



Intellectual/Developmental Disability (I/DD) benefits supplement

Member Services
1-877-542-9238, TTY **711** (toll-free)
myuhc.com/CommunityPlan

Important telephone numbers

Member Services and Service Coordination

(8:00 a.m.–6:00 p.m. CST, Monday–Friday) **1-877-542-9238**
TTY (Hard-of-hearing) **711**
Fax **1-913-451-1297**

24/7 NurseLineSM **1-855-575-0136**

(available 24 hours a day, 7 days a week)
TTY **711**

Mental Health and Substance Use Disorder Services **1-877-542-9238**

Transportation Services

Non-emergency transportation **1-877-542-9238**
Where’s My Ride? hotline **1-877-542-9238**

Website

myuhc.com/CommunityPlan

Address

UnitedHealthcare Community Plan
6860 West 115th Street
Overland Park, KS 66211

Your health providers

My Service Coordinator: _____

Phone: _____ Email: _____

My Targeted Case Manager: _____

Phone: _____ Email: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency room: _____ Phone: _____

Pharmacy: _____ Phone: _____

If you have questions about your health plan, please call us.

Our toll-free Member Services number is **1-877-542-9238**, TTY **711**, for the hard-of-hearing.

NurseLineSM is a service mark of UnitedHealth Group, Inc.

Health plan coverage provided by UnitedHealthcare of the Midwest, Inc.

Table of contents

Benefits and services	4
KanCare – also known as Kansas Medicaid – Intellectual/Developmental Disability waiver benefits	4
Eligible program services	5
Service Coordination	6
The role of the Service Coordinator	6
Examples of how UnitedHealthcare Community Plan can help	7
What if I have a problem?	8
Additional I/DD benefits	8
Value Added Benefits (VAB) for UnitedHealthcare Community Plan of Kansas members	8
Person-Centered Support Plans and Service Plans	9
Guardianship	9
Other plan details	10
Transportation	10
Additional information	11
Self advocacy	11
Kansas Department of Aging and Disability Services	12
Grievances, Appeals and State Fair Hearings	13
How do I request disenrollment from my plan?	17
Member rights and responsibilities	18

KanCare – also known as Kansas Medicaid – Intellectual/Developmental Disability waiver benefits

This information is directed at the member and or guardian. UnitedHealthcare Community Plan is also aware of the important role of the member's support team. Family, informal supports, guardians or representatives can be a big help in getting the right services, and can use this information to assist in supporting the member.

Home- and Community-Based Services (HCBS) are types of person-centered care delivered in the home and community. A variety of health and human services can be provided. HCBS programs are designed to promote community inclusion and prevent institutionalization.

The Home and Community-Based Services Intellectual/Developmental Disability (HCBS I/DD) program is designed to provide critical long term care support services, in the community setting of choice for beneficiaries that would otherwise require institutionalization in an intermediate care facility or an ICF-I/DD (intermediate care facility for individuals with intellectual disabilities). The KanCare HCBS I/DD program is administered by the Kansas Department of Aging and Disability Services (KDADS).

Consistent with the Developmental Disabilities Reform Act of 1995 (DDRA) (<https://kdads.ks.gov/docs/default-source/CSP/HCBS/I-DD/ddreformacttext.pdf?sfvrsn=0>), the goals and objectives of the program center around the policy of the State to provide persons who have intellectual and/or developmental disabilities access to services and supports which allow for individuals to have opportunities for choice that increase their independence, productivity, integration and inclusion in the community. Further, this range of supports and services are tailored to each person and will be provided in a manner that affords the same dignity and respect to persons with intellectual or developmental disabilities that would be afforded to any person who does not have a disability.

People age five or older who have been diagnosed with an intellectual disability and/or developmental disability may be eligible for the I/DD waiver. In general, those with intellectual disabilities may be eligible if they have a diagnosed intellectual disability and need help in at least two adaptive skills areas. Those with a developmental disability may be eligible if their disability started before age 22 and they have a substantial limitation in three areas of life functioning.

UnitedHealthcare Community Plan is managing your HCBS I/DD services. There are 13 services under the I/DD program. They are:

- Assistive Services
- Day Supports
- Financial Management Service (FMS)
- Medical Alert

- Overnight Respite
- Personal Care Services (PCS)
- Residential Supports
- Enhanced Care Services
- Specialized Medical Care
- Supported Employment
- Supportive Home Care (SHC)
- Wellness Monitoring
- Targeted Case Management (TCM) provided by the state

Eligible program services

The following services are or may be offered:

Assistive services – Supports or items that address the person’s needs as documented in their Person Centered Support Plan or Service Plan. These services are designed to enhance an individual’s independence, productivity or safety and wellbeing through purchase of adaptive equipment, assistive technology, or home modification.

Adult day supports – Out of home activities that help adults who are no longer eligible for school services maintain or increase abilities, productivity, independence, integration, and community participation.

Medical alert – Provides electronic devices with portable buttons worn by the person to provide access to assistance or emergency help 24 hours a day. These systems provide support to person having a medical need that could become critical at any time.

Overnight respite – A service that provides temporary direct care and supervision of the person, in order to provide relief to families and caregivers.

Personal care services – Provides supervision and/or physical assistance with instrumental activities of daily living (IADLs) and activities of daily living (ADLs), health maintenance activities, and in some cases community inclusion.

The Services are to help the person who could do the activity if they did not have a disability. The services can be provided at home or in the community. Some examples are bathing, grooming, feeding, mobility and exercise. They can include shopping, house cleaning, chores, meal preparation and laundry.

Residential supports for adults – Provides supervision and/or physical assistance with instrumental activities of daily living (IADLs) and activities of daily living (ADLs), health maintenance activities, and in some cases community inclusion.

Benefits and services

Residential supports for children — Residential Supports for Children provides an alternative placement for children (ages 5–21) in a licensed provider in order to avoid placement in an institutional or state’s custody when they otherwise cannot remain in their family home.

Enhanced care services — Provides support while the member is usually asleep to when immediate supervision or physical assistance with tasks such as toileting, transferring, mobility, and medication reminders as needed, or to contact a doctor, hospital, or medical professional in the event of an emergency.

Specialized medical care — Provides long-term Registered Nurse or Licensed Practical Nurse support for people who are medically fragile.

Supported employment — Provides job support to people who work in, or want to work in, a competitive and integrated setting.

Wellness monitoring — Allows regularly scheduled nursing visits to check a person’s health status and monitor for changes in health and wellbeing.

Financial Management Service (FMS) — Financial Management Service (FMS) provides administrative and payroll services for people who choose to self-direct some or all of their services. FMS provides payroll, payment, reporting services, employer orientation, skills training, and other fiscal-related/administrative services to participant-employers.

Targeted Case Management (TCM) services — A state provided service to assist a person in gaining access to medical, social, educational, and other needed services through assessment, support plan development, referral, and monitoring.

Service Coordination

The role of the Service Coordinator

You will get a Service Coordinator from UnitedHealthcare Community Plan of Kansas. The Service Coordinator will utilize your Person Centered Support Plan to develop your Service Plan. The Service Plan will help you meet your goals. Your Service Coordinator will help you understand your KanCare benefits. He or she will assist with finding doctors and services. He or she will also help with access to specialists. If you do not have a Service Coordinator assigned already by UnitedHealthcare, one will be assigned for you when you become an I/DD program member.

Our Service Coordinators:

- Act as a resource to the TCM, the member and the support team
- Help develop the Service Plan
- Review member status and visit the member in their home or other setting
- Participate in Person Centered Support Plan meeting, or provide input before and after meeting
- Arrange access to services and supports
- Arrange transitions of care

Examples of how UnitedHealthcare Community Plan can help

Help to assess:

- Your health and needs
- Identify behavioral health needs

Help with:

- Developing the person-centered Service Plan
- If you need additional help with your Service plan, your Service Coordinator can help ensure you know what is needed and what to do
- The Behavioral Support Plan (BSP)

Help to find:

- Health plan resources
- Resources in the community

Help to manage:

- Your support plan to help you meet your goals
- Community and health plan supports like value added benefits and supports available in the community
- Non-medical issues, such as assistance with food and employment needs
- Complex care needs, such as behavioral health concerns
- Assistive services, including home modifications

Monitoring and follow-up:

Meet with you face to face a minimum of once a year.

- Make phone contact with you at least one time a quarter

Benefits and services

What if I have a problem?

You can always call your TCM, community service providers, CDDO (<https://kdads.ks.gov/docs/librariesprovider17/CSP/HCBS/I-DD/cddo-map9acd5ea0172e66d690a7ff00009edf98.pdf>) or UnitedHealthcare Community Plan of Kansas (<https://www.uhccommunityplan.com/ks/medicaid/community-plan>) Service Coordinator.

The KanCare consumer Ombudsman is also available to help consumers who receive longterm care and home and community-based services through KanCare with their rights and responsibilities. The Ombudsman can help you:

- When you need help with a concern or filing a grievance
- When you need help with a problem you can't solve by speaking with your KanCare plan
- When you do not think that you are getting the care that you need
- When you feel your rights are being violated

Call this toll-free number to reach the KanCare Ombudsman: 1-855-643-8180.

Additional I/DD benefits

Value Added Benefits (VAB) for UnitedHealthcare Community Plan of Kansas members

Value added benefits are services that are not covered by KanCare but are offered by UnitedHealthcare Community Plan. You can find more information about available value added benefits here: <https://www.uhccommunityplan.com/ks/medicaid/community-plan/mltss>. Some value added benefits that might be of interest to you are:

- **Respite care:** The member must have a direct service worker, either Personal Attendant Services or supported home care. The member is eligible for a maximum of 40 hours per year. You can choose from current I/DD respite providers. Your Service Coordinator can help you access this benefit.
- **Home helper catalog:** Members can choose one home safety or home assistance product annually from our catalog through your Service Coordinator. This is a \$50 value.
- **Intellectually Developmentally Disabled (I/DD) electronic eBook:** Download an eBook that we developed with the National Association of Councils on Developmental Disabilities (NACDD). The eBook offers wellness information and tips.

You can still get Targeted Case Management from your current TCM. This service has not changed. It is detailed below. You and your TCM can also contact the Service Coordinator for help. The Service Coordinator can help you navigate the UnitedHealthcare Community Plan. He or she can help you understand your KanCare benefits.

Person-Centered Support Plans and Service Plans

Your Targeted Case Manager will meet with you and your support team as needed to discuss your goals and preferred lifestyle. Your Service Coordinator would like to be invited to the Support Plan meeting to get to know you better. Even if your Service Coordinator does not go to the meeting, they can be a resource before and after the meeting. They can help make sure your needs are being met.

The Person-Centered Support Plan is to help you get the support you need to have the lifestyle you want. The Person-Centered Support Plan helps put the choice in your hands. The Person-Centered Support Plan is made up of:

1. **A planning team** — Your TCM helps you decide who needs to be on your team. This can be family members, people in the community, your Service Coordinator and other people you want involved.
2. **A Person-Centered Plan** — Your plan reflects your needs and lifestyle choices. The plan is built around your wishes. It respects your hopes, dreams and fears. When you help make up your plan, you will need fewer supports.
3. A plan that takes all the time needed to make sure it is right for you.

In addition to the Person-Centered Service Plan completed by your Service Coordinator, your Service Coordinator will use the Person-Centered Support Plan along with an assessment of your needs to develop a Service Plan. The Service Plan will provide you with services you need to meet your goals.

Guardianship

If you have a guardian, we can make sure they are part of your service plan development process and follow all rules and regulations as it relates to guardianship.

If you are a minor (under the age of 18), your parent or legal guardian is your main contact for UnitedHealthcare. If you are an adult with a legal guardian, we may need to verify our ability to speak with them. If you want someone other than a legal guardian to speak with UnitedHealthcare, you must sign a release. Let your Service Coordinator know of anyone you want to talk with UnitedHealthcare. Your TCM and service providers do not need a release to talk to us.

The guardian should coordinate with the State of Kansas at 1-866-305-5147 to ensure they are listed as the responsible person on the member's enrollment file. Your Service Coordinator will request a copy of the guardianship paperwork to include in your health record. For more information about guardianship in Kansas please reach out to the Kansas Guardianship Program at 1-800-672-0086 or <http://www.ksgprog.org/>.

Other plan details

Transportation

Non-Emergency Medical transportation is covered for some medical care. If you have no other way to get to the doctor, live in an area with no public transportation or cannot use public transportation due to a health condition or disability, call our Transportation Services at **1-877-542-9238**. We ensure we contract with providers for our transportation services who do background checks and ensure they have a valid driver's license. If you need help, you may bring someone to the appointment to help you.

To schedule a ride:

Call **1-877-542-9238**, TTY **711**, between 7:00 am to 7:00 pm, Monday–Friday. Some Urgent Care and same-day rides may be possible, but please try to call at least 3 business days before your appointment or we may not be able to accommodate your request. Rides can be scheduled up to 30 days in advance.

- Give them the address of your medical provider
- Tell them if you need a wheelchair lift
- They will also ask you for:
 - Your Medicaid ID number
 - Your first and last name
 - Your date of birth
 - The name of the provider
 - The address of the provider
 - Your appointment time
 - The address where you will be picked up and dropped off
 - The requested time to be picked up

When it is time for your ride:

- The transportation company contracted to provide your non-emergency medical transportation will call to ask you if you still need a ride. You will then know the name of the company that will be picking you up.
- If you need help, you may bring someone to the appointment with you. The company will want to know if you are bringing someone with you. You and your assistant should be the only riders.
- If your ride is late, call **1-877-542-9238**, TTY **711**
- If the ride home has not been scheduled for a specific time, call **1-877-542-9238**, TTY **711** when you are ready to go home

If you have a complaint about the transportation service, call Member Services toll-free at **1-877-542-9238**, TTY **711**.

Remember to call **911** if you have an emergency.

Additional information

Self advocacy

UnitedHealthcare Community Plan supports your right to advocate for yourself.

This information is from the Self Advocate Coalition of Kansas (SACK) <https://sackonline.org>.

What is a self advocate?

A person who speaks up for himself or herself and lets others know what he or she thinks or wants.

Being a self-advocate means ...

- Solving problems and making decisions that affect you
- Speaking for yourself
- Knowing your rights and responsibilities
- Contributing to your community
- Making changes that you need in your own services and supports

Examples of areas to practice self-advocacy:

- Expressing what kind of help you want or need with your money or banking
- Speaking up about issues at work or choosing to change jobs
- Working with your community to address transportation and safety issues

4 steps to change

Make a plan and take action.

1. What is the issue?
2. Who can help make the changes you want?
3. Did I get the change I wanted? If not, make changes to your plan and get back to work.
4. If you did get the changes you wanted, CELEBRATE!

Other plan details

Know your rights and responsibilities

From the Self Advocate Coalition of Kansas

- You have the right to speak out for yourself
- You have the responsibility to be involved in making your support plan
- You have the right to be treated with dignity and respect
- You have the duty to treat others as you want to be treated
- You have the right to make decisions and have responsibilities
- You are responsible for your actions
- You have the right to be free from abuse, neglect and exploitation

To report suspected abuse, neglect or exploitation, call the **Kansas Protection Report Center at 1-800-922-5330**. Make sure to let your TCM or Service Coordinator know of any concerns you have about your rights and responsibilities.

Kansas Department of Aging and Disability Services

The KanCare HCBS I/DD program is administered by the Kansas Department of Aging and Disability Services (KDADS).

KDADS:

General Info: 785-296-4986

<https://www.kdads.ks.gov/>

KanCare: www.KanCare.ks.gov

I/DD Program: www.kdads.ks.gov

Visit our website often.

We will post videos, answer your questions, update information, and share upcoming events and training sessions.

<https://www.uhccommunityplan.com/ks/medicaid/community-plan>

Grievances, Appeals and State Fair Hearings

If you have any questions about Grievances, Appeals or State Fair Hearings, call us toll-free at **1-877-542-9238**, TTY **711**. Interpreter services are also available free of charge.

What is a grievance?

A grievance is when you are unhappy about any matter other than an Action. You may file a grievance if you do not agree with a decision made by UnitedHealthcare. If you are unhappy or concerned about the quality of care you received, you can file a grievance to be referred to our Medical Peer Review Committee. You may file a grievance at any time.

Here are some examples of why individuals may want to file a grievance:

- You are unhappy or concerned with the quality of your care
- The doctor you want to see is not a UnitedHealthcare Community Plan doctor
- You do not feel that UHC representatives or your medical providers understand how your culture impacts your care
- You got a bill for a service that should be covered by UnitedHealthcare Community Plan
- You feel your rights and dignity have not been protected
- Any other issues about access to care

What should I do if I have a grievance?

You may file a grievance if you disagree with a decision made by UnitedHealthcare Community Plan. You or someone acting for you (a guardian, activated DPOA, representative, parent, etc.) can file the grievance. You can request a grievance in the following ways:

Call Member Services toll-free:

1-877-542-9238, TTY **711**

In writing:

Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

In person during normal business hours (8:00 a.m.–5:00 p.m. CST):

UnitedHealthcare Community Plan – KS
6860 West 115th Street
Overland Park, KS 66211

Other plan details

If you need help, call Member Services toll-free at **1-877-542-9238**, TTY **711**. Or online at **myuhc.com** > Appeals & Grievances Forms.

If someone else is going to file for you, we need your written permission. If you are a person with disabilities, you may call UnitedHealthcare Community Plan toll-free at **1-877-542-9238**, TTY **711** to file a grievance. If you file a grievance, we will send you a letter within 10 calendar days telling you that we got your grievance. We will review your grievance. We will send our decision within 30 calendar days of getting your grievance. We will send you a letter with the decision.

What is an appeal?

An appeal is when you ask for a review of an adverse benefit determination. An adverse benefit determination is when we:

- Deny or limit a service you want
- Reduce, suspend or terminate payment for a service you are getting
- Fail to authorize a service in the required time
- Fail to provide a response within 30 days

How do I file an appeal with UnitedHealthcare Community Plan?

You or someone acting for you can file an appeal. You can request an appeal in the following ways:

Call Member Services toll-free:

1-877-542-9238, TTY **711**

In writing:

Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

In person during normal business hours (8:00 a.m.–5:00 p.m. CST):

UnitedHealthcare Community Plan – KS
6860 West 115th Street
Overland Park, KS 66211

You have **sixty-three (63) calendar days** from the sent date on the notice of adverse benefit determination to file an appeal. If you need help, call Member Services toll-free at **1-877-542-9238**, TTY **711**. Or online at **myuhc.com** > Appeals & Grievances Forms.

If someone else is going to file for you, we need your written permission.

If you file an appeal, we will send you a letter within 5 calendar days telling you that we received your appeal.

We will review your appeal. The person who reviews your appeal will be a new person who has not previously reviewed it and will have the right level of clinical expertise. We will send you a decision within 30 calendar days of getting the appeal. The letter will tell the reason for our decision. We will tell you what to do if you disagree with the decision. When your appeal is decided, we will send you a written Notice of Appeal Resolution. This will have the date that the appeal was decided. It will say why we made the decision and how you can look over the reason for decision.

You can present evidence to support your appeal in writing. You may request a copy of your case file free of charge. You can also ask for and be given reasonable access to all documents, records, and other information relevant to your Adverse Benefit Determination. This is all free of charge. This information includes what information was used to determine your medical needs. It also includes the processes, strategies, or standards used in setting coverage limits with references to handbooks, etc.

If you would like to look at your case file before or during your appeal, call Member Services toll-free at **1-877-542-9238**, TTY **711** to request a case file review. If your appeal is ruled in your favor, we will pay for those services. It will take time for UnitedHealthcare to send your case files once you have requested them. Please make your request as soon as possible. A timely request will help you have the time you need to review before the resolution of your appeal.

Continuation of care

Waiver benefits continue until a decision is made if the member or their representative files an appeal for waiver benefits within sixty-three (63) calendar days from the sent date on the notice of adverse benefit determination. For non-waiver members, benefits continue until a decision is made only if the member or their representative asks for the benefits to be continued within **10 calendar days** from the date the notice of adverse benefit determination is sent or before the notice of adverse benefit determination says your services will end. Services must have been ordered by an approved provider.

HCBS appeals

If your appeal about a reduction in HCBS waiver benefits is denied, you will not have to repay UnitedHealthcare Community Plan for the service(s) continued during the appeal, unless fraud is present.

Other plan details

What can I do if I need immediate care?

If you or your doctor wants a fast decision because your health is at risk, call Member Services toll-free at **1-877-542-9238**, TTY **711** for an expedited review. UnitedHealthcare Community Plan will call you with our decision within 72 hours of getting your request. This time may be extended up to 14 calendar days if you ask for this or if we show a need for more information and the delay is in your interest. Extensions are approved by KDHE. You will get a notice of the reason for the extension if it is approved.

Deemed exhaustion

Failure of United Healthcare to adhere to the notice and timing requirements listed above, means that the Member is deemed to have exhausted the appeals process and the Member may initiate a State Fair Hearing. In these situations, the Member will be notified in writing of the deemed exhaustion and next steps. Receipt of this notice is not required before a member can submit a request for a State Fair Hearing.

Provider's external independent third-party review

A provider may appeal a denial by UnitedHealthcare Community Plan of a new healthcare service. If a provider appeals the denied service, members will receive a letter from the external reviewer that contains the external review decision. Following that, UnitedHealthcare Community Plan will issue a notice that includes your right to request a state fair hearing regarding the external reviewer's decision within **33 calendar days** of the date on the MCO's notice of external review decision.

How do I file a State Fair Hearing request?

You or your representative can ask the Kansas Office of Administrative Hearings to review UnitedHealthcare Community Plan's decision by asking for a State Fair Hearing.

- You must complete a UnitedHealthcare appeal before you can request a State Fair Hearing
- The Kansas Office of Administrative Hearings must get your request within 120 calendar days from the date of the Notice of Appeal Resolution, plus an additional 3 calendar days to allow for mailing/sending of the notice
- There are three ways to ask for a State Fair Hearing:
 1. Call UnitedHealthcare Community Plan toll-free at **1-877-542-9238**, TTY **711**
 2. Complete the Request for Administrative Hearing form found online at <https://oah.ks.gov/Home/Forms> and mail it to:
Office of Administrative Hearings
1020 S. Kansas Ave.
Topeka, KS 66612
 3. By fax – Office of Administrative Hearings **785-296-4848**

How do I request disenrollment from my plan?

Disenrollment

You may ask to disenroll from UnitedHealthcare Community Plan with or without cause by calling Member Services toll-free at **1-877-542-9238**. KanCare program procedures must be followed for all disenrollment requests. A request for disenrollment must be directed to KanCare either orally or in writing. We will ensure your right to disenroll is not restricted in any way.

You may request disenrollment **without cause** at the following times:

- During the first 90 calendar days of your enrollment
- During the annual open enrollment period announced by the State

You may request disenrollment **with cause** at any time. KDHE will decide if a member should be disenrolled if:

- You need related services to be performed at the same time and not all related services are available within the network and your PCP or another provider determines receiving the services separately would subject you to unnecessary risk
- Poor quality of care, lack of access to services covered under the plan, or lack of access to providers experienced in dealing with the member's health care needs
- You transfer to a Medical eligibility category not included in benefits
- You no longer reside in the State of Kansas due to a move out of state or out of the country
- You no longer qualify for medical assistance under Medicaid
- UnitedHealthcare Community Plan does not, because of moral or religious objections, cover the service you want
- You are placed in an adult or juvenile correctional facility

Rights and responsibilities

Uphold member “Bill of Rights”

As a UnitedHealthcare Community Plan member, you have rights and responsibilities. You need to fully understand them. The State of Kansas must ensure that each enrollee is free to exercise his or her rights. Using those rights must not adversely affect the way UnitedHealthcare and its providers or the State treat the enrollee.

Members have the right to:

- Get information about UnitedHealthcare Community Plan, our services, our providers and member rights and responsibilities
- Be treated with respect, dignity and privacy by UnitedHealthcare Community Plan staff and providers. Treatments and tests must be kept private.
- Voice concerns about your care, file grievances and appeals about your plan or care and get timely responses
- Get information on care options in a way that you can understand, regardless of cost or coverage
- Work with your doctor and other caregivers to make decisions about care. This includes the right to refuse treatment.
- Be informed of, and refuse, any experimental treatment
- Have decisions on coverage and claims done by regulatory standards
- Make an advance directive to say the care you want if you cannot state your wishes
- Be free from any form of restraint or seclusion used for coercion, discipline, convenience, retaliation or abuse or neglect
- Get a copy of your medical records. Ask that they be amended.
- Use any hospital or facility for emergency care
- Refuse any care you object to on religious grounds
- Give your ideas for the rights and responsibilities of members
- Get notice at least 30 days in advance of any significant change to the health plan procedures
- Be free to exercise your rights with no negative impact to how you are treated by your provider or the health plan

Members have the responsibility to:

- Be aware of and understand your health issues. Participate in setting goals for treatment.
- Know your benefits before getting treatment. You can call Member Services toll-free at **1-877-542-9238**, TTY **711**, or talking to your Care Coordinator.
- Contact a health care provider when you have a medical need
- Show your ID card before you get care
- Check that your provider is in the UnitedHealthcare Community Plan network by calling Member Services toll-free at **1-877-542-9238** or by looking up the provider on the website **<https://www.uhccommunityplan.com/ks/medicaid/community-plan/lookup-tools#collapse-202673151>**
- Learn about UnitedHealthcare Community Plan procedures **<https://www.uhccommunityplan.com/ks/medicaid/community-plan>**
- Use ER services only for injury or illness that, if not treated right away, could pose a serious threat to your life or health
- Keep all your appointments
- Provide the information that is needed for your care
- Follow the instructions for care that you have agreed to with your practitioner
- Notify Member Services of a change in address, family status or other coverage information
- Notify Member Services if your ID card is lost or stolen
- Notify UnitedHealthcare Community Plan if you have a Workers' Comp claim, a personal injury or malpractice law suit, or have been in a car accident. Also immediately notify the KDHE-DHCF Medical Unit, TPL manager about this claim. Call toll-free 1-800-933-6593.
- Never give your ID card to someone else to use



We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services toll-free at **1-877-542-9238**, TTY **711**. You can also visit our website at **myuhc.com/CommunityPlan**.

UnitedHealthcare Community Plan
6860 West 115th Street
Overland Park, KS 66211

myuhc.com/CommunityPlan

1-877-542-9238, TTY 711

**United
Healthcare
Community Plan**