expanded services

Extra eye care benefits	Members over 21 can receive one pair of glasses or contact lenses each year. Members under 21 can receive up to two pairs of glasses or one set of contact lenses each year.
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Children's health services (for those under age 21)

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

EPSDT services are available for children under the age of 21. They are sometimes also referred to as well-baby or well-child checkups. Your child may be seen by a pediatrician, family practice doctor, or CRNP. The provider you choose for your child will be your child's PCP. The purpose of this service is to detect potential health problems early and to make sure your child stays healthy. If you have questions or want more information, contact Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

When should an EPSDT exam be completed?

Children and young adults should have their examinations completed based on the schedule listed below. It is important to follow this schedule even if your child is not sick. Your provider will tell you when these visits should occur. Infants and toddlers will need several visits per year, while children between the ages of 3 to 20 will need just 1 visit per year.

Recommended screening schedule			
3–5 days	0–1 months	2–3 months	4–5 months
6–8 months	9–11 months	12 months	15 months
18 months	24 months	30 months	

Children ages 3–20 should be screened yearly.

Section 3 — Physical health services

What will the provider do during the EPSDT exam?

Your provider will ask you and your child questions, perform tests, and check how much your child has grown. The following services are some of the services that may be performed during an exam depending on the child's age and needs of the child:

- A complete physical exam
- Immunizations
- Vision test
- Hearing test
- Autism screening
- Blood lead screening
- Tuberculosis screening
- Oral health examination
- Blood pressure check
- Health and safety education
- Check of the child's body mass index (BMI)
- Screen and/or counsel for tobacco and alcohol use and substance use starting at age 11
- Urinalysis screening
- Developmental screening
- Depression screening starting at age 12
- Maternal depression screening

UnitedHealthcare Community Plan covers services that are needed to treat health problems that are identified during the EPSDT exam. Services not listed in the exam may also be covered when Medical Necessity is shown. These services may include a wide range of medical, behavioral health and social services that are not normally covered.

Additional services are available for children with special needs. Talk to your provider about whether or not your child may need these additional services.

Lead screening blood test

This test helps to identify children who may have high amounts of lead in their blood (>3.5 deciliters per microgram). If children have too much lead in their blood, it can cause serious health problems. This test should be done at the child's 9–11 month appointment and again before the age of 2. Your child's pediatrician can also prescribe help with finding out what may be causing high amounts of lead.

Section 4 – Out-of-network and out-of-plan services

Out-of-network providers

An out-of-network provider is a provider that does not have a contract with UnitedHealthcare Community Plan to provide services to UnitedHealthcare Community Plan's members. There may be a time when you need to use a doctor or hospital that is not in the UnitedHealthcare Community Plan network. If this happens, you can ask your PCP to help you. Your PCP has a special number to call to ask UnitedHealthcare Community Plan that you be allowed to go to an out-of-network provider. UnitedHealthcare Community Plan will check to see if there is another provider in your area that can give you the same type of care you or your PCP believes you need. If UnitedHealthcare Community Plan cannot give you a choice of at least 2 providers in your area, UnitedHealthcare Community Plan will cover medically necessary services provided by an out-of-network provider.

Getting care while outside of UnitedHealthcare Community Plan's service area

If you are outside of UnitedHealthcare Community Plan's service area and have a medical emergency, go to the nearest emergency room or call **911**. For emergency medical conditions, you do not have to get approval from UnitedHealthcare Community Plan to get care. If you need to be admitted to the hospital, you should let your PCP know.

If you need care for a non-emergency condition while outside of the service area, call your PCP or Member Services at **1-800-414-9025**, TTY/PA Relay **711** who will help you to get the most appropriate care.

UnitedHealthcare Community Plan will not pay for services received outside of the United States and its territories.

Out-of-plan services

You may be eligible to get services other than those provided by UnitedHealthcare Community Plan. Below are some services that are available but are not covered by UnitedHealthcare Community Plan. If you would like help in getting these services, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Section 4 — Out-of-network and out-of-plan services

Non-emergency medical transportation

UnitedHealthcare Community Plan does not cover non-emergency medical transportation for most HealthChoices members. UnitedHealthcare Community Plan can help you arrange transportation to covered service appointments through programs such as Shared Ride or the MATP described below.

UnitedHealthcare Community Plan does cover non-emergency medical transportation if:

- You live in a nursing home, and need to go to any medical appointment or an urgent care center or a pharmacy for any Medical Assistance service, DME or medicine
- You need specialized non-emergency medical transportation, such as if you need to use a stretcher to get to your appointment

If you have questions about non-emergency medical transportation, please call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Medical Assistance Transportation Program (MATP)

MATP provides non-emergency transportation to and from qualified MA-enrolled medical providers and pharmacies of your choice who are generally available and used by other residents of your community. This service is provided at no cost to you. The MATP in the county where you live will determine your need for the Program, and provide the right type of transportation for you.

Transportation services are typically provided in the following ways:

- Where public transportation such as buses, subways or trains is available, MATP provides tokens or passes or repays you for the public transportation fare if you live within ¼ mile of a fixed route service stop
- If you can use your own or someone else's car, MATP may pay you an amount per mile plus parking and tolls with valid receipts
- Where public transportation is not available or is not right for you, MATP provides rides in paratransit vehicles, which include vans, lift-equipped vans, or taxis. Usually the vehicle will have more than 1 rider with different pick-up and drop-off locations.

If you need transportation to a medical appointment or to the pharmacy, contact your local MATP to get more information and to register for services. A complete list of county MATP contact information can be found here: <http://matp.pa.gov/CountyContact.aspx>. (OR) Please see page 79 of this handbook for a complete list of county MATP contact information.

MATP will confirm with UnitedHealthcare Community Plan or your doctor's office that the medical appointment you need transportation for is a covered service. UnitedHealthcare Community Plan works with MATP to help you arrange transportation. You can also call Member Services for more information at **1-800-414-9025**, TTY/PA Relay **711**.

Section 4 — Out-of-network and out-of-plan services

If you need transportation to a medical appointment or the pharmacy, contact MATP to get more information and register for services.

MATP services contact information by county		
County	Telephone number	Toll-free number
Adams	717-846-RIDE (7433)	1-800-632-9063
Allegheny	412-350-4476	1-888-547-6287
Armstrong	724-548-3408	1-800-468-7771
Beaver	724-375-2895	1-800-262-0343
Bedford	814-623-9129	1-800-323-9997
Berks	610-921-2361	1-800-383-2278
Blair	814-695-3500	1-800-458-5552
Bradford	570-888-7330	1-800-242-3484
Bucks	215-794-5554	1-888-795-0740
Butler	724-431-3663	1-866-638-0598
Cambria	814-535-4630	1-888-647-4814
Cameron	1-866-282-4968	1-866-282-4968
Carbon	570-669-6380	Same as local
Centre	814-355-6807	Same as local
Chester	484-696-3854	1-877-873-8415
Clarion	814-226-7012	1-800-672-7116
Clearfield	814-765-1551	1-800-822-2610
Clinton	570-323-7575	1-800-206-300 6
Columbia	717-846-RIDE (7433)	1-800-632-9063
Crawford	814-333-7090	1-800-210-6226
Cumberland	717-846-RIDE (7433)	1-800-632-9063

Section 4 — Out-of-network and out-of-plan services

MATP services contact information by county		
County	Telephone number	Toll-free number
Dauphin	717-232-7009	1-800-309-8905
Delaware	610-490-3960	Same as local
Elk	866-282-4968	1-866-282-4968
Erie	814-456-2299	Same as local
Fayette	724-628-7433	1-800-321-7433
Forest	814-927-8266	1-800-222-1706
Franklin	717-846-RIDE (7433)	1-800-632-9063
Fulton	717-485-6767	1-888-329-2376
Greene	724-627-6778	1-877-360-7433
Huntingdon	814-641-6408	1-800-817-3383
Indiana	724-465-2140	1-800-524-2766
Jefferson	814-938-3302	1-877- 411-0585
Juniata	717-242-2277	1-800-348-2277
Lackawanna	570-963-6482	Same as local
Lancaster	717-291-1243	1-800-892-1122
Lawrence	724-658-7258	1-888-252-5104
Lebanon	717-273-9328	Same as local
Lehigh	610-253-8333	1-888-253-8333
Luzerne	570-288-8420	1-800-679-4135
Lycoming	570-323-7575	1-800-222-2468
McKean	1-866-282-4968	1-866-282-4968
Mercer	724-662-6222	1-800-570-6222
Mifflin	717-242-2277	1-800-348-2277

Section 4 — Out-of-network and out-of-plan services

MATP services contact information by county		
County	Telephone number	Toll-free number
Monroe	570-839-6282	1-888-955-6282
Montgomery	215-542-7433	Same as local
Montour	717-846-RIDE (7433)	1-800-632-9063
Northampton	610-253-8333	1-888-253-8333
Northumberland	717-846-RIDE (7433)	1-800-632-9063
Perry	717-846-RIDE (7433)	1-800-632-9063
Philadelphia	1-877-835-7412	1-877-835-7412
Pike	570-296-3408	1-866-681-4947
Potter	814-544-7315	1-800-800-2560
Schuylkill	570-628-1425	1-888-656-0700
Snyder	717-846-RIDE (7433)	1-800-632-9063
Somerset	814-701-3691	1-800-452-0241
Sullivan	570-888-7330	1-800-242-3484
Susquehanna	570-278-6140	1-866-278-9332
Tioga	570-888-7330	1-800-242-3484
Union	717-846-RIDE (7433)	1-800-632-9063
Venango	814-432-9767	Same as local
Warren	814-723-1874	1-877-723-9456
Washington	724-223-8747	1-800-331-5058
Wayne	570-253-4280	1-800-662-0780
Westmoreland	724-832-2706	1-800-242-2706
Wyoming	570-278-6140	1-866-278-9332
York	717-846-RIDE (7433)	1-800-632-9063

Section 4 — Out-of-network and out-of-plan services

Women, Infants, and Children Program

The Women, Infants, and Children Program (WIC) provides healthy foods and nutrition services to infants, children under the age of 5, and women who are pregnant, have given birth, or are breastfeeding. WIC helps you and your baby eat well by teaching you about good nutrition and giving you food vouchers to use at grocery stores. WIC helps babies and young children eat the right foods so they can grow up healthy. You can ask your maternity care provider for a WIC application at your next visit or call 1-800-WIC-WINS (1-800-942-9467). For more information visit the WIC website at www.pawic.com.

Domestic violence crisis and prevention

Domestic violence is a pattern of behavior where one person tries to gain power or control over another person in a family or intimate relationship.

There are many different types of domestic violence. Some examples include:

- Emotional abuse
- Physical violence
- Stalking
- Sexual violence
- Financial abuse
- Verbal abuse
- Elder Abuse
- Intimate partner violence later in life
- Intimate partner abuse
- Domestic Violence in the LGBTQIA+ Community

There are many different names used to talk about domestic violence. It can be called: abuse; domestic violence; battery; intimate partner violence; or family, spousal, relationship or dating violence.

If any of these things are happening to you, or have happened, or you are afraid of your partner, you may be in an abusive relationship.

Domestic violence is a crime and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

Where to get help:

National Domestic Violence Hotline:

1-800-799-7233 (SAFE)

1-800-787-3224 (TTY)

Pennsylvania Coalition Against Domestic Violence

The services provided to domestic violence victims include: crisis intervention; counseling; going along to police, medical, and court appointments; and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of domestic violence in the community.

1-800-932-4632 (in Pennsylvania)

Sexual violence and rape crisis

Sexual violence includes any type of unwanted sexual contact, words or actions of a sexual nature that is against a person's will. A person may use force, threats, manipulation, or persuasion to commit sexual violence. Sexual violence can include:

- Rape
- Sexual assault
- Incest
- Child sexual assault
- Date and acquaintance rape
- Grabbing or groping
- Sexting without permission
- Ritual abuse
- Commercial sexual exploitation (for example: prostitution)
- Sexual harassment
- Anti-LGBTQIA + bullying
- Exposure and voyeurism (the act of being viewed, photographed, or filmed in a place where one would expect privacy)
- Forced participation in the production of pornography

Survivors of sexual violence can have physical, mental or emotional reactions to the experience. A survivor of sexual violence may feel alone, scared, ashamed, and fear that no one will believe them. Healing can take time, but healing can happen.

Section 4 — Out-of-network and out-of-plan services

Where to get help:

Pennsylvania rape crisis centers serve all adults and children. Services include:

- Free and confidential crisis counseling 24 hours a day
- Services for a survivor's family, friends, partners or spouses
- Information and referrals to other services in your area and prevention education programs

Call **1-888-772-7227** or visit the link below to reach your local rape crisis center.

Pennsylvania Coalition Against Rape: www.pcar.org

Early intervention services

While all children grow and develop in unique ways, some children experience delays in their development. Children with developmental delays and disabilities can benefit from the Early Intervention Program.

The Early Intervention Program provides support and services to families with children birth to the age of 5 who have developmental delays or disabilities. Services are provided in natural settings, which are settings where a child would be if the child did not have a developmental delay or disability.

Early Intervention supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family. These services and supports address the following areas:

- Physical development, including vision and hearing
- Cognitive development
- Communication development
- Social or emotional development
- Adaptive development

Parents who have questions about their child's development may contact the CONNECT Helpline at 1-800-692-7288 or visit www.papromiseforchildren.com. The CONNECT Helpline assists families in locating resources and providing information regarding child development for children from birth to age 5. In addition, CONNECT can help parents with contacting their county Early Intervention Program or local preschool Early Intervention Program.

Section 5 – Special needs

Special needs unit

UnitedHealthcare Community Plan wants to make sure all of our members get the care they need. We have trained care managers in the UnitedHealthcare Community Plan Special Needs Unit that help our members with special needs have access to the care they need. The care managers of the unit help members with physical or behavioral disabilities, complex or chronic illnesses, and other special needs. UnitedHealthcare Community Plan understands that you and your family may need help with issues that may not be directly related to your health care needs. The Special Needs Unit is able to assist you with finding programs and agencies in the community that can help you and your family address these needs.

If you think you have or someone in your family has a special need, and you would like the Special Needs Unit to help you, please contact them by calling 1-877-844-8844. The Special Needs Unit staff members are available 8:00 a.m.–5:00 p.m., Monday–Friday, except weekends and holidays. If you need assistance when the Special Needs Unit staff are not available you may call Member Services at **1-800-414-9025**, TTY/PA Relay **711**. If this is regarding a medical question or concern, please contact either your PCP office or our Nurseline at 1-844-222-7341. Otherwise, please leave the member's name, ID number and phone number where you can be reached and we will return your call as soon as possible. If you would rather speak with someone immediately during business hours, please contact Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Coordination of care

The UnitedHealthcare Community Plan Special Needs Unit will help you coordinate care for you and your family who are members of UnitedHealthcare Community Plan. In addition, UnitedHealthcare Community Plan can assist in connecting you with other state and local programs.

If you need help with any part of your care; your child's care; or coordinating that care with another state, county, or local program; please contact the UnitedHealthcare Community Plan Special Needs Unit for assistance.

Section 5 — Special needs

The UnitedHealthcare Community Plan Special Needs Unit will also assist members in transitioning care from services received in a hospital or temporary medical setting to care received at home. We want our members to be able to move back home as soon as possible. Please contact your UnitedHealthcare Community Plan Special Needs Unit for assistance in help receiving care in your home.

Care Management

Members with complex health conditions may be eligible for Care Model 2.0. The CM2.0 is made up of Community Health Workers (CHW), Care Management Nurses, Behavioral Health Advocates, and other staff at UnitedHealthcare Community Plan. You may be referred for this program through your welcome call, a completed health risk assessment, or by other UnitedHealthcare Community Plan team members that know your care needs.

Opioid Use Disorder (OUD)

We have clinicians available to assist with resources to manage Opioid Use Disorder (OUD). Services include providing referrals to providers, Medication Assisted Treatment and linking you to behavioral health services.

Get started

You can reach an OUD clinician by the Special Needs Unit (SNU) at 1-877-844-8844, 8:00 a.m.–5:00 p.m., Monday–Friday.

Home and community-based waivers and long-term services and supports

The Office of Developmental Programs (ODP) administers the Consolidated Waiver, Community Living Waiver, Person/Family Directed Supports Waiver, Adult Autism Waiver, and the Adult Community Autism Program (ACAP) for individuals with intellectual disabilities or autism. If you have questions regarding any of these programs, you may contact ODP's Customer Service Hotline at 1-888-565-9435, or request assistance from the Special Needs Unit at UnitedHealthcare Community Plan.

The Office of Long-Term Living (OLTL) administers programs for seniors and individuals with physical disabilities. This includes the Community HealthChoices Program (CHC). The CHC Program is a Medical Assistance managed care program for individuals who also have Medicare coverage or who need the services of a nursing facility or home-and community-based waiver.

If you have questions regarding what services are available and how to apply, you may contact OLTL's Participant Helpline at 1-800-757-5042, the CHC Helpline at 1-844-824-3655, or request assistance from the UnitedHealthcare Community Plan's Special Needs Unit at 1-877-844-8844.

Medical foster care

The Office of Children Youth and Families has oversight of medical foster care for children under the authority of county children and youth programs. If you have questions about this program, please contact the Special Needs Unit at 1-877-844-8844.

Section 6 – Advance Directives

Advance Directives

There are 2 types of advance directives: Living Wills and Health Care Powers of Attorney. These allow for your wishes to be respected if you are unable to decide or speak for yourself. If you have either a Living Will or a Health Care Power of Attorney, you should give it to your PCP, other providers, and a trusted family member or friend so that they know your wishes.

If the laws regarding advance directives are changed, UnitedHealthcare Community Plan will tell you in writing what the change is within 90 days of the change. For information on UnitedHealthcare Community Plan's policies on advance directives, call Member Services at **1-800-414-9025**, TTY/PA Relay **711** or visit the UnitedHealthcare Community Plan's website at myuhc.com/CommunityPlan.

Living Wills

A Living Will is a document that you create. It states what medical care you do, and do not, want to get if you cannot tell your doctor or other providers the type of care you want. Your doctor must have a copy and must decide that you are unable to make decisions for yourself for a Living Will to be used. You may revoke or change a Living Will at any time.

Health Care Power of Attorney

A Health Care Power of Attorney is also called a Durable Power of Attorney. A Health Care or Durable Power of Attorney is a document in which you give someone else the power to make medical treatment decisions for you if you are physically or mentally unable to make them yourself. It also states what must happen for the Power of Attorney to take effect. To create a Health Care Power of Attorney, you may but do not have to get legal help. You may contact the Special Needs Unit at 1-877-844-8844 for more information or direction to resources near you.

What to do if a provider does not follow your advance directive

Providers do not have to follow your advance directive if they disagree with it as a matter of conscience. If your PCP or other provider does not want to follow your advance directive, UnitedHealthcare Community Plan will help you find a provider that will carry out your wishes. Please call Member Services at **1-800-414-9025**, TTY/PA Relay **711** if you need help finding a new provider.

If a provider does not follow your advance directive, you may file a Complaint. Please see page 94 in Section 8 of this handbook, **Complaints, Grievances, and Fair Hearings**, for information on how to file a Complaint; or call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

88 **Questions?** Visit myuhc.com/CommunityPlan, or call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Section 7 – Behavioral health services

Behavioral health care

Behavioral health services include both, mental health services and substance use disorder services. These services are provided through behavioral health managed care organizations (BH-MCOs) that are overseen by the Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS).

Contact information for the BH-MCO is listed below. You can also call Member Services at **1-800-414-9025**, TTY/PA Relay **711** to get contact information for your BH-MCO.

County	Behavioral health plan	Phone number
Adams	Community Care Behavioral Health	1-866-738-9849
Allegheny	Community Care Behavioral Health	1-800-553-7499
Armstrong	Value Behavioral Health of PA	1-877-688-5969
Beaver	Value Behavioral Health of PA	1-877-688-5970
Bedford	Perform Care	1-866-773-7891
Berks	Community Care Behavioral Health	1-866-292-7886
Blair	Perform Care	1-866-773-7892
Bradford	Community Care Behavioral Health	1-866-878-6046
Bucks	Magellan Behavioral Health of PA	1-877-769-9784
Butler	Value Behavioral Health of PA	1-877-688-5971
Cambria	Value Behavioral Health of PA	1-866-404-4562
Cameron	Community Care Behavioral Health	1-866-878-6046

Section 7 — Behavioral health services

County	Behavioral health plan	Phone number
Carbon	Community Care Behavioral Health	1-866-473-5862
Centre	Community Care Behavioral Health	1-866-878-6046
Chester	Community Care Behavioral Health	1-866-622-4228
Clarion	Community Care Behavioral Health	1-866-878-6046
Clearfield	Community Care Behavioral Health	1-866-878-6046
Clinton	Community Care Behavioral Health	1-855-520-9787
Columbia	Community Care Behavioral Health	1-866-878-6046
Crawford	Value Behavioral Health of PA	1-866-404-4561
Cumberland	Perform Care	1-888-722-8646
Dauphin	Perform Care	1-888-722-8646
Delaware	Magellan Behavioral Health of PA	1-888-207-2911
Elk	Community Care Behavioral Health	1-866-878-6046
Erie	Community Care Behavioral Health	1-855-224-1777
Fayette	Value Behavioral Health of PA	1-877-688-5972
Forest	Community Care Behavioral Health	1-866-878-6046
Franklin	Perform Care	1-866-773-7917
Fulton	Perform Care	1-866-773-7917
Greene	Value Behavioral Health of PA	1-877-688-5973
Huntingdon	Community Care Behavioral Health	1-866-878-6046
Indiana	Value Behavioral Health of PA	1-877-688-5974
Jefferson	Community Care Behavioral Health	1-866-878-6046
Juniata	Community Care Behavioral Health	1-866-878-6046

Section 7 — Behavioral health services

County	Behavioral health plan	Phone number
Lackawanna	Community Care Behavioral Health	1-866-668-4696
Lancaster	Perform Care	1-888-722-8646
Lawrence	Value Behavioral Health of PA	1-877-688-5975
Lebanon	Perform Care	1-888-722-8646
Lehigh	Magellan Behavioral Health of PA	1-866-238-2311
Luzerne	Community Care Behavioral Health	1-866-668-4696
Lycoming	Community Care Behavioral Health	1-855-520-9787
McKean	Community Care Behavioral Health	1-866-878-6046
Mercer	Value Behavioral Health of PA	1-866-404-4561
Mifflin	Community Care Behavioral Health	1-866-878-6046
Monroe	Community Care Behavioral Health	1-866-473-5862
Montgomery	Magellan Behavioral Health of PA	1-877-769-9782
Montour	Community Care Behavioral Health	1-866-878-6046
Northampton	Magellan Behavioral Health of PA	1-866-238-2312
Northumberland	Community Care Behavioral Health	1-866-878-6046
Perry	Perform Care	1-888-722-8646
Philadelphia	Community Behavioral Health	1-888-545-2600
Pike	Community Care Behavioral Health	1-866-473-5862
Potter	Community Care Behavioral Health	1-866-878-6046
Schuylkill	Community Care Behavioral Health	1-866-878-6046
Snyder	Community Care Behavioral Health	1-866-878-6046
Somerset	Perform Care	1-866-773-7891

Section 7 — Behavioral health services

County	Behavioral health plan	Phone number
Sullivan	Community Care Behavioral Health	1-866-878-6046
Susquehanna	Community Care Behavioral Health	1-866-668-4696
Tioga	Community Care Behavioral Health	1-866-878-6046
Union	Community Care Behavioral Health	1-866-878-6046
Venango	Value Behavioral Health of PA	1-866-404-4561
Warren	Community Care Behavioral Health	1-866-878-6046
Washington	Value Behavioral Health of PA	1-877-688-5976
Wayne	Community Care Behavioral Health	1-866-878-6046
Westmoreland	Value Behavioral Health of PA	1-877-688-5977
Wyoming	Community Care Behavioral Health	1-866-668-4696
York	Community Care Behavioral Health	1-866-542-0299

You can call your BH-MCO toll-free 24 hours a day, 7 days a week.

Section 7 — Behavioral health services

You do not need a referral from your PCP to get behavioral health services, but your PCP will work with your BH-MCO and behavioral health providers to help get you the care that best meets your needs. You should let your PCP know if you, or someone in your family, is having a mental health or drug and alcohol problem.

The following services are covered:

- Behavioral health rehabilitation services (BHRS) (children and adolescent)
- Clozapine (Clozaril) support services
- Drug and alcohol inpatient hospital-based detoxification services (adolescent and adult)
- Drug and alcohol inpatient hospital-based rehabilitation services (adolescent and adult)
- Drug and alcohol outpatient services
- Drug and alcohol methadone maintenance services
- Family based mental health services
- Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner)
- Mental health crisis intervention services
- Mental health inpatient hospitalization
- Mental health outpatient services
- Mental health partial hospitalization services
- Peer support services
- Residential treatment facilities (children and adolescent)
- Targeted case management services

If you have questions about transportation to appointments for any of these services, contact your BH-MCO.

Section 8 – Complaints, grievances, and Fair Hearings

Complaints, grievances, and Fair Hearings

If a provider or UnitedHealthcare Community Plan does something that you are unhappy about or do not agree with, you can tell UnitedHealthcare Community Plan or the Department of Human Services what you are unhappy about or that you disagree with what the provider or UnitedHealthcare Community Plan has done. This section describes what you can do and what will happen.

Complaints

What is a complaint?

A Complaint is when you tell UnitedHealthcare Community Plan you are unhappy with UnitedHealthcare Community Plan or your provider or do not agree with a decision by UnitedHealthcare Community Plan.

Some things you may complain about:

- You are unhappy with the care you are getting
- You cannot get the service or item you want because it is not a covered service or item
- You have not gotten services that UnitedHealthcare Community Plan has approved
- You were denied a request to disagree with a decision that you have to pay your provider

First level complaint

What should I do if I have a complaint?

To file a first level Complaint:

- Call UnitedHealthcare Community Plan at **1-800-414-9025**, TTY/PA Relay **711** and tell UnitedHealthcare Community Plan your Complaint, or
- Write down your Complaint and send it to UnitedHealthcare Community Plan using one of the below methods
- If you received a notice from UnitedHealthcare Community Plan telling you UnitedHealthcare Community Plan's decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to UnitedHealthcare Community Plan using one of the below methods:

UnitedHealthcare Community Plan's address and fax number for Complaints:

By mail: UnitedHealthcare Community Plan of Pennsylvania
P.O. Box 31364
Salt Lake City, UT 84131-0364

By fax: 1-877-886-8120

By secure email: * PA_CSA_GA_INTAKE@uhc.com

* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email. Your provider can file a Complaint for you if you give the provider your consent in writing to do so.

When should I file a first level complaint?

Some Complaints have a time limit on filing. You must file a Complaint **within 60 days of getting a notice** telling you that:

- UnitedHealthcare Community Plan has decided that you cannot get a service or item you want because it is not a covered service or item
- UnitedHealthcare Community Plan will not pay a provider for a service or item you got
- UnitedHealthcare Community Plan did not tell you its decision about a Complaint or Grievance you told UnitedHealthcare Community Plan about within thirty (30) calendar days from when UnitedHealthcare Community Plan got your Complaint or Grievance
- UnitedHealthcare Community Plan has denied your request to disagree with UnitedHealthcare Community Plan's decision that you have to pay your provider

Section 8 — Complaints, grievances, and Fair Hearings

You must file a Complaint **within 60 days of the date you should have gotten a service or item** if you did not get a service or item. The time by which you should have received a service or item is listed below:

New member appointment for your first examination:	We will make an appointment for you:
Members with HIV/AIDS	with PCP or specialist no later than 7 days after you become a member in UnitedHealthcare Community Plan unless you are already being treated by a PCP or specialist.
Members who receive Supplemental Security Income (SSI)	with PCP or specialist no later than 45 days after you become a member in UnitedHealthcare Community Plan, unless you are already being treated by a PCP or specialist.
Members under the age of 21	with PCP for an EPSDT exam no later than 45 days after you become a member in UnitedHealthcare Community Plan, unless you are already being treated by a PCP or specialist.
All other members	with PCP no later than 3 weeks after you become a member in UnitedHealthcare Community Plan.
Members who are pregnant:	We will make an appointment for you:
Pregnant women in their first trimester	with OB/GYN provider within 10 business days of UnitedHealthcare Community Plan learning you are pregnant.
Pregnant women in their second trimester	with OB/GYN provider within 5 business days of UnitedHealthcare Community Plan learning you are pregnant.
Pregnant women in their third trimester	with OB/GYN provider within 4 business days of UnitedHealthcare Community Plan learning you are pregnant.
Pregnant women with high-risk pregnancies	with OB/GYN provider within 24 hours of UnitedHealthcare Community Plan learning you are pregnant.

Section 8 — Complaints, grievances, and Fair Hearings

Appointment with:	An appointment must be scheduled:
PCP	
Urgent medical condition	within 24 hours
Routine appointment	within 10 business days
Health assessment/general physical examination	within 3 weeks
Specialists (when referred by PCP)	
Urgent medical condition	within 24 hours of referral
Routine appointment with one of the following specialists: <ul style="list-style-type: none"> • Otolaryngology • Dermatology • Pediatric Endocrinology • Pediatric General Surgery • Pediatric Infectious Disease • Pediatric Neurology • Pediatric Pulmonology • Pediatric Rheumatology • Dentist • Orthopedic Surgery • Pediatric Allergy and Immunology • Pediatric Gastroenterology • Pediatric Hematology • Pediatric Nephrology • Pediatric Oncology • Pediatric Rehab Medicine • Pediatric Urology • Pediatric Dentistry 	within 15 business days of referral
Routine appointment with all other specialists	within 10 business days of referral

You may file all other Complaints at any time.

Section 8 — Complaints, grievances, and Fair Hearings

What happens after I file a first level complaint?

After you file your Complaint, you will get a letter from UnitedHealthcare Community Plan telling you that UnitedHealthcare Community Plan has received your Complaint, and about the First Level Complaint review process.

You may ask UnitedHealthcare Community Plan to see any information UnitedHealthcare Community Plan has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to UnitedHealthcare Community Plan.

You may attend the Complaint review if you want to attend it. UnitedHealthcare Community Plan will tell you the location, date, and time of the Complaint review at least 10 days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference, if available. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 1 or more UnitedHealthcare Community Plan staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor or licensed dentist will be on the committee. UnitedHealthcare Community Plan will mail you a notice within thirty (30) calendar days from the date you filed your First Level Complaint to tell you the decision on your First Level Complaint. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 110.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you file a Complaint verbally, or that is faxed, postmarked, or received by UnitedHealthcare Community Plan within 15 days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

What if I do not like UnitedHealthcare Community Plan's decision?

You may ask for an external Complaint review, a Fair Hearing, or an external Complaint review and a Fair Hearing if the Complaint is about one of the following:

- UnitedHealthcare Community Plan's decision that you cannot get a service or item you want because it is not a covered service or item
- UnitedHealthcare Community Plan's decision to not pay a provider for a service or item you got
- UnitedHealthcare Community Plan's failure to decide a Complaint you told UnitedHealthcare Community Plan about within 30 days of receipt from when UnitedHealthcare Community Plan got your Complaint
- You did not get a service or item within the time by which you should have received it
- UnitedHealthcare Community Plan's decision to deny your request to disagree with UnitedHealthcare Community Plan's decision that you have to pay your provider

You must ask for an external Complaint review **within 15 days of the date you got the First Level Complaint decision notice.**

You must ask for a Fair Hearing **within 120 days from the mail date on the notice** telling you the Complaint decision.

For all other Complaints, you may file a Second Level Complaint **within 45 days of the date you got the Complaint decision notice.**

For information about Fair Hearings, see page 111.

For information about external Complaint review, see page 101.

If you need more information about help during the Complaint process, see page 110.

Second level complaint

What should I do if I want to file a second level complaint?

To file a Second Level Complaint:

- Call UnitedHealthcare Community Plan at **1-800-414-9025**, TTY/PA Relay **711** and tell UnitedHealthcare Community Plan your Second Level Complaint, or
- Write down your Second Level Complaint and send it to UnitedHealthcare Community Plan using one of the below methods, or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to UnitedHealthcare Community Plan using one of the below methods, or

UnitedHealthcare Community Plan's address and fax number for Second Level Complaints:

By mail: UnitedHealthcare Community Plan of Pennsylvania
P.O. Box 31364
Salt Lake City, UT 84131-0364

By fax: 1-877-886-8120

By secure email: * PA_CSA_GA_INTAKE@uhc.com

* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

What happens after I file a second level complaint?

After you file your Second Level Complaint, you will get a letter from UnitedHealthcare Community Plan telling you that UnitedHealthcare Community Plan has received your Complaint, and about the Second Level Complaint review process.

You may ask UnitedHealthcare Community Plan to see any information UnitedHealthcare Community Plan has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to UnitedHealthcare Community Plan.

You may attend the Complaint review if you want to attend it. UnitedHealthcare Community Plan will tell you the location, date, and time of the Complaint review at least 15 days before the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference, if available. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

Section 8 — Complaints, grievances, and Fair Hearings

A committee of 3 or more people, including at least 1 person who does not work for UnitedHealthcare Community Plan, will meet to decide your Second Level Complaint. The UnitedHealthcare Community Plan staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed physician or licensed dentist will be on the committee. UnitedHealthcare Community Plan will mail you a notice within 45 days from the date your Second Level Complaint was received to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page 110.

What if I do not like UnitedHealthcare Community Plan's decision on my second level complaint?

You may ask for an external review from the Pennsylvania Insurance Department's Bureau of Managed Care.

You must ask for an external review **within 15 days of the date you got the Second Level Complaint decision notice.**

External complaint review

How do I ask for an external complaint review?

Send your written request for an external review of your Complaint to the following:

Pennsylvania Insurance Department
Bureau of Consumer Services
Room 1209, Strawberry Square
Harrisburg, Pennsylvania 17120
Telephone number: 1-877-881-6388
Fax: 717-787-8585

You can also go to the "File a Complaint Page at: <https://www.insurance.pa.gov/Consumers/>.

If you need help filing your request for external review, call the Bureau of Consumer Services at 1-877-881-6388.

If you ask, the Bureau of Consumer Services will help you put your Complaint in writing.

Section 8 — Complaints, grievances, and Fair Hearings

What happens after I ask for an external complaint review?

The Insurance Department will get your file from UnitedHealthcare Community Plan. You may also send them any other information that may help with the external review of your Complaint.

You may be represented by an attorney or another person such as your representative during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and your request for an external Complaint review is postmarked or received by the Pennsylvania Insurance Department within 15 days of the date on the notice telling you UnitedHealthcare's First Level Complaint decision that you cannot get service or items you have been receiving because they are not covered services or items for you for the service or items to continue until a decision is made. If you will be asking for both an external Complaint review and a Fair Hearing, you must request both the external Complaint review and the Fair Hearing within 15 days of the date on the notice telling you UnitedHealthcare's First Level Complaint decision. If you want to request a Fair Hearing until after receiving a decision on your external Complaint, service will not continue.

Grievances

What is a grievance?

When UnitedHealthcare Community Plan denies, decreases, or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a notice telling you UnitedHealthcare Community Plan's decision.

A Grievance is when you tell UnitedHealthcare Community Plan you disagree with UnitedHealthcare Community Plan's decision.

What should I do if I have a grievance?

To file a Grievance:

- Call UnitedHealthcare Community Plan at **1-800-414-9025**, TTY/PA Relay **711** and tell UnitedHealthcare Community Plan your Grievance, or
- Write down your Grievance and send it to UnitedHealthcare Community Plan using one of the below methods, or
- Fill out the Complaint/Grievance Request Form included in the denial notice you got from UnitedHealthcare Community Plan and send it to UnitedHealthcare Community Plan using one of the below methods:

UnitedHealthcare Community Plan's address and fax number for Grievances:

By mail: UnitedHealthcare Community Plan of Pennsylvania
P.O. Box 31364
Salt Lake City, UT 84131-0364

By fax: 1-877-886-8120

By secure email: * PA_CSA_GA_INTAKE@uhc.com

- * Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

Section 8 — Complaints, grievances, and Fair Hearings

When should I file a grievance?

You must file a Grievance **within 60 days from the date you get the notice** telling you about the denial, decrease, or approval of a different service or item for you.

What happens after I file a grievance?

After you file your Grievance, you will get a letter from UnitedHealthcare Community Plan telling you that UnitedHealthcare Community Plan has received your Grievance, and about the Grievance review process.

You may ask UnitedHealthcare Community Plan to see any information that UnitedHealthcare Community Plan used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to UnitedHealthcare Community Plan.

You may attend the Grievance review if you want to attend it. UnitedHealthcare Community Plan will tell you the location, date, and time of the Grievance review at least 10 days before the day of the Grievance review. You may appear at the Grievance review in person, by phone, or by videoconference, if available. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of 3 or more people, including a licensed doctor or licensed dentist, will meet to decide your Grievance. The UnitedHealthcare Community Plan staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about. UnitedHealthcare Community Plan will mail you a notice 30 days from the date your Grievance was received to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page 110.

What to do to continue getting services:

If you have been getting services or items that are being reduced, changed, or denied and you file a Grievance faxed, postmarked, or received by UnitedHealthcare Community Plan within 15 days of the date on the notice telling you that the services or items you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

What if I do not like UnitedHealthcare Community Plan's decision?

You may ask for an external Grievance review or a Fair Hearing or you may ask for both an external Grievance review and a Fair Hearing. An external Grievance review is a review by a doctor who does not work for UnitedHealthcare Community Plan.

You must ask for an external Grievance review **within 15 days of the date you got the Grievance decision notice**.

You must ask for a Fair Hearing from the Department of Human Services **within 120 days from the date on the notice** telling you the Grievance decision.

For information about Fair Hearings, see page 111.

For information about external Grievance review, see page 106.

If you need more information about help during the Grievance process, see page 110.

External grievance review

How do I ask for external grievance review?

To ask for an external Grievance review:

- Call UnitedHealthcare Community Plan at **1-800-414-9025**, TTY/PA Relay **711** and tell UnitedHealthcare Community Plan your Grievance, or
- Write down your Grievance and send it to UnitedHealthcare Community Plan using one of the below methods:

By mail: UnitedHealthcare Community Plan of Pennsylvania
P.O. Box 31364
Salt Lake City, UT 84131-0364

By fax: 1-877-886-8120

By secure email: * PA_CSA_GA_INTAKE@uhc.com

- * Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

UnitedHealthcare Community Plan will send your request for external Grievance review to the Insurance Department.

What happens after I ask for an external grievance review?

UnitedHealthcare will notify you of the external Grievance reviewer's name, address, email address, fax number, and phone number. You will also be given information about the external Grievance review process.

UnitedHealthcare Community Plan will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 20 days of being notified of the request for an external Grievance review reviewer's name.

You will receive a decision letter within 60 days of the date you asked for an external Grievance review. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed, or denied and you ask for an external Grievance review verbally or in a written request that is postmarked or received by the Pennsylvania Insurance Department within 15 days of the date on the notice telling you UnitedHealthcare Community Plan's Grievance decision, the services or items will continue until a decision is made.

If you will be asking for both an external Grievance review and a Fair Hearing, you must request both the external Grievance review and the Fair Hearing within 15 days of the date on the notice telling you UnitedHealthcare's Grievance decision. If you wait to request a Fair Hearing until after receiving a decision on your external Grievance, services will not continue.

Expedited complaints and grievances

What can I do if my health is at immediate risk?

If your doctor or dentist believes that waiting 30 days to get a decision about your 1st Level Complaint or Grievance, or 45 days to get a decision about your 2nd Level Complaint could harm your health, you or your doctor or dentist may ask that your Complaint or Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask UnitedHealthcare Community Plan for an early decision by calling UnitedHealthcare Community Plan at **1-800-414-9025**, TTY/PA Relay **711**, faxing a letter or the Complaint/Grievance Request Form to 801-994-1261, or sending an email to pa_csa_ga_intake@uhc.com
- Your doctor or dentist should fax a signed letter to 801-994-1261 within 72 hours of your request for an early decision that explains why UnitedHealthcare Community Plan taking 30 or 45 days to tell you the decision about your Complaint or Grievance could harm your health

If UnitedHealthcare Community Plan does not receive a letter from your doctor or dentist and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, UnitedHealthcare Community Plan will decide your Complaint or Grievance in the usual timeframe of 30 days from when UnitedHealthcare Community Plan first got your Complaint or Grievance.

Section 8 — Complaints, grievances, and Fair Hearings

Expedited complaint and expedited external complaint

Your expedited Complaint will be reviewed by a committee that includes a licensed doctor or licensed dentist. If the Complaint is about dental services, the expedited Complaint review committee will include a dentist. Members of the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person, but may have to appear by phone or by videoconference because UnitedHealthcare Community Plan has a short amount of time to decide an expedited Complaint. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

UnitedHealthcare Community Plan will tell you the decision about your Complaint within 48 hours of when UnitedHealthcare Community Plan gets your doctor's or dentist's letter explaining why the usual timeframe for deciding your Complaint will harm your health or within 72 hours from when UnitedHealthcare Community Plan gets your request for an early decision, whichever is sooner, unless you ask UnitedHealthcare Community Plan to take more time to decide your Complaint. You can ask UnitedHealthcare Community Plan to take up to 14 more days to decide your Complaint. You will also get a notice telling you the reason(s) for the decision and how to ask for expedited external Complaint review, if you do not like the decision.

If you did not like the expedited Complaint decision, you may ask for an expedited external Complaint review from the Pennsylvania Insurance Department within 2 business days from the date you get the expedited Complaint decision notice. To ask for expedited external review of a Complaint:

- Call UnitedHealthcare Community Plan at **1-800-414-9025**, TTY/PA Relay **711** and tell UnitedHealthcare Community Plan your Complaint, or
- Send an email to UnitedHealthcare Community Plan at pa_csa_ga_intake@uhc.com, or
- Write down your Complaint and send it to UnitedHealthcare Community Plan by mail or fax:
UnitedHealthcare Community Plan of Pennsylvania
P.O. Box 31364
Salt Lake City, UT 84131-0364
801-994-1261

UnitedHealthcare Community Plan will send your request for expedited review to the Pennsylvania Insurance Department within 24 hours of receiving it.

Section 8 — Complaints, grievances, and Fair Hearings

Expedited grievance and expedited external grievance

A committee of 3 or more people, including a licensed doctor or licensed dentist, will meet to decide your Grievance. If the Grievance is about dental services, the expedited Grievance review committee will include a dentist. The UnitedHealthcare Community Plan staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about.

You may attend the expedited Grievance review if you want to attend it. You can attend the Grievance review in person, but may have to appear by phone or by videoconference because UnitedHealthcare Community Plan has a short amount of time to decide the expedited Grievance. If you decide that you do not want to attend the Grievance review, it will not affect our decision.

UnitedHealthcare Community Plan will tell you the decision about your Grievance within 48 hours of when UnitedHealthcare Community Plan gets your doctor's or dentist's letter explaining why the usual timeframe for deciding your Grievance will harm your health or within 72 hours from when UnitedHealthcare Community Plan gets your request for an early decision, whichever is sooner, unless you ask UnitedHealthcare Community Plan to take more time to decide your Grievance. You can ask UnitedHealthcare Community Plan to take up to 14 more days to decide your Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external Grievance review or an expedited Fair Hearing by the Department of Human Services or both an expedited external Grievance review and an expedited Fair Hearing. An expedited external Grievance review is a review by a doctor who does not work for UnitedHealthcare.

You must ask for expedited external Grievance review **within 2 business days from the date you get the expedited Grievance decision notice**. To ask for expedited external review of a Grievance:

- Call UnitedHealthcare Community Plan at **1-800-414-9025**, TTY/PA Relay **711** and tell UnitedHealthcare Community Plan your Grievance, or
- Send an email to UnitedHealthcare Community Plan at pa_csa_ga_intake@uhc.com, or
- Write down your Grievance and send it to UnitedHealthcare Community Plan by mail or fax:

UnitedHealthcare Community Plan of Pennsylvania
P.O. Box 31364
Salt Lake City, UT 84131-0364
801-994-1261

UnitedHealthcare Community Plan will send your request to the Pennsylvania Insurance Department within 24 hours after receiving it.

You must ask for a Fair Hearing **within 120 days from the date on the notice** telling you the expedited Grievance decision.

What kind of help can I have with the complaint and grievance processes?

If you need help filing your Complaint or Grievance, a staff member of UnitedHealthcare Community Plan will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your Complaint or Grievance.

You may also have a family member, friend, lawyer or other person help you file your Complaint or Grievance. This person can also help you if you decide you want to appear at the Complaint or Grievance review.

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell UnitedHealthcare Community Plan, in writing, the name of that person and how UnitedHealthcare Community Plan can reach him or her.

You or the person you choose to represent you may ask UnitedHealthcare Community Plan to see any information UnitedHealthcare Community Plan has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call UnitedHealthcare Community Plan's toll-free telephone number at **1-800-414-9025**, TTY/PA Relay **711** if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.

Persons whose primary language is not English

If you ask for language services, UnitedHealthcare Community Plan will provide the services at no cost to you.

Persons with disabilities

UnitedHealthcare Community Plan will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters
- Providing information submitted by UnitedHealthcare Community Plan at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.

110 Questions? Visit myuhc.com/CommunityPlan, or call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Department of Human Services Fair Hearings

In some cases, you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something UnitedHealthcare Community Plan did or did not do. These hearings are called “Fair Hearings.” You can ask for a Fair Hearing after UnitedHealthcare Community Plan decides your First Level Complaint or decides your Grievance.

What can I request a Fair Hearing about and by when do I have to ask for a Fair Hearing?

Your request for a Fair Hearing must be postmarked, faxed, or submitted via email * **within 120 days from the date on the notice** telling you UnitedHealthcare Community Plan’s decision on your First Level Complaint or Grievance about the following:

- The denial of a service or item you want because it is not a covered service or item
- The denial of payment to a provider for a service or item you received and the provider can bill you for the service or item
- UnitedHealthcare Community Plan’s failure to decide a First Level Complaint or Grievance you told UnitedHealthcare Community Plan about within 30 days from when UnitedHealthcare Community Plan got your Complaint or Grievance
- The denial of your request to disagree with UnitedHealthcare Community Plan’s decision that you have to pay your provider
- The denial of a service or item, decrease of a service or item, or approval of a service or item different from the service or item you requested because it was not medically necessary
- You’re not getting a service or item within the time by which you should have received a service or item

You can also request a Fair Hearing within 120 days from the date on the notice telling you that UnitedHealthcare Community Plan failed to decide a First Level Complaint or Grievance you told UnitedHealthcare Community Plan about within 30 days from when UnitedHealthcare Community Plan got your Complaint or Grievance.

* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

Section 8 — Complaints, grievances, and Fair Hearings

How do I ask for a Fair Hearing?

Your request for a Fair Hearing must be in writing. You can either fill out and sign the Fair Hearing Request Form included in the Complaint or the Grievance decision notice or write and sign a letter or email.

If you write a letter or email, it needs to include the following information:

- Your (the member's) name and date of birth;
- A telephone number where you can be reached during the day;
- Whether you want to have the Fair Hearing in person or by telephone;
- The reason(s) you are asking for a Fair Hearing; and
- A copy of any letter you received about the issue you are asking for a Fair Hearing about.

* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email. You may send a request for a Fair Hearing through email and provide your personal identifying information in a letter mailed to the above address.

You must send your request for a Fair Hearing to the following address:

Department of Human Services
Office of Medical Assistance Programs – HealthChoices Program
Complaint, Grievance and Fair Hearings
P.O. Box 2675
Harrisburg, PA 17105-2675
Fax: 1-717-772-6328
Email: RA-PWCGFHteam@pa.gov

What happens after I ask for a Fair Hearing?

You will get a letter from the Department of Human Services' Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing.

You may come to where the Fair Hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the Fair Hearing. You **MUST** participate in the Fair Hearing.

Section 8 — Complaints, grievances, and Fair Hearings

UnitedHealthcare Community Plan will also go to your Fair Hearing to explain why UnitedHealthcare Community Plan made the decision or explain what happened.

You may ask UnitedHealthcare Community Plan to give you any records, reports and other information about the issue you requested your Fair Hearing about at no cost to you.

When will the Fair Hearing be decided?

The Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with UnitedHealthcare Community Plan, not including the number of days between the date on the written notice of the UnitedHealthcare Community Plan's First Level Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because UnitedHealthcare Community Plan did not tell you its decision about a Complaint or Grievance you told UnitedHealthcare Community Plan about within 30 days from when UnitedHealthcare Community Plan got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with UnitedHealthcare Community Plan, not including the number of days between the date on the notice telling you that UnitedHealthcare Community Plan failed to timely decide your Complaint or Grievance and the date you asked for a Fair Hearing.

The Department of Human Services will send you the decision in writing and tell you what to do if you do not like the decision.

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You can call the Department of Human Services at 1-800-798-2339 to ask for your services.

What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you ask for a Fair Hearing and your request is postmarked or received by the Department of Human Services within 15 days of the date on the notice telling you UnitedHealthcare Community Plan's First Level Complaint or Grievance decision, the services or items will continue until a decision is made.

Expedited Fair Hearing

What can I do if my health is at immediate risk?

If your doctor or dentist believes that waiting the usual timeframe for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling the Department at 1-800-798-2339 or by faxing a letter or the Fair Hearing Request Form to 717-772-6328, or submitting a written request electronically via email* to RA-PWCGFHteam@pa.gov. Your doctor or dentist must fax a signed letter to 717-772-6328 explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your doctor or dentist does not send a letter, your doctor or dentist must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you its decision within 3 business days after you asked for a Fair Hearing.

If your doctor does not send a written statement and does not testify at the Fair Hearing, the Fair Hearing decision will not be expedited. Another hearing will be scheduled, and the Fair Hearing will be decided using the usual timeframe for deciding a Fair Hearing.

* Because emails are not secure unless encrypted by the sender, you should not include personal identifying information such as your date of birth or personal medical information unless you encrypt the email.

You may call UnitedHealthcare Community Plan's toll-free telephone number at **1-800-414-9025**, TTY/PA Relay **711** if you need help or have questions about Fair Hearings, you can contact your local legal aid office at 1-800-322-7572 or call the Pennsylvania Health Law Project at 1-800-274-3258.

County Assistance Office contact information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Adams	Adams County Assistance Office 225 South Franklin Street P.O. Box 4446 Gettysburg, PA 17325-4446 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-800-638-6816 Phone: 717-334-6241 Fax: 717-334-4104
Allegheny	Allegheny County Assistance Office Headquarters Piatt Place 301 5th Avenue, Suite 470 Pittsburgh, PA 15222 Office Hours: 7:30 AM to 5 PM	Phone: 412-565-2146 Fax: 412-565-3660
	Low Income Home Energy Assistance Program (LIHEAP) 5947 Penn Avenue, 4th Floor Pittsburgh, PA 15206 * The entrance is at Kirkwood Street and North Highland Avenue. Office Hours: 7:30 AM to 5 PM	Phone: 412-562-0330 Fax: 412-565-0107
	Alle-Kiski District 909 Industrial Blvd New Kensington, PA 15068-0132 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-622-3527 Phone: 724-339-6800 Fax: 724-339-6850
	Institution-Related Eligibility District (IRED) 301 5th Avenue, Suite 420 Pittsburgh, PA 15222 Office Hours: 7:30 AM to 5 PM	Phone: 412-565-5604 Fax: 412-565-5074

Section 8 — County Assistance Office contact Information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Allegheny (continued)	Liberty District 332 5th Avenue, Suite 300 Pittsburgh, PA 15222 Office Hours: 7:30 AM to 5 PM	Phone: 412-565-2652 Fax: 412-565-5088
	Three Rivers District Warner Center 332 Fifth Avenue, 2nd Floor Pittsburgh, PA 15222 Office Hours: 7:30 AM to 5 PM	Phone: 412-565-7755 Fax: 412-565-5198 or 5075
	Southeast District 220 Sixth Street McKeesport, PA 15132-2720 Office Hours: 7:30 AM to 5 PM	Phone: 412-664-6800 or 6801 Fax: 412-664-5218
	Southern District 332 Fifth Avenue, Suite 230 Pittsburgh, PA 15222 Office Hours: 7:30 AM to 5 PM	Phone: 412-565-2232 Fax: 412-770-3686 or 412-565-5713
	Greater Pittsburgh East District 5947 Penn Avenue Pittsburgh, PA 15206-3844 Office Hours: 7:30 AM to 5 PM	Phone: 412-645-7400 or 7401 Fax: 412-365-2821
Armstrong	Armstrong County Assistance Office 1280 North Water Street Kittanning, PA 16201-0898 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-424-5235 Phone: 724-543-1651 LIHEAP: 724-543-6076 or 800-543-5105 Fax: 724-548-0274
Beaver	Beaver County Assistance Office 171 Virginia Avenue P. O. Box 349 Rochester, PA 15074-0349 Office Hours: 7 AM to 5 PM	Toll-Free: 1-800-653-3129 Phone: 724-773-7300 LIHEAP: 724-773-7495 Fax: 724-773-7859

Section 8 — County Assistance Office contact information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Bedford	Bedford County Assistance Office 150 North Street Bedford, PA 15522-1040 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-542-8584 Phone: 814-623-6127 LIHEAP: 814-624-4072 Fax: 814-623-7310
Berks	Berks County Assistance Office Reading State Office Building 625 Cherry Street Reading, PA 19602-1188 Office Hours: 8 AM to 5 PM	Toll-Free: 1-866-215-3912 Phone: 610-736-4211 LIHEAP: 610-736-4228 or 866-215-3911 Fax: 610-736-4004
Blair	Blair County Assistance Office 1100 Green Avenue Altoona, PA 16601-3440 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-866-812-3341 LIHEAP: 814-946-7365 Fax: 814-941-6813
Bradford	Bradford County Assistance Office 1 Elizabeth Street, Suite 4 P.O. Box 398 Towanda, PA 18848-0398 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-542-3938 Phone: 570-265-9186 Fax: 570-265-3061
Bucks	Bucks County Assistance Office 1214 Veterans Highway Bristol, PA 19007-2593 Office Hours: 8 AM to 5 PM	Phone: 215-781-3300 Toll-Free: 1-800-362-1291 LIHEAP: 215-781-3393 or 1-800-616-6481 Fax: 215-781-3438
Butler	Butler County Assistance Office 108 Woody Dr. Butler, PA 16001-5692 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-866-256-0093 Phone: 724-284-8844 Fax: 724-284-8833
Cambria	Cambria County Assistance Office 625 Main Street Johnstown, PA 15901-1678 Office Hours: 7 AM to 5 PM	Toll-Free: 1-877-315-0389 Phone: 814-533-2491 LIHEAP: 814-533-2253 Fax: 814-533-2214

Section 8 — County Assistance Office contact Information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Cameron	Cameron County Assistance Office 411 Chestnut Street P.O. Box 71 Emporium, PA 15834-0071 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-877-855-1824 Phone: 814-486-3757 LIHEAP: 814-486-1206 Fax: 814-486-1379
Carbon	Carbon County Assistance Office 101 Lehigh Drive Lehigh, PA 18235 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-314-0963 Phone: 610-577-9020 LIHEAP: (cash) 610-577-9073 LIHEAP: (crisis) 866-410-2093 Fax: 610-577-9043
Centre	Centre County Assistance Office 2580 Park Center Boulevard State College, PA 16801-3005 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-355-6024 Phone: 814-863-6571 LIHEAP: 814-861-1955 Fax: 814-689-1356
Chester	Chester County Assistance Office 100 James Buchanan Drive Thorndale, PA 19372-1132 Office Hours: 8 AM to 5 PM	Toll-Free: 1-888-814-4698 Phone: 610-466-1000 LIHEAP: 610-466-1042 Fax: 610-466-1130
Clarion	Clarion County Assistance Office 71 Lincoln Drive Clarion, PA 16214-3861 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-253-3488 Phone: 814-226-1700 LIHEAP: 814-226-1780 Fax: 814-226-1794
Clearfield	Clearfield County Assistance Office 1025 Leonard Street Clearfield, PA 16830 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-521-9218 Phone: 814-765-7591 LIHEAP: 814-765-0684 or 800-862-8941 Fax: 814-765-0802
Clinton	Clinton County Assistance Office 300 Bellefonte Avenue, Suite 101 Lock Haven, PA 17745-1929 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-820-4159 Phone: 570-748-2971 LIHEAP: 570-893-4409 Fax: 570-893-2973

Section 8 — County Assistance Office contact information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Columbia	Columbia County Assistance Office 27 East Seventh Street P.O. Box 628 Bloomsburg, PA 17815-0628 Office Hours: 8 AM to 5 PM	Toll-Free: 1-877-211-1322 Phone: 570-387-4200 LIHEAP: 570-387-4232 Fax: 570-387-4708
Crawford	Crawford County Assistance Office 1084 Water Street P.O. Box 1187 Meadville, PA 16335-7187 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-527-7861 Phone: 814-333-3400 LIHEAP: 814-333-3400 Fax: 814-333-3527
Cumberland	Cumberland County Assistance Office 33 Westminster Drive Carlisle, PA 17013-0599 Office Hours: 7:45 AM to 5 PM	Toll-Free: 1-800-269-0173 Phone: 717-240-2700 Fax: 717-240-2781
Dauphin	Dauphin County Assistance Office 2432 N. 7th Street P.O. Box 5959 Harrisburg, PA 17110-0959 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-788-5616 Phone: 717-787-2324 LIHEAP: 717-265-8919 Fax: 717-772-4703
Delaware	Delaware County Assistance Office Headquarters 701 Crosby Street, Suite A Chester, PA 19013-6099 Office Hours: 8 AM to 5 PM	Phone: 610-447-5500 LIHEAP: 610-447-3099 Fax: 610-447-5399
	Crosby District 701 Crosby Street, Suite A Chester, PA 19013-6099 Office Hours: 8 AM to 5 PM	Phone: 610-447-5500 LIHEAP: 610-447-3099 Fax: 610-447-5399
	Darby District 845 Main Street Darby, PA 19023 Office Hours: 8 AM to 5 PM	Phone: 610-461-3800 Fax: 610-461-3900

Section 8 — County Assistance Office contact Information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Elk	Elk County Assistance Office 145 Race Street P.O. Box F Ridgway, PA 15853-0327 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-800-847-0257 Phone: 814-776-1101 LIHEAP: 814-772-5215 or 814-776-1101 Fax: 814-772-7007
Erie	Erie County Assistance Office 1316 Holland Street P.O. Box 958 Erie, PA 16512-0958 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-635-1014 Phone: 814-461-2000 LIHEAP: 814-461-2002 Fax: 814-461-2294
Fayette	Fayette County Assistance Office 41 West Church Street Uniontown, PA 15401-3418 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-877-832-7545 Phone: 724-439-7015 LIHEAP: 724-439-7125 Fax: 724-439-7002
Forest	Forest County Assistance Office 106 Sherman Street Tionesta, PA 16353 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-876-0645 Phone: 814-755-3552 Fax: 814-755-3420
Franklin	Franklin County Assistance Office 620 Norland Avenue Chambersburg, PA 17201-4205 Office Hours: 8 AM to 5 PM	Toll-Free: 1-877-289-9177 Phone: 717-264-6121 LIHEAP: 717-262-6579 Fax: 717-264-4801
Fulton	Fulton County Assistance Office 539 Fulton Drive McConnellsburg, PA 17233 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-222-8563 Phone: 717-485-3151 Fax: 717-485-3713
Greene	Greene County Assistance Office 108 Greene Plaza, Suite 1 Waynesburg, PA 15370-0950 Office Hours: 8 AM to 5 PM	Toll-Free: 1-888-410-5658 Phone: 724- 627-8171 Fax: 724-627-8096

Section 8 — County Assistance Office contact information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Huntingdon	Huntingdon County Assistance Office 7591 Lake Raystown Shopping Center Huntingdon, PA 16652-0398 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-237-7674 Phone: 814-643-1170 LIHEAP: 814-643-4098 Fax: 814-643-5441
Indiana	Indiana County Assistance Office 2750 West Pike Road Indiana, PA 15701 Office Hours: 7 AM to 5 PM	Toll-Free: 1-800-742-0679 Phone: 724-357-2900 LIHEAP: 724-357-2918 Fax: 724-357-2951
Jefferson	Jefferson County Assistance Office 100 Prushnok Drive P.O. Box 720 Punxsutawney, PA 15767-0720 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-800-242-8214 Phone: 814-938-2990 LIHEAP: 814-938-1329 Fax: 814-938-3842
Juniata	Juniata County Assistance Office 100 Meadow Lane P.O. Box 65 Mifflintown, PA 17059-9983 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-800-586-4282 Phone: 717-436-2158 Fax: 717-436-5402
Lackawanna	Lackawanna County Assistance Office 200 Scranton State Office Building 100 Lackawanna Avenue Scranton, PA 18503-1972 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-877-431-1887 Phone: 570-963-4525 LIHEAP: 570-963-4842 Fax: 570-963-4843
Lancaster	Lancaster County Assistance Office 832 Manor Street P.O. Box 4967 Lancaster, PA 17604-4967 Office Hours: 8 AM to 5 PM	Phone: 717-299-7411 LIHEAP: (cash) 717-299-7543 LIHEAP: (crisis) 717-299-7543 Fax: 717-299-7565

Section 8 — County Assistance Office contact Information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Lawrence	Lawrence County Assistance Office 108 Cascade Galleria New Castle, PA 16101-3900 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-847-4522 Phone: 724-656-3000 LIHEAP: 724-656-3021 Fax: 724-656-3076
Lebanon	Lebanon County Assistance Office 625 South Eighth Street Lebanon, PA 17042-6762 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-229-3926 Phone: 717-270-3600 LIHEAP: 717-273-1641 Fax: 717-228-2589
Lehigh	Lehigh County Assistance Office 555 Union Blvd., Suite 3 Allentown, PA 18109-3389 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-877-223-5956 Phone: 610-821-6509 Fax: 610-821-6705
Luzerne	Luzerne County Assistance Office Wilkes-Barre District 205 South Washington Street Wilkes-Barre, PA 18711-3298 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-866-220-9320 Phone: 570-826-2100 LIHEAP: 570-826-2041 LIHEAP: (crisis): 570-826-0510 Fax: 570-826-2178
	Hazleton District Center Plaza Building 10 West Chestnut Street Hazleton, PA 18201-6409 Office Hours: 7:30 AM to 5 PM	Phone: 570-459-3800 LIHEAP: 570-459-3834 Fax: 570-459-3931
Lycoming	Lycoming County Assistance Office 400 Little League Boulevard P.O. Box 127 Williamsport, PA 17703-0127 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-877-867-4014 Phone: 570-327-3300 LIHEAP: 570-327-3497 Fax: 570-321-6501
McKean	McKean County Assistance Office 68 Chestnut Street, Suite B Braford, PA 16701-0016 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-822-1108 Phone: 814-362-4671 Fax: 814-362-4959

Section 8 — County Assistance Office contact information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Mercer	Mercer County Assistance Office 2236 Highland Road Hermitage, PA 16148-2896 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-747-8405 Phone: 724-983-5000 LIHEAP: 724-983-5022 Fax: 724-983-5706
Mifflin	Mifflin County Assistance Office 1125 Riverside Drive Lewistown, PA 17044-1942 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-382-5253 Phone: 717-248-6746 LIHEAP: 717-242-6095 Fax: 717-242-6099
Monroe	Monroe County Assistance Office 1972 W. Main Street, Suite 101 Stroudsburg, PA 18360-0232 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-877-905-1495 Phone: 570-424-3030 LIHEAP: 570-424-3517 Fax: 570-424-3915
Montgomery	Montgomery County Assistance Office Norristown District 1931 New Hope Street Norristown, PA 19401-3191 Office Hours: 8 AM to 5 PM	Toll-Free: 1-877-398-5571 Phone: 610-270-3500 LIHEAP: 610-272-1752 Fax: 610-270-1678
	Pottstown District 24 Robinson Street Pottstown, PA 19464-5584 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-641-3940 Phone: 610-327-4280 LIHEAP: 610-272-1752 Fax: 610-327-4350
Montour	Montour County Assistance Office 497 Church Street Danville, PA 17821-2217 Office Hours: 8 AM to 5 PM	Toll-Free: 1-866-596-5944 Phone: 570-275-7430 LIHEAP: 1-866-410-2093 Fax: 570-275-7433
Northampton	Northampton County Assistance Office 201 Larry Holmes Drive P.O. Box 10 Easton, PA 18044-0010 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-349-5122 Phone: 610-250-1700 LIHEAP: 610-250-1785/6 Fax: 610-250-1839

Section 8 — County Assistance Office contact Information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Northumberland	Northumberland County Assistance Office 320 Chestnut Street Sunbury, PA 17801 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-368-8390 Phone: 570-988-5900 LIHEAP: 570-988-5996 or 800-332-8583 Fax: 570-988-5918
Perry	Perry County Assistance Office 100 Centre Drive P.O. Box 280 New Bloomfield, PA 17068-0280 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-800-991-1929 Phone: 717-582-2127 LIHEAP: 717-582-5038 Fax: 717-582-4187
Philadelphia	Philadelphia County Assistance Office Headquarters 801 Market Street Philadelphia, PA 19107 Office Hours: 8 AM to 5 PM	Phone: 215-560-7226 LIHEAP: 215-560-1583 Fax: 215-560-3214
	Low Income Home Energy Assistance Program (LIHEAP) 1348 W. Sedgley Ave. Philadelphia, PA 19132-2498 Office Hours: 8 AM to 5 PM	LIHEAP Phone: 215-560-1583 LIHEAP Fax: 215-560-2260
	Boulevard District 4109 Frankford Avenue Philadelphia, PA 19124-4508 Office Hours: 8 AM to 5 PM	Phone: 215-560-6500 Fax: 215-560-2087
	Cheltenham District 301 East Cheltenham Avenue, 1st Floor Philadelphia, PA 19144-5751 Office Hours: 8 AM to 5 PM	Phone: 215-560-5200 Fax: 215-560-5251
	Delancey District 5740 Market Street 2nd Floor Philadelphia, PA 19139-3204 Office Hours: 8 AM to 5 PM	Phone: 215-560-3700 Fax: 215-560-2907

Section 8 — County Assistance Office contact information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Philadelphia (continued)	Elmwood District 5740 Market Street 1st Floor Philadelphia, PA 19139-3204 Office Hours: 8 AM to 5 PM	Phone: 215-560-3800 Fax: 215-560-2065
	Glendale District 5201 Old York Road Philadelphia, PA 19141-9943 Office Hours: 8 AM to 5 PM	Phone: 215-560-4600 Fax: 215-456-5103
	Liberty District 219 East Lehigh Avenue Philadelphia, PA 19125-1099 Office Hours: 8 AM to 5 PM	Phone: 215-560-4000 Fax: 215-560-4065
	Long Term and Independent Services District 5070 Parkside Avenue Philadelphia, PA 19131 Office Hours: 8 AM to 5 PM	Phone: 215-560-5500 Fax: 215-560-1495
	Ridge/Tioga District 1350 West Sedgley Avenue Philadelphia, PA 19132-2498 Office Hours: 8 AM to 5 PM	Phone: 215-560-4900 Fax: 215-560-4938
	Somerset District 2701 N. Broad Street, 2nd Floor Philadelphia, PA 19132-2743 Office Hours: 8 AM to 5 PM	Phone: 215-560-5400 Fax: 215-560-5403
	South District 1163 S. Broad Street Philadelphia, PA 19147 Office Hours: 8 AM to 5 PM	Phone: 215-560-4400 Fax: 215-218-4650
	Unity District 4111 Frankford Avenue Philadelphia, PA 19124 Office Hours: 8 AM to 5 PM	Phone: 215-560-6400 Fax: 215-560-2067

Section 8 — County Assistance Office contact Information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Philadelphia (continued)	West District 5070 Parkside Avenue Philadelphia, PA 19131-4747 Office Hours: 8 AM to 5 PM	Phone: 215-560-6100 Fax: 215-560-2053
Pike	Pike County Assistance Office Milford Professional Park Suite 101 10 Buist Road Milford, PA 18337 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-866-267-9181 Phone: 570-296-6114 LIHEAP: 570-296-6114 Fax: 570-296-4183
Potter	Potter County Assistance Office 269 Route 6 West, Room 1 Coudersport, PA 16915-8465 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-800-446-9896 Phone: 814-274-4900 Fax: 814-274-3635
Schuylkill	Schuylkill County Assistance Office 2640 Woodglen Road P.O. Box 1100 Pottsville, PA 17901-1100 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-877-306-5439 Phone: 570-621-3000 LIHEAP: 570-621-3072 Fax: 570-624-3334
Snyder	Snyder County Assistance Office 83 Maple Lane Selinsgrove, PA 17870-1302 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-866-713-8584 Phone: 570-374-8126 LIHEAP: 570-372-1721 Fax: 570-374-6347
Somerset	Somerset County Assistance Office 164 Staybrook Street Somerset, PA 15501 Office Hours: 7:45 AM to 5 PM	Toll-Free: 1-800-248-1607 Phone: 814-443-3681 LIHEAP: 814-443-3683 Fax: 814-445-4352
Sullivan	Sullivan County Assistance Office 918 Main Street, Suite 2 P.O. Box 355 Laporte, PA 18626-0355 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-877-265-1681 Phone: 570-946-7174 LIHEAP: 570-946-7174 Fax: 570-946-7189

Section 8 — County Assistance Office contact information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Susquehanna	Susquehanna County Assistance Office 111 Spruce Street P.O. Box 128 Montrose, PA 18801-0128 Office Hours: 8 AM to 5 PM	Toll-Free: 1-888-753-6328 Phone: 570-278-3891 LIHEAP: 1-866-410-2093 Fax: 570-278-9508
Tioga	Tioga County Assistance Office 11809 Route 6 Wellsboro, PA 16901-6764 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-525-6842 Phone: 570-724-4051 LIHEAP: 570-724-4051 Fax: 570-724-5612
Union	Union County Assistance Office Suite 300 1610 Industrial Boulevard Lewisburg, PA 17837-1292 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-877-628-2003 Phone: 570-524-2201 LIHEAP: 570-522-5274 Fax: 570-524-2361
Venango	Venango County Assistance Office 530 13th Street Franklin, PA 16323-0391 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-877-409-2421 Phone: 814-437-4341/4342 LIHEAP: 814-437-4354 Fax: 814-437-4441
Warren	Warren County Assistance Office 210 North Drive, Suite A N. Warren, PA 16365 Office Hours: 8 AM to 5 PM	Toll-Free: 1-800-403-4043 Phone: 814-723-6330 LIHEAP: 814-726-2540 Fax: 814-726-1565
Washington	Washington County Assistance Office 167 North Main Street Washington, PA 15301-4354 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-835-9720 Phone: 724-223-4300 LIHEAP: 724-223-5246 Fax: 724-223-4675
	Valley District 595 Galiffa Drive P.O. Box 592 Donora, PA 15033-0592 Office Hours: 7:30 AM to 5 PM	Toll-Free: 1-800-392-6932 Phone: 724-379-1500 LIHEAP: 724-379-1549 Fax: 724-379-1572

Section 8 — County Assistance Office contact Information

County Assistance Office contact information		
County	Assistance Office address	Telephone/Fax numbers
Wayne	Wayne County Assistance Office 107 8th Street, 2nd Floor P.O. Box 229 Honesdale, PA 18431-0229 Office Hours: 8:30 AM to 5 PM	Toll-Free: 1-877-879-5267 Phone: 570-253-7100 LIHEAP: 570-253-7118 Fax: 570-253-7374
Westmoreland	Westmoreland County Assistance Office – Main Office 587 Sells Lane Greensburg, PA 15601-4493 Office Hours: 7 AM to 5 PM	Toll-Free: 1-800-905-5413 Phone: 724-832-5200 LIHEAP: 724-832-5524 Fax: 724-832-5202
	Donora/Valley District 595 Galiffa Drive P.O. Box 592 Donora, PA 15033-0592 Office Hours: 7 AM to 5 PM	Toll-Free: 1-800-238-9094 Phone: 724-379-1500 LIHEAP: 724-832-5524 Fax: 724-379-1572
	Alle-Kiski District 909 Industrial Boulevard New Kensington, PA 15068-0132 Office Hours: 7 AM to 5 PM	Toll-Free: 1-800-622-3527 Phone: 724-339-6800 LIHEAP: 724-832-5524 Fax: 724-339-6850
Wyoming	Wyoming County Assistance Office 608 Hunter Highway, Suite 6 P.O. Box 490 Tunkhannock, PA 18657-0490 Office Hours: 8 AM to 5 PM	Toll-Free: 1-877-699-3312 Phone: 570-836-5171 LIHEAP: 570-836-5171 Fax: 570-996-4141
York	York County Assistance Office 130 N. Duke Street P.O. Box 15041 York, PA 17405-7041 Office Hours: 8 AM to 5 PM	Phone: 717-771-1100 Toll-Free: 800-991-0929 LIHEAP: 1-800-991-0929 Fax: 717-771-1261

Crisis Intervention Services contact information

National Suicide Prevention Lifeline — Call **1-800-273-8255** — Available 24 hours every day.

Crisis Intervention Services contact information	
Allegheny County Department of Human Services	
Website	www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Mental-Health.aspx
Phone	412-350-4456
Crisis Services	1-888-796-8226 (1-888-7-YOU CAN)
Armstrong/Indiana Behavioral and Developmental Health Program	
Website	www.aibdhp.org
Phone	724-548-3451
Crisis Services	1-877-333-2470
Beaver County Behavioral Health	
Website	www.Beavercountypa.gov/departments/behavioral-health
Phone	724-891-2827
Crisis Services	1-800-400-6180
Bedford-Somerset Developmental and Behavioral Health Services (DBHS)	
Website	www.dbhs.co
Phone	Bedford: 814-623-5166 Somerset: 814-443-4891
Crisis Services	1-866-611-6467

Crisis Intervention Services contact information

Crisis Intervention Services contact information	
Berks County MH/DD	
Website	www.countyofberks.com
Phone	610-478-3271
Crisis Services	610-236-0530
Blair County MH/BH/ID Programs	
Website	https://www.blairco.org/
Phone	814-693-3023
Crisis Services	814-889-2141, Choose option 1
Bradford/Sullivan MH/ID	
Website	www.bradfordcountypa.org/index.php/human-services/mental-health-services
Phone	1-800-588-1828
Crisis Services	1-888-829-1341
Bucks County Department of Mental Health/Developmental Programs	
Website	www.buckscounty.org/government/HumanServices/MHDP
Phone	Central and Upper Bucks: 215-345-2273 Lower Bucks: 215-785-9765
Crisis Services	1-800-499-7455
Butler County MH/EI/ID Program	
Website	https://www.butlercountypa.gov
Phone	724-284-5114
Crisis Services	1-800-292-3866

Crisis Intervention Services contact information

Crisis Intervention Services contact information	
Cambria County Behavioral Health/Intellectual Disabilities Program	
Website	www.cambriacountypa.gov/behavioral-health.aspx
Phone	814-535-8531 Ebensburg Satellite Office: 814-472-4400
Crisis Services	1-877-268-9463
Cameron/Elk Counties Behavioral and Development Programs	
Website	www.cemhmr.org
Phone	814-772-8016
Crisis Services	1-800-652-0562
Carbon-Monroe-Pike MH/DS	
Website	www.cmpmhds.org/
Phone	Monroe County: 570-420-1900 Carbon County: 610-377-0773 Pike County: 570-296-6484
Crisis Services	1-800-338-6467 TTY: 570-420-1904
Centre County MH/ID/EI	
Website	www.centrecountypa.gov/index.aspx
Phone	814-355-6786 and 814-355-6744
Crisis Services	1-800-643-5432
Chester County Department of Mental Health/Intellectual and Developmental Disabilities	
Website	www.chesco.org/615/Mental-HealthIntellectual-Dev-Disabiliti
Phone	610-344-6265
Crisis Services	1-877-918-2100

Questions? Visit myuhc.com/CommunityPlan, 131
or call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Crisis Intervention Services contact information

Crisis Intervention Services contact information	
Clarion County MH/DD	
Website	http://www.co.clarion.pa.us/
Phone	814-226-1080
Crisis Services	1-800-292-3866
CMSU Behavioral Health & Developmental Services	
Website	www.cmsu.org
Phone	570-275-5422
Crisis Services	1-800-222-9016
Community Connections of Clearfield/Jefferson Counties	
Website	www.ccc-j.com
Phone	814-371-5100
Crisis Services	1-800-341-5040
Crawford County Human Services	
Website	www.crawfordcountypa.net
Phone	814-724-8380 or toll-free at 1-877-334-8793
Crisis Services	814-724-2732 or 1-800-315-5721
Cumberland/Perry MH/IDD	
Website	www.ccpa.net/118/Mental-Health-Intellectual-Develop-Dis
Phone	717-240-6320 or 888-697-0371 x 6320 Perry County: 866-240-6320
Crisis Services	866-350-4357

Crisis Intervention Services contact information

Crisis Intervention Services contact information	
Dauphin County Mental Health/Intellectual Disabilities Program	
Website	
Phone	1-866-820-3516
Crisis Services	717-232-7511 or 1-888-596-4447
Delaware County BH/ID	
Website	www.delcopa.gov
Phone	610-713-2365
Crisis Services	1-855-889-7827
Erie County MH/ID	
Website	https://eriecountypa.gov
Phone	814-451-6800
Crisis Services	814-456-2014 or 1-800-300-9558.
Fayette County Behavioral Health Administration	
Website	www.fcbha.org
Phone	724-430-1370
Crisis Services	724-437 1003
Forest/Warren Human Services	
Website	www.wc-hs.org
Phone	Warren: 1-866-641-3488/Forest: 814-755-7995
Crisis Services	Weekdays 8:30 a.m. – 5:00 p.m.: 814-726-2100 / 814-726-8413 After 5:00 p.m. weekends/holidays: 814-723-2800 / 1-800-406-1255

Crisis Intervention Services contact information

Crisis Intervention Services contact information	
Franklin/Fulton MH/ID/EI	
Website	www.franklincountypa.gov/index.php?section=human-services_mental-health
Phone	800-841-3593
Crisis Services	Keystone: 717-264-2555 or True North Wellness: 1-866-325-0339
Greene County Human Services	
Website	www.co.greene.pa.us/secured/gc2/depts/hs/mhs/mhs.htm
Phone	1-888-317-7106
Crisis Services	1-800-417-9460
Juniata Valley Behavioral & Developmental Services – HMJ	
Website	
Phone	717-242-6467
Crisis Services	1-800-929-9583
Lackawanna/Susquehanna BH/ID/EI Programs	
Website	www.lsbhidei.org
Phone	570-346-5741
Crisis Services	Lackawanna County: 570-348-6100 Susquehanna County: 570-278-6822
Lancaster County BH/DS	
Website	http://lancastercountybhds.org/148/Crisis-Intervention
Phone	717-299-8021
Crisis Services	717-394-2631

Crisis Intervention Services contact information

Crisis Intervention Services contact information	
Lawrence County Mental Health & Developmental Services	
Website	www.co.lawrence.pa.us/departments/mental-healthdevelopment-services/
Phone	724-658-2538
Crisis Services	724-652-9000
Lebanon County MH/ID/EI	
Website	
Phone	717-274-3415
Crisis Services	717-274-3363
Lehigh County MH/ID/D&A/EI	
Website	www.lehighcounty.org/Departments/Human-Services/Mental-Health
Phone	610-782-3200
Crisis Services	610-782-3127
Luzerne-Wyoming Counties Mental Health and Developmental Services	
Website	www.mhdsiw.org
Phone	1-800-816-1880
Crisis Services	1-888-829-1341
Lycoming/Clinton MH/ID	
Website	www.joinder.org
Phone	Lycoming County: 570-326-7895 Clinton County: 570-748-2262
Crisis Services	570-326-7895

Questions? Visit myuhc.com/CommunityPlan, 135
or call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.

Crisis Intervention Services contact information

Crisis Intervention Services contact information	
McKean County Mental Health Services	
Website	https://www.mckeancountypa.org/departments/human_services/mental_health_services/mental_health_crisis_intervention.php
Phone	814-887-3350
Crisis Services	1-800-459-6568
Mercer County MH/DS	
Website	www.mercercountybhc.org/
Phone	724-662-2230
Crisis Services	724-662-2227
Montgomery County MH/DD/EI Program Office	
Website	www.montcopa.org/150/Behavioral-HealthDevelopmental-Disabilit
Phone	610-278-3642
Crisis Services	1-855-634-HOPE (4673)
Northampton County MH/EI/Developmental Programs Division	
Website	
Phone	610-829-4800
Crisis Services	610-829-4801
Northumberland County BH/ID Services	
Website	
Phone	570-495-2040
Crisis Services	1-855-313-4387

Crisis Intervention Services contact information

Crisis Intervention Services contact information	
Philadelphia Department of BH and Intellectual Disability Services	
Website	www.dbhids.org
Phone	1-888-545-2600
Crisis Services	215-686-4420
Potter County Human Services	
Website	www.pottercountyhumansvcs.org
Phone	1-800-800-2560
Crisis Services	1-877-724-7142
Schuylkill County Administrative Offices of MH/DS/D&A	
Website	www.schuylkillcountypa.gov
Phone	570-621- 2890
Crisis Services	1-877-9WE-HELP or 1-877-993-4357
Tioga County Department of Human Services	
Website	http://www.tiogacountypa.us/
Phone	570-724-5766
Crisis Services	877-724-7142
Venango County Mental Health and Developmental Services	
Website	https://venangocountypa.gov
Phone	814-432-9100
Crisis Services	814-432-9111

Crisis Intervention Services contact information

Crisis Intervention Services contact information	
Washington County BH/DS	
Website	https://www.washingtoncopa.gov/
Phone	724-228-6832
Crisis Services	1-877-225-3567
Wayne County Office of Behavioral & Developmental Programs/EI	
Website	http://waynecountypa.gov/
Phone	1-866-558-0735
Crisis Services	Carbondale: 570-282-1732 Honesdale: 570-253-0321
Westmoreland County Behavioral Health and Developmental Services	
Website	www.co.westmoreland.pa.us/841/Behavioral-HealthDevelopmental-Services
Phone	1-800-353-6467
Crisis Services	1-800-836-6010
York/Adams MH/IDD	
Website	https://yorkcountypa.gov
Phone	717-771-9618
Crisis Services	York Hospital Crisis Intervention Services: 717-851-5320 Gettysburg Hospital: 717-334-2121 Hanover Hospital: 717-637-3711 Adams/Hanover Counseling Crisis Intervention Services: 717-632-4900

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Adams	YORK-ADAMS MH/MR PROGRAM 100 WEST MARKET STREET YORK, PA 17401 Phone: 717-771-9618 Fax: 717-771-4658 Website: http://yorkcountypa.gov/
Allegheny	ALLEGHENY COUNTY DEPT. OF HUMAN SERVICES 304 WOOD STREET PITTSBURGH, PA 15222-1900 Phone: 412-350-4387 Fax: 412-350-3316 Website: https://www.alleghenycounty.us/Human-Services/About/Offices/Intellectual-Disability.aspx
Armstrong	ARMSTRONG-INDIANA BEHAVIORAL AND DEVELOPMENTAL HEALTH ARMSDALE ADMIN BLDG SUITE 105 124 ARMSDALE ROAD KITTANNING, PA 16201 Phone: 724-548-3451 Fax: 724-548-3454 Website: www.aibdhp.org
Beaver	BEAVER COUNTY OFFICE OF MH/MR 1040 8TH AVENUE BEAVER FALLS, PA 15010 Phone: 724-847-6225 Fax: 724-847-6229 Website: www.bcbh.org

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Bedford	BEDFORD-SOMERSET OFFICE OF MH/MR 245 WEST RACE STREET SOMERSET, PA 15501 Phone: 814-443-4891 Fax: 814-443-4898 Website: https://dbhs.co/
Berks	BERKS COUNTY MH/MR PROGRAM BERKS COUNTY SERVICES BLDG 633 COURT STREET 15TH FLOOR, DEPT. 504 READING, PA 19601 Phone: 610-478-3272 Fax: 610-478-4980 Website: www.countyofberks.com
Blair	BLAIR COUNTY DEPT. OF SOCIAL SERVICES 423 ALLEGHENY STREET SUITE 441-B HOLLIDAYSBURG, PA 16648 Phone: 814-693-3023 Fax: 814-693-3052 Website: https://blairco.org
Bradford	BRADFORD-SULLIVAN MH/MR PROGRAM 220 MAIN ST., UNIT #1 TOWANDA, PA 18848 Phone: 570-265-1760 Fax: 570-265-8541 Website: http://bradfordcountypa.org/mental-healthintellectual-disabilities/
Bucks	BUCKS COUNTY DEPARTMENT OF MH/DP 600 LOUIS DRIVE SUITE 101 WARMINSTER, PA 18974 Phone: 215-444-2801 Fax: 215-444-2891 Website: www.buckscounty.org/government/HumanServices/MHDP

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Butler	BUTLER COUNTY HUMAN SERVICES COUNTY GOVERNMENT CENTER 124 WEST DIAMOND STREET 2ND FLOOR, P.O. BOX 1208 BUTLER, PA 16003-1208 Phone: 724-284-5114 Fax: 724-284-5128 Website: https://www.butlercountypa.gov/
Cambria	CAMBRIA COUNTY MH/MR PROGRAM CENTRAL PARK COMPLEX 110 FRANKLIN STREET SUITE 400 JOHNSTOWN, PA 15901-1831 Phone: 814-534-2800 Fax: 814-536-2293 Website: http://www.cambriacountypa.gov/
Cameron	CAMERON-ELK MH/MR PROGRAM 94 HOSPITAL STREET RIDGWAY, PA 15853 Phone: 814-772-8016 Fax: 814-772-8337
Carbon	CARBON-MONROE-PIKE MH/MR PROGRAM 720 PHILLIPS STREET STROUDSBURG, PA 18360-2224 Phone: 570-421-2901 Fax: 570-421-8295 Website: http://www.cmpmhmr.org/
Centre	CENTRE COUNTY MH/MR PROGRAM 420 HOLMES STREET BELLEFONTE, PA 16823-1401 Phone: 814-355-6782 Fax: 814-355-6985 Website: http://centre.pa.networkofcare.org/mh/

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Chester	CHESTER COUNTY MH/MR PROGRAM GOVERNMENT SERVICES CENTER 601 WESTTOWN ROAD SUITE 340, P.O. BOX 2747 WEST CHESTER, PA 19380-0991 Phone: 610-344-6265 Fax: 610-344-5997 Website: http://www.chesco.org
Clarion	CLARION COUNTY MH/MR/D&A ADM. 214 SOUTH SEVENTH AVENUE CLARION, PA 16214 Phone: 814-226-1080 Fax: 814-226-1157 Website: http://www.co.clarion.pa.us/
Clearfield	CLEARFIELD-JEFFERSON MH/MR/EI PROGRAM 375 BEAVER DRIVE P.O. BOX 268 DUBOIS, PA 15801 Phone: 814-371-5100 Fax: 814-265-1049 Website: http://www.ccc-j.com
Clinton	LYCOMING-CLINTON OFFICE OF MH/MR SHAREWELL BUILDING 200 EAST STREET WILLIAMSPORT, PA 17701-6613 Phone: 570-326-7895 Fax: 570-326-1348 Website: http://www.joinder.org http://clinton.pa.networkofcare.org/

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Columbia	COLUMBIA-MONTOUR-SYNDER UNION MH/MR PROGRAM TERRACE BUILDING DANVILLE STATE HOSPITAL BOX 219-A DANVILLE, PA 17821 Phone: 570-275-5422 Fax: 570-275-6089 Website: http://www.cmsu.org/
Crawford	CRAWFORD CO HUMAN SERVICES 18282 TECHNOLOGY DRIVE SUITE 101 MEADVILLE, PA 16335 Phone: 814-724-8380 Fax: 814-333-2377 Website: http://www.crawfordcountypa.net/
Cumberland	CUMBERLAND-PERRY MH/MR PROGRAM HUMAN SERVICES BUILDING SUITE 301 16 WEST HIGH STREET CARLISLE, PA 17013 Phone: 717-240-6325 Fax: 717-240-6415 Website: www.ccpa.net
Dauphin	DAUPHIN COUNTY MH/MR PROGRAM 100 CHESTNUT STREET 1ST FLOOR HARRISBURG, PA 17101-2025 Phone: 717-780-7050 Fax: 717-780-7061 Website: https://www.dauphincounty.gov

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Delaware	DELAWARE COUNTY MH/MR PROGRAM 20 SOUTH 69TH STREET 4TH FLOOR UPPER DARBY, PA 19082 Phone: 610-713-2400 Fax: 610-713-2369 Website: www.delcopa.gov
Elk	CAMERON-ELK MH/MR PROGRAM 94 HOSPITAL STREET RIDGWAY, PA 15853 Phone: 814-772-8016 Fax: 814-772-8337 Website: https://www.co.elk.pa.us/index.php/contact-elk-county/county-directories/human-services/94-cameron-elk-mental-health-mental-retardation
Erie	ERIE COUNTY MH/MR PROGRAM 154 WEST NINTH STREET ERIE, PA 16501 Phone: 814-451-6800 Fax: 814-451-6868 Website: https://eriecountypa.gov
Fayette	FAYETTE COUNTY MH/MR PROGRAM 215 JACOB MURPHY LANE SUITE 118 UNIONTOWN, PA 15401 Phone: 724-430-1370 Fax: 724-430-1386 Website: www.faymhmr.org
Forest	FOREST-WARREN DEPARTMENT OF HUMAN SERVICES 27 HOSPITAL DRIVE NORTH WARREN, PA 16365 Phone: 814-726-2100 Fax: 814-723-9544 Website: http://www.wc-hs.org/

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Franklin	FRANKLIN-FULTON MH/MR PROGRAM 425 FRANKLIN FARM LANE CHAMBERSBURG, PA 17201 Phone: 717-264-5387 Fax: 717-264-6297 Website: www.franklincountypa.gov
Fulton	FRANKLIN-FULTON MH/MR PROGRAM 425 FRANKLIN FARM LANE CHAMBERSBURG, PA 17201 Phone: 717-264-5387 Fax: 717-264-6297 Website: www.franklincountypa.gov
Greene	GREENE CO HUMAN SERVICES DEPARTMENT FT. JACKSON BUILDING 19 SOUTH WASHINGTON ST THIRD FLOOR WAYNESBURG, PA 15370 Phone: 724-852-5276 Fax: 724-852-5368 Website: www.co.greene.pa.us
Huntingdon	HUNTINGDON-MIFFLIN-JUNIATA COUNTIES 399 GREEN AVENUE SUITE 200 LEWISTOWN, PA 17044-1626 Phone: 717-242-6467 Fax: 717-242-6471
Indiana	ARMSTRONG-INDIANA BEHAVIORAL AND DEVELOPMENTAL HEALTH ARMSDALE ADMIN BLDG SUITE 105 124 ARMSDALE ROAD KITANNING, PA 16201 Phone: 724-548-3451 Fax: 724-548-3454 Website: www.aibdhp.org

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Jefferson	CLEARFIELD-JEFFERSON MH/MR/EI PROGRAM 375 BEAVER DRIVE P.O. BOX 268 DUBOIS, PA 15801 Phone: 814-371-5100 Fax: 814-265-1049 Website: www.ccc-j.com
Juniata	HUNTINGDON-MIFFLIN-JUNIATA COUNTIES 399 GREEN AVENUE SUITE 200 LEWISTOWN, PA 17044-1626 Phone: 717-242-6467 Fax: 717-242-6471 Website: http://www.co.juniata.pa.us/departments/human-services/
Lackawanna	LACKAWANNA-SUSQUEHANNA MH/MR PROGRAM 135 JEFFERSON AVE 3RD FLOOR SCRANTON, PA 18503 Phone: 570-346-5741 Fax: 570-963-6435 Website: http://www.lsmhmr.org/
Lancaster	LANCASTER COUNTY MH/MR PROGRAM 50 NORTH DUKE STREET P.O.BOX 83480 LANCASTER, PA 17608-3480 Phone: 717-299-8021 Fax: 717-295-3680 Website: http://lancastercountybhds.org/

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Lawrence	LAWRENCE COUNTY MH/MR PROGRAM 217 N. JEFFERSON STREET SUITE A NEW CASTLE, PA 16101 Phone: 724-658-2538 Fax: 724-656-1503 Website: http://co.lawrence.pa.us/departments/mental-healthdevelopment-services/
Lebanon	LEBANON COUNTY MH/MR PROGRAM 220 EAST LEHMAN STREET LEBANON, PA 17046 Phone: 717-274-3415 Fax: 717-274-0317 Website: http://www.lebcounty.org/depts/MHIDEI/Pages/default.aspx
Lehigh	LEHIGH COUNTY MH/MR PROGRAM GOVERNMENT CENTER 17 SOUTH, 7TH STREET ALLENTOWN, PA 18101-2400 Phone: 610-782-3551 Fax: 610-820-3008 Website: www.lehighcounty.org/
Luzerne	LUZERNE-WYOMING DEPARTMENT OF MH/MR 111 N PENNSYLVANIA BLVD WILKES-BARRE, PA 18701 Phone: 570-825-9441 Fax: 570-825-6820 Website: http://www.mhdslw.org/
Lycoming	LYCOMING-CLINTON OFFICE OF MH/MR SHAREWELL BUILDING 200 EAST STREET WILLIAMSPORT, PA 17701-6613 Phone: 570-326-7895 Fax: 570-326-1348 Website: http://www.joinder.org http://clinton.pa.networkofcare.org/

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
McKean	McKEAN COUNTY DEPARTMENT OF HUMAN SERVICES 17155 ROUTE 6 SMETHPORT, PA 16749 Phone: 814-887-3357 Fax: 814-887-3228 Website: www.mckeancountypa.org/
Mercer	MERCER COUNTY BEHAVIORAL HEALTH COMMISSION 8406 SHARON – MERCER ROAD MERCER, PA 16137 Phone: 724-662-1550 Fax: 724-662-1557 Website: www.mercercountybhc.org/
Mifflin	HUNTINGDON-MIFFLIN-JUNIATA COUNTIES 399 GREEN AVENUE SUITE 200 LEWISTOWN, PA 17044-1626 Phone: 717-242-6467 Fax: 717-242-6471 Website: http://www.co.juniata.pa.us/departments/human-services/
Monroe	CARBON-MONROE-PIKE MH/MR PROGRAM 720 PHILLIPS STREET STROUDSBURG, PA 18360-2224 Phone: 570-421-2901 Fax: 570-421-8295 Website: http://www.cmpmhmr.org/
Montgomery	MONTGOMERY COUNTY MH/MR PROGRAM 1430 DEKALB STREET P.O. BOX 311 NORRISTOWN, PA 19404-0311 Phone: 610-278-3642 Fax: 610-278-3683 Website: www.montcopa.org

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Montour	COLUMBIA-MONTOUR-SYNDER UNION MH/MR PROGRAM TERRACE BUILDING DANVILLE STATE HOSPITAL BOX 219-A DANVILLE, PA 17821 Phone: 570-275-5422 Fax: 570-275-6089 Website: http://www.cmsu.org/
Northampton	NORTHAMPTON CO MH/MR DEPARTMENT 520 E BROAD STREET, 2ND FLOOR BETHLEHEM, PA 18018-6395 Phone: 610-974-7500 Fax: 610-974-7596 Website: www.northamptoncounty.org
Northumberland	NORTHUMBERLAND CO. MH/MR PROGRAM HUMAN SERVICES BUILDING 370 MARKET STREET, 1ST FLOOR SUNBURY, PA 17801 Phone: 570-988-4187 Fax: 570-988-4444 Website: www.northumberlandco.org
Perry	CUMBERLAND-PERRY MH/MR PROGRAM HUMAN SERVICES BUILDING SUITE 301 16 WEST HIGH STREET CARLISLE, PA 17013 Phone: 717-240-6325 Fax: 717-240-6415 Website: www.ccpa.net
Philadelphia	PHILADELPHIA CO. OFFICE OF MH/MR 1101 MARKET STREET, 7TH FLOOR PHILADELPHIA, PA 19107 Phone: 215-685-5460 Fax: 215-685-5467 Website: http://philadelphia.pa.networkofcare.org/

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Pike	CARBON-MONROE-PIKE MH/MR PROGRAM 720 PHILLIPS STREET STROUDSBURG, PA 18360-2224 Phone: 570-421-2901 Fax: 570-421-8295 Website: http://www.cmpmhmr.org/
Potter	POTTER COUNTY HUMAN SERVICES P.O. BOX 241 NORTH STREET ROULETTE, PA 16746-0241 Phone: 814-544-7315 Fax: 814-544-9062 Website: https://pottercountyhumansvcs.org/post.php?pid=14
Schuylkill	SCHUYLKILL CO. MH/MR PROGRAM 108 S. CLAUDE A. LORD BLVD., 2ND FLOOR POTTSVILLE, PA 17901 Phone: 570-621-2890 Fax: 570-621-2893 Website: www.schuylkillcountypa.gov
Snyder	COLUMBIA-MONTGOMERY-SYNDER UNION MH/MR PROGRAM TERRACE BUILDING DANVILLE STATE HOSPITAL BOX 219-A DANVILLE, PA 17821 Phone: 570-275-5422 Fax: 570-275-6089 Website: http://www.cmsu.org/
Somerset	BEDFORD-SOMERSET OFFICE OF MH/MR 245 WEST RACE STREET SOMERSET, PA 15501 Phone: 814-443-4891 Fax: 814-443-4898 Website: https://dbhs.co/

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Sullivan	BRADFORD-SULLIVAN MH/MR PROGRAM 220 MAIN ST., UNIT #1 TOWANDA, PA 18848 Phone: 570-265-1760 Fax: 570-265-8541
Susquehanna	LACKAWANNA-SUSQUEHANNA MH/MR PROGRAM 135 JEFFERSON AVE 3RD FLOOR SCRANTON, PA 18503 Phone: 570-346-5741 Fax: 570-963-6435 Website: http://www.lsmhmr.org/
Tioga	TIOGA COUNTY MH/MR PROGRAM 118 MAIN STREET P.O. BOX 766 WELLSBORO, PA 16901 Phone: 570-724-5766 Fax: 570-724-6757 Website: http://www.tiogacountypa.us/
Union	COLUMBIA-MONTOUR-SYNDER UNION MH/MR PROGRAM TERRACE BUILDING DANVILLE STATE HOSPITAL BOX 219-A DANVILLE, PA 17821 Phone: 570-275-5422 Fax: 570-275-6089
Venango	VENANGO COUNTY MH/MR PROGRAM P.O. BOX 1130 1283 LIBERTY STREET FRANKLIN, PA 16323 Phone: 814-432-9753 Fax: 814-432-9781 Website: https://venangocountypa.gov

Mental health/Intellectual disability services

Mental health/Intellectual disability services	
Warren	FOREST-WARREN DEPARTMENT OF HUMAN SERVICES 27 HOSPITAL DRIVE NORTH WARREN, PA 16365 Phone: 814-726-2100 Fax: 814-723-9544 Website: http://www.wc-hs.org/
Washington	WASHINGTON COUNTY MH/MR PROGRAM 150 WEST BEAU STREET SUITE 402 WASHINGTON, PA 15301 Phone: 724-228-6832 Fax: 724-223-4685 Website: https://www.washingtoncopa.gov/
Wayne	WAYNE COUNTY MH/MR PROGRAM 323 TENTH STREET HONESDALE, PA 18431 Phone: 570-253-4262 Fax: 570-253-9115 Website: http://waynecountypa.gov/
Westmoreland	WESTMORELAND COUNTY BH/DS PROGRAM 40 N PENNSYLVANIA AVENUE GREENSBURG, PA 15601 Phone: 724-830-3617 Fax: 724-830-3571 Website: www.co.westmoreland.pa.us
Wyoming	LUZERNE-WYOMING DEPARTMENT OF MH/MR 111 N PENNSYLVANIA BLVD WILKES-BARRE, PA 18701 Phone: 570-825-9441 Fax: 570-825-6820 Website: http://www.mhdslw.org/

Mental health/Intellectual disability services	
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York

YORK-ADAMS MH/MR PROGRAM
100 WEST MARKET STREET
YORK, PA 17401
Phone: 717-771-9618
Fax: 717-771-4658
Website: <http://yorkcountypa.gov/>

100 WEST MARKET STREET

YORK, PA 17401

Phone: 717-771-9618

Fax: 717-771-4658

Website: <http://yorkcountypa.gov/>

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, 2024

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

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

By law, we must follow the terms of this 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. We will notify you of a breach of your HI.

How we collect, use, and share your information

We collect, use, and share your HI with:

- You or your legal 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. This may include coordinating benefits.
- **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 your 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 underwriting decisions. We will not use your genetic HI 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 protective services.
- **For Workers' Compensation.** If you were hurt at work or to comply with labor laws.
- **For Research.** For example, to study a disease or medical condition. We also may use HI to help prepare a research study.
- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help to identify the person who died, why they died, or to meet certain law. We also may give HI to funeral directors.
- **For Organ Transplant.** For example, to help get, store or transplant organs, eyes or tissue.

Pennsylvania Medicaid Member Handbook

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

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

Your rights

You have the following rights.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request 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.** If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services.

We will not take any action against you for filing a complaint.

¹ This Medical Information Notice of Privacy Practices applies to 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, 2024

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

Information we collect

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

Sharing of FI

We will only share FI as permitted by law.

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

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

Confidentiality and security

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

Questions about this notice

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



We're here for you

Remember, we're always ready to answer any questions you may have.
Just call Member Services at **1-800-414-9025**, TTY/PA Relay **711**.
You can also visit our website at myuhc.com/CommunityPlan.

**Your managed care plan may not cover all your health care expenses.
Read your Member Handbook carefully to determine which health care
services are covered.**

UnitedHealthcare Community Plan
680 Blair Mill Road | 2nd Floor
Horsham, PA 19044

myuhc.com/CommunityPlan

1-800-414-9025, TTY/PA Relay **711**

United
Healthcare®
Community Plan

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