

UniCare Health Plan of West Virginia, Inc.

Member Handbook

Mountain Health Trust
West Virginia Health Bridge



Changes to the UniCare Health Plan of West Virginia, Inc. Member Handbook

The following are Physical Therapy, Occupational Therapy and Chiropractic covered services updates to your benefits with UniCare. Please keep this document with your member handbook for your reference.

Mountain Health Trust & West Virginia Health Bridge covered benefits | Page 25 | Specialty Section: Physical Therapy and Occupational Therapy

- **Physical Therapy** – For **Mountain Health Trust members**, 20 visits per calendar year for habilitative and rehabilitative services (combined for physical and occupational therapy) and members will need an OK from us after 20 visits. For **West Virginia Health Bridge members**, 30 visits per calendar year (combined for physical and occupational therapy) and members will need an OK from us after 30 visits.
- **Occupational Therapy** – For **Mountain Health Trust members**, 20 visits per calendar year for habilitative and rehabilitative services (combined for physical and occupational therapy) and members will need an OK from us after 20 visits. For **West Virginia Health Bridge members**, 30 visits per calendar year (combined physical and occupational therapy) and members will need an OK from us after 30 visits.
- **Chiropractic Services** – Chiropractor services includes radiological exams and corrections to partial dislocations (subluxation). Certain procedures have service limits or require prior approval.

More information about your coverage | Page 41 | Section: Physical or Occupational Therapy, Speech Pathology and Audiology

Below you will find updated information on extensions and/or limitations on Physical Therapy, Occupational Therapy and Chiropractic covered benefits and services:

For Physical and Occupational Therapy:

- **Mountain Health Trust** members need an OK from us after 20 visits.
- **West Virginia Health Bridge** members need an OK from us after 30 visits.

For Chiropractic services:

- **Mountain Health Trust and WV Health Bridge members** may receive medically necessary chiropractic services. Members need an OK from us after 24 visits per rolling year.

If you have any questions about your covered benefits with UniCare, please call our Customer Care Center at 1-800-782-0095 (TTY 711), Monday through Friday from 8 a.m. to 6 p.m. Eastern time and we would be happy to assist you.

Thank you for choosing UniCare for your health coverage.

HELP IN YOUR LANGUAGE

"If you do not speak English, call us at 1-800-782-0095 (TTY 1-866-368-1634). We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can communicate with you in your language."

Spanish: "Si usted no habla inglés, llámenos al 1-800-782-0095 (TTY 1-866-368-1634). Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma."

For Help in Your Language — Discrimination is Against the Law

UniCare Health Plan of West Virginia, Inc. follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- National origin
- Disability
- Color
- Age
- Sex or gender identity

That means we won't exclude you or treat you differently because of these things.

Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the Customer Care Center number on your ID card. Or you can call our Grievance Coordinator at 1-800-782-0095 (TTY 1-866-368-1634).

Your rights

Do you feel you didn't get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail or fax:

Grievance Coordinator

P.O. Box 91

Charleston, WV 25321-0091

Phone: 1-800-782-0095 (TTY 1-866-368-1634)

Fax: 1-877-833-5729

Need help filing? Call our Grievance Coordinator at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the web:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **By mail:** U.S. Department of Health and Human Services
200 Independence Ave. SW
Room 509F, HHH Building
Washington, DC 20201
- **By phone:** 1-800-368-1019 (TTY/TDD 1-800-537-7697)

For a complaint form, visit www.hhs.gov/ocr/office/file/index.html.

Do you need help with your health care, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-800-782-0095 (TTY 1-866-368-1634).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 1-800-782-0095 (TTY 1-866-368-1634).

Vous avez besoin d'aide pour vos soins médicaux, pour communiquer avec nous ou pour lire les documents que nous vous envoyons ? Nous fournissons nos publications dans d'autres langues et sous d'autres formats, et c'est gratuit. Appelez-nous sans frais au 1-800-782-0095 (TTY 1-866-368-1634).

Benötigen Sie Hilfe bei Ihrer medizinischen Versorgung, der Kommunikation mit uns oder beim Lesen unserer Unterlagen? Unsere Materialien sind auf Anfrage auch in anderen Sprachen und Formaten kostenlos erhältlich. Rufen Sie uns gebührenfrei an unter 1-800-782-0095 (TTY 1-866-368-1634).

您需要醫療保健的幫助嗎？請向我們諮詢，或是閱讀我們寄給您的資料。我們以其他語言和格式提供我們的資料，您無需支付任何費用。請撥打免費電話 1-800-782-0095 (TTY 1-866-368-1634)。

هل تحتاج إلى مساعدة في رعايتك الصحية أو في التحدث معنا أو قراءة ما نقوم بإرساله إليك؟ نحن نقدم المواد الخاصة بنا بلغات وتنسيقات أخرى بدون تكلفة عليك. اتصل بنا على الرقم المجاني 1-800-782-0095 (TTY 1-866-368-1634).

In caso si necessiti di assistenza con il servizio sanitario, per parlare con noi o comprendere le informazioni ricevute, sono disponibili materiali gratuiti in altre lingue e formati. Contattare il numero gratuito 1-800-782-0095 (TTY 1-866-368-1634).

Kailangan ninyo ba ng tulong sa inyong pangangalagang pangkalusugan, sa pamamagitan ng pakikipag-usap sa amin, o pagbasa kung ano ang ipinapadala namin sa inyo? Nagbibigay kami ng aming mga materyal sa ibang mga wika at anyo na wala kayong gagastusin. Tawagan kami nang walang bayad sa 1-800-782-0095 (TTY 1-866-368-1634).

의료 서비스, 당사와의 소통 또는 당사에서 보내는 자료 읽기와 관련해 도움이 필요하십니까? 무료로 자료를 다른 언어나 형식으로 제공해 드립니다. 무료 전화 1-800-782-0095(TTY 1-866-368-1634) 번으로 문의해 주십시오.

Quý vị có cần chúng tôi giúp với việc chăm sóc sức khỏe của quý vị, trao đổi với chúng tôi, hoặc đọc những tài liệu chúng tôi gửi cho quý vị hay không? Chúng tôi cung cấp các tài liệu bằng các ngôn ngữ và định dạng khác, miễn phí cho quý vị. Hãy gọi cho chúng tôi theo số miễn phí 1-800-782-0095 (TTY 1-866-368-1634).

Вам нужна помощь с медицинским обслуживанием, консультацией или материалами, которые мы вам прислали? Мы можем бесплатно предоставить вам материалы на других языках и в других форматах. Позвоните в нам по бесплатному телефону 1-800-782-0095 (TTY 1-866-368-1634).

ヘルスケアに関してご質問やご相談はありませんか？当社からお送りした資料のことでお困りですか？資料は英語以外の言語や別のフォーマットでもご用意しています。いずれも無料です。ご希望の方はフリーダイヤル 1-800-782-0095 (TTY 1-866-368-1634)

คุณต้องการความช่วยเหลือในการดูแลทางด้านสุขภาพของคุณ การพูดคุยกับเรา หรือการอ่านสิ่งที่เราส่งให้คุณหรือไม่ เรามีคู่มือของเราในภาษาและรูปแบบอื่นๆ ให้กับคุณโดยไม่เสียค่าใช้จ่าย โทรหาเราได้ฟรี 1-800-782-0095 (TTY 1-866-368-1634)

کیا آپ کو اپنی ہیلتھ کیئر سے متعلق مدد کی ضرورت ہے، یا ہم سے بات کرنے یا وہ پڑھنے میں جو ہم نے آپ کو ارسال کیا ہماری مدد درکار ہے؟ ہم اپنے مواد آپ کو دیگر زبانوں اور فارمیٹس میں بلا معاوضہ فراہم کرتے ہیں۔
1-800-782-0095 (TTY 1-866-368-1634).

Χρειάζεστε βοήθεια σχετικά με την υγειονομική σας περίθαλψη, να μιλήσετε μαζί μας ή να διαβάσετε ό,τι σας έχουμε αποστείλει; Παρέχουμε το υλικό μας σε άλλες γλώσσες και μορφές χωρίς καμία επιβάρυνση για εσάς. Καλέστε μας χωρίς χρέωση στο 1-800-782-0095 (TTY 1-866-368-1634).

Precisas de ajuda com a tua assistência à saúde, para falar connosco ou acerca do que enviamos para ti? Fornecemos os nossos materiais em outros idiomas e formatos sem custo algum. Liga-nos gratuitamente pelo número 1-800-782-0095 (TTY 1-866-368-1634).

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WELCOME

Welcome to UniCare Health Plan of West Virginia, Inc.'s Medicaid managed care program! We are glad you have enrolled with us. This handbook will provide you with the information you need to know about your health care plan, also known as a managed care plan. Please read this handbook from cover to cover to understand the way your plan works. Please keep this handbook so you can refer to it if you have questions. This handbook will help you get the most from UniCare. It will answer many of the questions that come up about your benefits and the services offered by UniCare. You can also ask us any questions you may have by calling the Customer Care Center at 1-800-782-0095. If you are speech or hearing impaired, please dial 1-866-368-1634.

ABOUT YOUR PLAN

UniCare has a contract with the West Virginia Department of Health and Human Resources DHHR. Under managed care, we are able to select a group of health care providers to form a provider network. Usually provider networks are made up of doctors and specialists, hospitals and other health care facilities. Our providers help to meet the health care needs of people with Medicaid. The Provider Directory you were given lists all of our network providers you can use to get services statewide. It can also be found online at our website, www.unicare.com/medicaid. If you do not have a Provider Directory, please call the Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634).

CONTACT US

You can call the Customer Care Center toll-free Monday through Friday, 8 a.m. to 6 p.m. Eastern time if you have a question about your health plan or a health problem. It will speed up the process if you have your member identification (ID) number with you when you call. You can also visit our website, www.unicare.com/medicaid, for other information.

Call or drop by our office in Charleston to talk with our staff. Our people are here to listen — we want to understand what's important to you so we can guide you to helpful benefits. We're here Monday through Friday from 8 a.m. until 5 p.m. except on holidays.

Nurse Case Management and social worker services

UniCare has case managers and social workers to help you with your health care needs. They can help you set health goals. They can help make sure you're seeing the right providers. Our social workers will also help you find assistance for housing, food and utilities. To enroll in case management or to speak with a social worker, call our Customer Care Center at 1-800-782-0095. Press option 1 for case management.

Have questions about a health issue? Call our 24-hour nurse help line, 24 hours a day, seven days a week at 1-888-850-1108 (TTY 1-800-368-4424).

Help in other languages

www.unicare.com/medicaid
1-800-782-0095 & TTY 1-866-368-1634 UniCare
UWV-MHB-0016-19

We provide free oral interpretation services in more than 140 languages. We want you to have the right care so we have:

- Staff members who can get you help in your language.
- 24-hour telephone interpreters.
- Sign language and face-to-face interpreters.
- Providers who can get you help in your language.

If you need help in a language other than English during your medical visit, you can ask for an interpreter at no cost. Call us Monday through Friday, 8 a.m. to 5 p.m., and we'll get someone who speaks your language.

You can call our 24-hour nurse help line at 1-888-850-1108 (TTY 1-800-368-4424) if you or your child needs someone to interpret for you in an emergency or after regular office hours.

If you need the member handbook in a language other than English, we can translate it for you at no cost. Call the Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634).

Help for members with hearing or speech loss

If you have hearing or speech loss, you may call our toll-free TTY line from 8 a.m. to 5 p.m. Monday through Friday, at 1-866-368-1634. To get the help you need between 5 p.m. and 8 a.m. and on weekends, call the West Virginia Relay Service at 1-800-982-8772 (TTY 1-800-982-8771). After regular business hours, you can also call our 24-hour nurse help line at 1-888-850-1108 (TTY 1-800-368-4424).

We can give you this member handbook and other important plan materials in different formats. This is so people who don't see well can still learn about their plan. Here are the ways we can do this:

- Large print
- A CD for listening to plan information
- Braille
- Audiotape

Please call us to get these other formats, or for help reading this handbook.

Americans with Disabilities Act

We meet the terms of the Americans with Disabilities Act (ADA) of 1990. This act protects you from unfair actions by your health plan because of a disability. Please call us if you feel you haven't been treated the same as others because of a disability.

Customer Care Center Department
Hours of Operation: Monday through Friday, 8 a.m. to 6 p.m. Eastern time
Toll-free: 1-800-782-0095
TTY: 1-866-368-1634
Online: www.unicare.com/medicaid

You can visit us online to:

- Change your primary care provider (PCP) or get help choosing a provider
- Replace a lost member ID card
- Get help with referrals
- Ask about any change that might affect you or your family's benefits
- Let us know about any changes to personal information
- Request interpreter services or help for people with disabilities

You can also call to:

- Ask questions about services and benefits, eligibility, claims, prior authorization requests or utilization management (more information on utilization management procedures is available upon request)
- File a complaint
- Let us know if you are pregnant
- Let us know if you give birth to a new baby

If you do not understand or speak English, we can help. Please call the Customer Care Center toll-free at 1-800-782-0095 (TTY 1-866-368-1634). We can answer questions about your benefits in your language. We have free interpreter services and can help you find a health care provider who can communicate with you in any language.

For people with disabilities, we can help. UniCare offers services so that you can communicate effectively with us and your provider. We have access to free sign language interpreter services and a TTY phone number: 1-866-368-1634. We can offer this handbook and all written materials in many formats, such as large print, at no cost to you. Please call the Customer Care Center toll-free at 1-800-782-0095 to ask for materials in another format.

For other important phone numbers, please see the list in the back of this handbook.

WHAT YOU SHOULD KNOW

CONFIDENTIALITY

We respect your rights to privacy. We will never give out your medical information or social security number without your written permission, unless required by law or for utilization review, quality assurance or peer review. To learn more about your rights to privacy, please call the Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634) or visit our website at www.unicare.com/medicaid.

DISCRIMINATION

Your benefits must comply with the 1964 Civil Rights Act. Discriminatory administration of benefits because of sex, race, color, religion, national origin, ancestry, age, political affiliation, or physical, developmental or mental challenges is not allowed. If you have questions, complaints, or want to talk about whether you have a disability according to the Americans with Disabilities Act, you can contact the State ADA Coordinator at:

WV Department of Administration
Building 1, Room E-119
1900 Kanawha Blvd. East
Charleston, WV 25305
(304) 558-4331

DEFINITIONS

Appeal: A way for you to request the review of UniCare's decision if you think we made a mistake. For example, you might not agree with a decision that denies a benefit or payment.

Adverse Benefit Determination:

An adverse benefit determination is defined to mean any of the following actions taken by the health plan:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting or effectiveness of a covered benefit.
2. The reduction, suspension or termination of a previously authorized service.
3. The denial, in whole or in part, of payment for a service.
4. The failure to provide services in a timely manner.
5. The failure to act within the required timeframes for standard resolution of Grievances and Appeals
6. For a resident of a rural area with only one health plan, the denial of the beneficiary's request to obtain services outside the network.
7. The denial of a beneficiary's request to dispute financial liability.

Benefits: These are the health care services covered by UniCare.

BMS: Stands for the Bureau for Medical Services. This is the West Virginia agency that runs the Medicaid program.

Copayment: A fixed amount you pay each time you get a covered service or supply. For example, if you use the emergency room when it is not an emergency, you might pay \$8.

Cosmetic Surgery: Is done to change or reshape normal body parts so they look better.

DHHR: The Department of Health and Human Resources for the state of West Virginia. This agency takes care of carve-out services not covered by UniCare such as personal care services.

Disenroll: To stop using the health plan because you are no longer eligible or you change your health plan.

Durable Medical Equipment (DME): Certain items your provider orders for everyday or extended use. Examples of these items are wheelchairs, crutches, diabetic supplies, hospital beds, oxygen equipment and supplies, nebulizers and walkers.

Emergency Medical Condition: An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm. An emergency medical condition would make you think that without medical attention, it might: place your health (or a pregnant woman's unborn child's health) in serious jeopardy; or lead to death, serious dysfunction of a body part or organ or serious impairment of bodily functions. Examples of an emergency medical condition include severe pain, difficulty breathing or uncontrolled bleeding.

Emergency Medical Transportation: Ambulance services for an emergency medical condition.

Emergency Room Care: Emergency services you receive in an emergency room.

Emergency Services: Covered inpatient and outpatient services that are: given by a qualified provider and needed to evaluate or stabilize an emergency medical condition.

Excluded Services: Health care services that UniCare does not pay for or cover.

Grievance: A complaint you make, either in writing or orally, about any aspect of service delivery provided or paid for by UniCare or our providers. For example, you might complain about the quality of your care.

Habilitation Services and Devices: Health care services and devices that help you keep, learn or improve skills and functioning for daily living. Examples include occupational therapy, speech therapy and other services for people with disabilities in inpatient and/ or outpatient settings.

Health Insurance: A contract that requires UniCare to pay some or all of your health care costs in exchange for a premium.

Home Health Care: Health care services a person receives at home, including limited part-time or intermittent skilled nursing care, home health aide services, occupational therapy, speech therapy, medical social services, DME, medical supplies and other services.

Hospice Services: Services to help people who have a terminal prognosis live comfortably. A terminal prognosis means that a person has a terminal illness and is expected to have six months or less to live. A specially trained team of professionals and caregivers provide care for the whole person, including physical, emotional, social and spiritual needs.

Hospitalization: Care in a hospital that requires admission as an inpatient and requires an overnight stay for more than two nights. An overnight stay for observation can be outpatient care and is allowed for up to 48 hours. Usually, inpatient care is required for very bad sickness or trauma.

Hospital Outpatient Care: Care in a hospital that usually does not require inpatient admission. You may stay the night in observation care for up to 48 hours. This is usually not considered inpatient care.

Inpatient Care: Means you have to stay the night in the hospital or other facility for the medical care you need. Sometimes, you may need to stay the night in the hospital so you can be watched (observation) without a full inpatient admission.

Medically Necessary: Health care services or supplies needed to diagnoses or treat an illness or injury, to improve the functioning of a malformed body member, to attain, maintain or regain functional capacity, for the prevention of illness, or to achieve age-appropriate growth and development.

Member: A person approved by the state of West Virginia to enroll in UniCare.

Network: A group of providers who has contracted with UniCare to give care to members. The list of UniCare providers can be found in your Provider Directory. It will be updated whenever there are changes.

Non-participating Provider: A doctor, hospital, facility, or other licensed health care professional who has not signed a contract agreeing to provide services to UniCare members. Also known as an Out of Network provider.

OK by UniCare: Means you received an approval ahead of time from us. You can learn more about this in Getting to know your health plan, under the heading Prior authorization (an OK from UniCare) for health care services.

Peer Recovery Support Specialist (PRSS): A Peer Recovery Support Specialist is a person who uses their personal experience of recovery from addiction and skills learned in formal training to deliver services in substance use disorder settings.

Physician Services: Health care services that a licensed medical physician provides or coordinates.

Plan: An entity that provides, offers or arranges coverage of certain health care services needed by plan members. You are a member of our health plan, UniCare.

Prior Authorization: Approval from UniCare that may be required before you get certain services or treatments in order for them to be covered. To get prior authorization, make sure to ask the Customer Care Center. If the care is medically necessary and is a covered benefit, then it will be covered.

Participating Provider: A doctor, hospital, facility or other licensed health care professional who has signed a contract agreeing to provide services to UniCare members. They are listed in your Provider Directory.

Premium: The amount you pay for your health insurance every month based on your income. In addition to the premium, you may have to pay a copayment.

Prescription Drugs: Drugs and medication that, by law, require a prescription.

Prescription Drug Coverage: Health insurance that helps pay for prescription drugs and medications. UniCare does not provide prescription drug coverage, but the State of West Virginia does.

Primary Care Physician: A UniCare doctor who directly provides and coordinates your health care services.

Primary Care Provider (PCP): A physician, nurse practitioner, physician assistant or other participating provider you have chosen to be your personal provider. Your PCP works with you to coordinate your health care, such as giving you checkups and shots, treating you for most of your health care needs, sending you to specialists if needed or admitting you to the hospital.

Provider: A person who is trained and licensed or place that is licensed to give health care. Examples are doctors, nurses and hospitals.

Here are some types of health care providers:

- An audiologist is a provider who tests your hearing.
- A certified nurse-midwife is a registered nurse who cares for you during pregnancy and childbirth.
- A certified registered nurse anesthetologist is a registered nurse certified to give you anesthesia.
- A chiropractor is a provider who treats problems of the spine.
- A dentist is a doctor who takes care of your teeth and mouth.
- A family practitioner is a provider who treats general medical conditions for people of all ages.
- A general practitioner is a doctor who treats common medical problems for people of all ages.
- A licensed vocational nurse is a licensed nurse who works with your provider.

- A nurse practitioner or physician assistant is a person who works in a clinic, hospital or provider's office and finds out what's wrong with you. They also treat you, within limits.

- An obstetrician/gynecologist (OB/GYN) is a doctor who takes care of a woman's health (this includes when she is pregnant or giving birth).

- An occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.

- An optometrist is a doctor who takes care of your eyes and vision.

- A pediatrician is a doctor who treats children from birth through their teen years.

- A physical therapist is a provider who helps you build your body's strength after an illness or injury.

- A podiatrist or chiropodist is a doctor who takes care of your feet.

- A psychiatrist is a doctor who treats mental health issues and prescribes drugs.

- A registered nurse is a nurse with more training than a nurse who has a license to perform certain duties with your provider.

- A respiratory therapist is a provider who helps you with your breathing.

- A speech pathologist is a provider who helps you with your speech.

- A surgeon is a doctor who can operate on you.

Reconstructive Surgery: is done to correct a problem with a part of your body. This problem could be caused by:

- A birth defect
- Disease
- Injury

Making that part look or work better must be medically necessary.

Recovery Support Services: Recovery Support Services (RSSs) are non-clinical services that assist individuals to recover from alcohol or drug problems.

Rehabilitation Services and Devices: Health care services and devices that help you keep, get back or improve skills and functioning for daily living that have been lost or impaired because you were sick, hurt or disabled. Examples include occupational therapy, speech therapy and psychiatric rehabilitation services in inpatient and/or outpatient settings.

Skilled Nursing Care: from licensed nurses in your own home or in a nursing home.

Skilled Nursing Facility: A place that gives you 24-hour-a-day skilled professional nursing care.

Specialist: A doctor who focuses on a specific kind of health care such as a surgeon or a cardiologist (heart doctor).

Substance Use Disorder (SUD) Services: SUD services are behavioral health treatment services provided to members with a known or suspected substance use disorder when medically necessary.

Urgent Care: Care you get for a sudden illness, injury or condition that is not an emergency but needs care right away. You can get urgent care from out-of-network providers when network providers are unavailable or you cannot get to them. Out of network care always requires an OK from us. Examples of when to get urgent are a sprained ankle, a bad splinter or the flu.

Utilization Review: A process that allows UniCare and your health care providers to work together to decide if a service you ask for is medically necessary.

YOUR RIGHTS

Each year, UniCare submits its annual report to the Bureau for Medical Services (BMS) of the West Virginia Department of Health and Human Resources by April 1. This report includes a description of the services, personnel and the financial standing of UniCare.

The annual report is available to members by request only. To get a copy of the report, you can call our Customer Care Center or find it on our website at www.unicare.com/medicaid. You can also get a copy of the report from the West Virginia Department of Health and Human Resources.

As a member of UniCare, you have rights around your health care. You have the right to:

- Ask for and obtain all included information in this handbook
- Be told about your rights and responsibilities
- Get information about UniCare, our services, our providers and your rights in a way that you understand
- Be treated with respect and dignity
- Not be discriminated against by UniCare
- Access all services that UniCare must provide
- Choose a provider in our network that is taking new patients
- Take part in decisions about your health care
- Refuse treatment and choose a different provider in our network
- Be part of honest talks about your health care needs and treatment options no matter the cost and whether your benefits cover them
- Have your privacy respected
- Accessible services
- Ask for and to get your medical records as allowed by law
- Ask that your medical records be changed or corrected if needed, as allowed by law
- Be sure your medical records will be kept private
- Recommend changes in policies and procedures
- Be free from any form of restraint or seclusion used as a means of force, discipline, convenience or retaliation
- Get covered services, no matter what cultural or ethnic background or how well you understand English
- Get covered services regardless of if you have a physical or mental disability, or if you are homeless

- Refer yourself to in-network and out-of-network family planning providers
- Access certified nurse midwife services and certified pediatric or family nurse practitioner services within our network
- Get emergency post-stabilization services
- Get emergency health care services at any hospital or other setting
- Accept or refuse medical or surgical treatment and to make an advance directive
- Have your parent or a representative make treatment decisions when you can't
- Have problems taken care of fast, including things you think are wrong, as well as issues about getting an OK from us, your benefits or payment of service
- Question a decision we make about benefits you got from your provider
- Make complaints and appeals
- Get a quick response to problems raised around complaints, grievances, appeals, authorization, coverage and payment of services
- Ask for a state fair hearing after a decision has been made about your appeal
- Request and get a copy of this member handbook
- Get the help you need to understand this handbook
- Ask for this handbook and other member materials in other formats such as large print, audio CD or Braille at no cost to you
- Disenroll from your health plan
- Ask us about our QI program and tell us how you would like to see changes made
- Ask us about our utilization review process and give us ideas on how to change it
- Ask us about our member rights and responsibilities policy and give us ideas on how to change it
- Know that the date you joined our health plan is used to decide your benefits
- Know that we only cover health care services that are part of your plan
- Know that we can make changes to your health plan benefits as long as we tell you about those changes in writing
- Get news on how providers are paid
- Find out how we decide if new technology or treatment should be part of a benefit
- Ask for an oral interpreter and translation services at no cost to you
- Use interpreters who are not your family members or friends
- Know you will not be held liable if your health plan becomes bankrupt (insolvent)
- Know your provider can challenge the denial of service with your OK

YOUR RESPONSIBILITIES

As a member of UniCare, you also have some responsibilities:

- Read through and follow the instructions in this handbook
- Work with your PCP to manage and improve your health
- Ask your PCP any questions you may have
- Call your PCP at any time when you need health care

- Give information about your health to UniCare and your PCP
- Only use providers who are in the UniCare network
- Always remember to carry your member ID card
- Only use the emergency room for real emergencies
- Keep your appointments
- If you must cancel an appointment, call your PCP as soon as you can to let him or her know
- Follow your PCPs instructions of care that you have agreed to, as well as recommendations about appointments and medicines
- Go back to your PCP or ask for a second opinion if you do not get better
- Call the Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634) whenever anything is unclear to you or you have questions
- Treat health care staff and others with respect
- Tell us right away if you get a bill that you should not have gotten or if you have a complaint
- Tell UniCare and your DHHR caseworker right away if you have had a transplant or if you are told that you need a transplant
- Tell UniCare and your DHHR caseworker when you change your address, family status or other health care coverage
- Know that laws guide your health plan and the services you get
- Know that we do not take the place of workers' compensation insurance

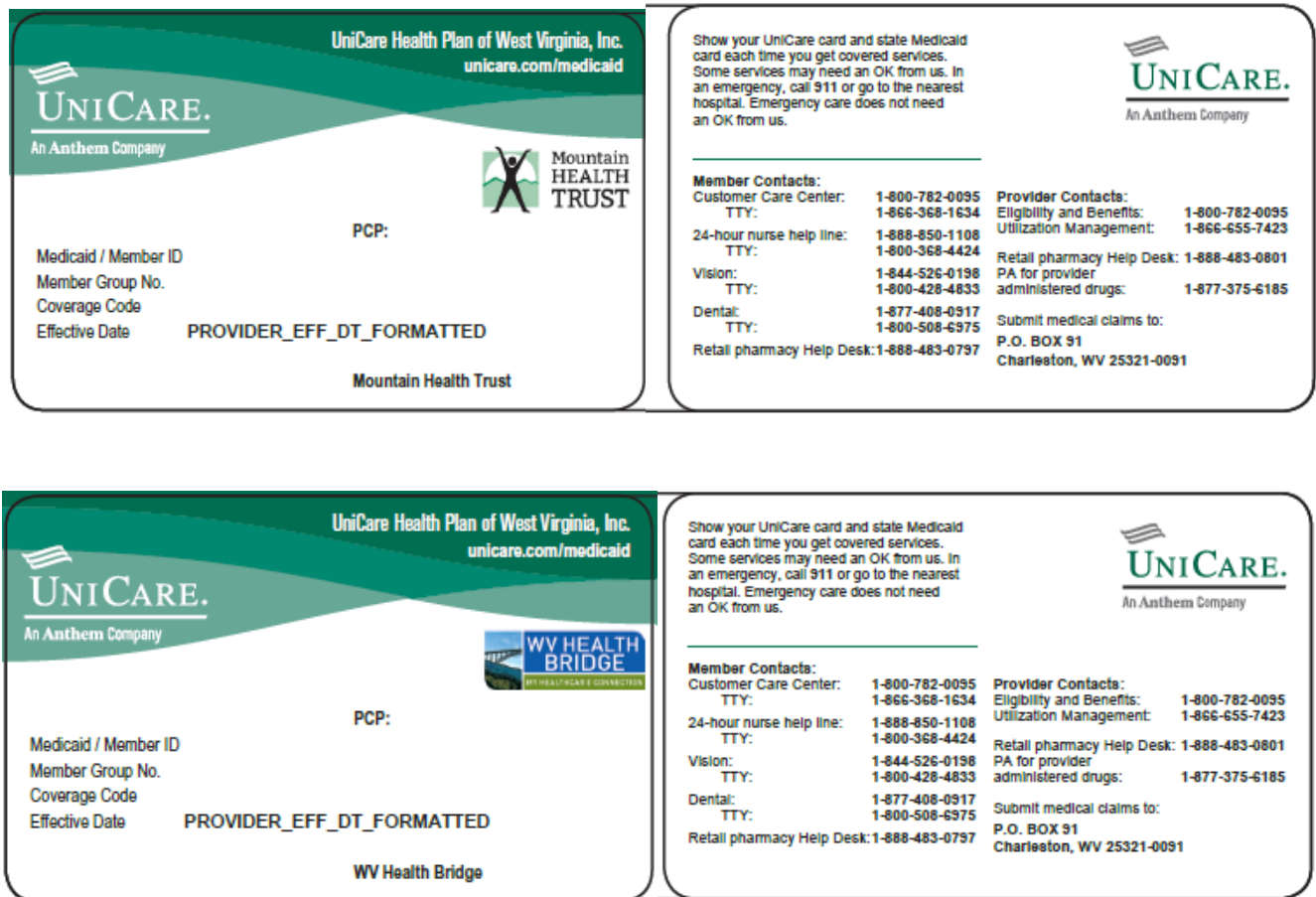
STEPS TO YOUR GETTING CARE

YOUR MEMBER ID CARD

After you join UniCare, we will send you your member ID card in the mail. Each member of your family who has joined UniCare will receive his or her own card. If you have not received your member ID card after 5 days, please call the Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634) or print a new card from our member website.

It is important to always keep your member ID card with you. You will need it any time you get care. Your card is your proof that you are a member of UniCare. You should also keep your Medicaid Benefit card. You need it to get care that is not covered by UniCare.

Your card should look like this:



You will find some useful information on your card like your Medicaid ID number, your PCP's name and office phone number, the start date of your health coverage and other important phone numbers. Having your card out when you call the Customer Care Center can help us serve you faster.

You will get a new UniCare ID card if:

- You change your PCP
- Your PCP's address or phone number changes
- You lose your ID card

Please call the Customer Care Center immediately at 1-800-782-0095 (TTY 1-866-368-1634) if:

- You lose your card
- Your card is stolen
- You have not received your card(s)
- Any of the information on the card(s) is wrong

- You have a baby or add a new member to your family
- Someone in your family dies

Please call your county DHHR immediately if you move. Find the contact information for the DHHR (not your county DHHR) in the **Important Contact Information** section of this handbook. We may still be your health plan if you stay in state.

You are the only one who can get services with your UniCare member ID card. If you let someone else use your card, you may not be able to stay in our plan.

CHOOSING YOUR PRIMARY CARE PROVIDER (PCP)

Each member of UniCare chooses a primary care provider (PCP) from the Provider Directory. A PCP is a specific clinician responsible for coordinating your health care needs. Your Provider Directory should have arrived with this handbook. Inside, there is a list of all the doctors, hospitals, dental and specialty care providers, and other providers who work with UniCare. You can also find this list online at www.unicare.com/medicaid. The Customer Care Center can help you select a PCP to best fit your needs. If you do not pick a PCP from the directory, we will choose one for you.

If you have a chronic illness, then you may be able to select a specialist as your PCP. Please call the Customer Care Center to discuss (1-800-782-0095 (TTY 1-866-368-1634)). If you already have a PCP and believe you need a specialist, you or your provider should call the Customer Care Center. Women can also receive women's health care services from an obstetrical/gynecological practitioner (OB/GYN) without a referral from your PCP.

Upon request from the Customer Care Center, a description of the method of physician compensation is available to UniCare members.

Provider Directory

When you joined UniCare, you may have picked a PCP. If you don't choose a PCP, UniCare can choose one for you. To change your PCP, look through the Provider Directory and pick one. Call us to let us know your choice. You can also change your PCP on the member website.

Our Provider Directory lists the providers who work with UniCare. It also tells you their address, phone number, office hours and languages spoken. You can find our Provider Directory at **www.unicare.com/medicaid**. You can also call us to request one.

Look in the Provider Directory to find a PCP who is right for you or your family member.

- PCPs for children are listed under *Family Practice, Pediatrics or General Practice*.
- PCPs for pregnant women are listed under *Family Practice, Obstetrics and Gynecology or General Practice*. You may choose a certified nurse-midwife from the *Obstetrics* section.
- PCPs for adults are listed under *Family Practice, Internal Medicine or General Practice*.

You need to choose a PCP who is taking new patients. You can learn more about this in your Provider Directory. You can also call us at 1-800-782-0095 (TTY 1-866-368-1634), Monday through Friday from 8 a.m. until 6 p.m. if you need help finding a PCP who is taking new patients.

To find out more about a provider (such as specialty, medical school background, residency training or board certifications), visit these websites:

- West Virginia Board of Medicine at www.wvdhhr.org/wvbom
- American Medical Association (AMA) at www.ama-assn.org

PCPs for pregnant women and newborn babies

If you're pregnant, call us right away. If you're in the last trimester of your pregnancy and you just joined our health plan, you may be allowed to stay with your current provider, even if he/she isn't in our plan.

If you're pregnant, you can also get support from our prenatal program, Taking Care of Baby and Me®. Read more in the **Pregnancy and Maternity care** section.

Enrolling a newborn baby and changes to family makeup

Any newborn whose mother has UniCare will have UniCare for at least 30 days after birth. As soon as your baby is born, call your Department of Health and Human Resources (DHHR) caseworker or tell the Change Center at 1-877-716-1212.

If you haven't called UniCare to choose a PCP for your baby, you can call us after your baby is born. If you don't choose a PCP for your baby, we'll choose one for you.

HOW TO SCHEDULE AN APPOINTMENT

You will visit your PCP for all of your routine health care needs. You can schedule your appointments by calling the PCP's office phone number. Your PCP's name and office phone number will be listed on your member ID card. You can call 24 hours a day, seven days a week.

On the day of your visit, remember to bring your member ID card and your Medicaid ID card. Please show up on time and call to cancel an appointment if you cannot make it.

You shouldn't need to wait more than 45 minutes after you get to your provider's office. Your PCP may not be able to see you if you're late. If you cancel your appointment, someone at your PCP's office can help you set up a new one.

To schedule a visit with a specialist, first contact your PCP for a referral. Your PCP will make a referral to a specialist in our network.

UniCare requires that all routinely used sites, such as PCP offices and frequently used specialists, must be located within 30 minutes travel time of an enrollee. Basic hospital services must be within 45 minutes travel time, and all other services must be within

60 minutes travel time. UniCare will ensure hours of operation are convenient and do not discriminate against enrollees.

UniCare requires emergency cases be seen or referred immediately. Urgent cases must be seen within 48 hours. Routine cases must be seen within 21 days.

Non-emergency medical transportation:

If you need to schedule a ride to and from your provider visit, call the non-emergency medical transportation (NEMT) vendor, LogistiCare, at 1-844-549-8353 Monday through Friday from 8 a.m. to 6 p.m. Call at least five business days before your visit unless it's urgent.

If you are unable to call LogistiCare within the normal business hours, or if you have additional questions regarding a ride request, ride services, or special needs for transportation, please call LogistiCare's Ride Assist Line at 1-844-549-8354.

If you are having a medical emergency, call 911 immediately and request an ambulance.

NEMT services include gas mileage reimbursement, passes for fixed route buses and transportation supplied by private transportation providers.

Your first appointment:

All new members should set up an initial health assessment (IHA) or a first exam with your PCP as soon as you can. This first visit with your PCP is important. It is a time to get to know each other, review your health history and needs and come up with a plan to keep you healthy that works for you. If you're an adult, your first health review should be within 90 days of joining UniCare. A child should be seen by a PCP within 60 days of joining. If you're an SSI member, you should visit your PCP or specialist who handles your care within 45 days of joining UniCare. During the first exam, the PCP can learn about your health care needs and teach you ways to stay healthy.

CHANGING YOUR PCP

If you need to, you can change your PCP for any reason. Let us know right away by calling the Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634) or by going to www.unicare.com/medicaid. You can change your PCP at any time. We will send you a new member ID card in the mail and let you know that your PCP has been changed. It usually helps to keep the same PCP so he or she can get to you know you and your medical history.

Sometimes PCPs leave our network. If this happens, we will let you know by mail within 7-10 days. We can assign you a new PCP or you can pick a new one. If we need to assign you a new PCP for another reason, we will let you know.

If you want to change your PCP, please note:

- When choosing a new PCP, you must choose a provider who will see new patients. We can help you find one. A request to change your PCP may be denied if the PCP you want is not taking new patients.
- If you choose a PCP who is not taking new patients, we'll help you choose another one.
- Changing PCPs often can make your health care experience more complicated.
- Your PCP change will be effective on the date the change is made.
- You can begin seeing your new PCP on the day you ask for the change.
- You will get a new UniCare member ID card with your new PCP's name on it.
- It's important to have your medical records sent to your new PCP.

UniCare, or your PCP, may ask you to change your PCP if:

- UniCare no longer works with your PCP.
- You aren't able to get along or agree with your PCP.
- You keep making appointments and not showing up for them.
- You're often late for your appointments.
- You're rude or abusive to the staff of UniCare or your PCP's office.
- You disrupt the PCP's office.

If you want to change your PCP, you can choose one from the UniCare Provider Directory at www.unicare.com/medicaid. To change your PCP:

- Fill out the *PCP change form* on our member website
- Send us the *PCP Selection Form* found at the end of this book
- Call the Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634)

We'll tell you in writing if we need to change your PCP.

Call us before going to a provider who isn't your PCP. We can try to make him/her your PCP.

GETTING A SECOND OPINION

You might have questions about your illness or the care your PCP says you need. You may want to get a second opinion from another provider. You should speak to your PCP if you want a second opinion. You or your PCP also may ask us for help. You must get services from a provider in our plan. If there is no provider in our plan that fits the care you need, we'll let you get a second opinion from a provider outside our plan.

Getting a second opinion is helpful if:

- You have questions about a surgery your PCP says you need.
- You have questions about finding the cause or treatment for an ongoing problem or a health issue that could cause death.
- If you think your problem could greatly weaken you or cause loss of a limb or body function.
- Your PCP's advice is not clear or is hard for you to understand.

- Your PCP can't find the cause of your condition, or isn't sure because test results aren't the same.
- The treatment you are getting has not helped your medical problem within the time frame it should.
- You have tried to follow the treatment plan or talked with your PCP because you're concerned about the cause or the treatment plan.

You may use the UniCare grievance and appeal process if your PCP or specialist doesn't allow you to get a second opinion. See the *"Letting Us Know When You're Unhappy"* section to learn how to file a grievance or appeal.

This is only a summary of the UniCare policy on second opinions. You can call us to get a full copy of the policy.

WHERE TO GET MEDICAL CARE

Please read below to understand what type of care to get in different situations.

You can also call our 24-hour nurse help line at 1-888-850-1108 (TTY 1-800-368-4424) to speak privately to a nurse to help decide where you should go for care.

ROUTINE CARE

You should see your PCP for all routine health care visits. Routine visits are when a delay in medical care would not cause a serious problem with your health. Some reasons to get a routine health care visit include checkups, screenings, physicals and care for diseases such as diabetes and asthma. You can call your PCP to schedule these visits at any time. You and your PCP should work together to get you the care you need.

- Well-care visits — A well care visit is when you or your child sees your PCP for a preventive visit. These visits are not for treating conditions or diseases, so you should schedule a well care visit even if you do not feel sick. During the appointment, your PCP will review your medical history and health. Your PCP may suggest ways to improve your health, too. You can learn more about well-care visits under the section titled *"More Information about Your Coverage."*
- Health management — Visits to manage your health, such as diabetes, asthma or high blood pressure. These visits are to treat your diseases or help you get better.
- After Hours Care — You can reach your PCP even if it is after normal business hours. Just leave a voicemail with your name and phone number. Your PCP or another PCP from the same office will call you back as soon as possible or during office hours.
- Specialist care — Your PCP can refer you to a specialist if you need care that your PCP cannot provide. You do not need an OK from UniCare to see a specialist who is in our network.

PREGNANCY CARE

Call us when you know you're pregnant. Our staff will make sure your provider and hospital are with UniCare. If you're pregnant, you can also get support from our maternity program, Taking Care of Baby and Me®. If you're in your last three months of pregnancy, you should set up a time to see your provider within three business days from the time you call.

It's important to schedule your first visit quickly so your provider can check on your pregnancy as soon as possible. If you think you have a high-risk medical problem that will affect your pregnancy, ask your provider if you can be seen right away. We want to make sure you get the best care for you and your baby.

Family planning

Family planning can help teach you how to:

- Be as healthy as you can before you become pregnant.
- Avoid getting pregnant.
- Avoid diseases.

Any member (including minors) may see a licensed family planning provider without getting an OK from UniCare first, even if he/she isn't in the UniCare plan. Licensed family planning providers could be:

- Clinics
- OB/GYNs
- PCPs
- Certified nurse-midwives

URGENT CARE

You can visit an urgent care center when you have an injury or illness that needs prompt care but is not an emergency. Some examples of when to get urgent care are:

- A sprained ankle
- A bad splinter
- The flu
- Ear or sinus pain
- Stitches
- Eye swelling, irritation, redness or pain

You can also get urgent care if you are traveling and are too far from your PCP's office. You can schedule an urgent care appointment by calling your PCP. You should explain the medical problem so that your PCP can make your appointment or help you decide what to do. Our 24-hour nurse help line is available 24 hours a day, seven days a week at 1-888-850-1108 to help you decide what to do.

When you visit one of the urgent care centers in our network, UniCare will help cover the cost. Before you go, call the center and ask:

- What are your hours?
- Do you give the care I need?

EMERGENCY CARE

You should get emergency care when you have a very serious and sudden medical problem. An emergency would make someone think their life is at risk without treatment right away. Some examples of an emergency are:

- A heart attack or severe chest pain
- Severe shortness of breath
- Seizures when you have never had them before or if they will not stop
- Rape
- High fever with stiff neck, mental confusion or difficulty breathing
- Coughing up or vomiting blood

You should not go to the emergency room (ER) for things like:

- Colds
- Minor cuts and bruises
- Sprained muscles
- Minor fevers or colds
- Headaches

If you believe you have a medical emergency, call 911 immediately or go to the nearest ER. When you get there, show your member ID card. You do not need approval from your PCP or UniCare. If you are traveling and away from home when you have a medical emergency, go to the nearest ER. You have the right to go to the nearest hospital, even if it is not in our network. If you're not sure what to do, call your PCP or UniCare at 1-800-782-0095 (TTY 1-866-368-1634). **Remember to use the ER only if you have an emergency.** You are always covered for emergencies.

If you are unsure where to go for care, call our 24-hour nurse help line toll free at 1-888-850-1108 (TTY 1-800-368-4424). A nurse will help you decide which type of care makes the most sense. Plus, you can find out how to treat yourself at home.

If you need to stay in the hospital after an emergency, please make sure UniCare is called within 24 hours. If you are told that you need other medical care to treat the problem that caused the emergency, the provider must call UniCare. If you are able, call your PCP to let him or her know that you have a medical emergency. You will need to schedule follow-up services with your PCP.

For more information about emergency transportation and post-stabilization services, please see the Mountain Health Trust and West Virginia Health Bridge Covered Benefits table.

URGENT CARE CENTERS

EZ Care
324 A/B Penco Road
Weirton, WV 26062
304-224-1096

Ohio Valley Medical Quick
Care, Inc.
324 Pike St.
Marietta, OH 45750
740-374-4540

EZ Care
2107 Pike St., Suite 5
Parkersburg, WV 26101
304-424-7200

MedExpress Urgent
Care Weirton
218 Three Springs Drive
Weirton, WV 26062
304-723-3627

MedExpress Urgent Care
Parkersburg
1500 Grand Central Ave.
Suite 115 Vienna, WV
26105
304-485-3627

MedExpress Urgent Care
Huntington
3120 US Rte. 60
Huntington, WV 25705
304-522-3627

MedExpress Urgent Care
Wheeling
620 National Road
Suite 300
Wheeling, WV 26003
304-233-3624

MedExpress Urgent Care
Martinsburg
1355 Edwin Miller Blvd.
Suite A
Martinsburg, WV 25404
304-263-6753

Teays Urgent Care
113 Liberty Square
Shopping Center
Hurricane, WV 25526
304-757-4007

EZ Care
260 Russell Ave. New
Martinsville, WV 26155
304-398-4949

MedExpress Urgent Care
Charleston
5430 Maccorkle Ave. SE
Charleston, WV 251304
304-925-3627

MedExpress Urgent Care
Beckley
1709 Harper Road
Beckley, WV 25801
304-256-8671

Ohio Valley Medical Quick
Care, Inc.
517 36th St. Parkersburg,
WV 26101
304-485-1044

Braxton Health Associates
617 River St.
Gassaway, WV 26624
304-364-8941

Community Care of WV
Inc.
11 N. Locust St.
Buckhannon, WV 26201
304-473-1440

MedExpress Urgent Care
South Charleston
4812 Maccorkle Ave. SW
S. Charleston, WV 25309
304-768-3627

MedExpress Urgent Care
Elm Grove
10 Elm Grove Crossing
Mall Wheeling, WV 26003
304-242-4228

Whitehall Medical
60 Roxbury Road
Fairmont, WV 26554
304-363-6600

MedExpress Urgent Care
Beckley Crossing
520 Beckley Crossing Ctr.
Beckley, WV 25801
304-252-6639

Medpointe of Harrison
County
469 Emily Drive
Clarksburg, WV 26301
304-423-5180

MedExpress Urgent Care
Cross Lanes
5161 Washington St. W.
Cross Lanes, WV 25313
304-755-5323

Primecare 12
702 Stafford Drive
Princeton, WV 24740
304-425-0085

Bridgeport Express Care,
Inc.
2 Chenoweth Drive
Bridgeport, WV 26330
304-842-3330

MedExpress Urgent Care
Morgantown
215 Don Knotts Blvd.
Suite 130
Morgantown, WV 26501
304-291-3627

MedExpress Urgent Care
Princeton
277 Greasy Ridge Road
Princeton, WV 24740
304-425-7615

MedExpress Urgent Care
Bridgeport
120 Medical Park Drive
Suite 100
Bridgeport, WV 26330
304-842-3278

WVU Fast Care Center
1075 Van Voorhis Road
Suite 100
Morgantown, WV 26505
304-599-2273
MedExpress Urgent Care
Lewisburg
1318 Jefferson St. N. Suite
A
Lewisburg, WV 24901
304-645-2164

MedExpress Urgent Care
Bridgeport
1370 Johnson Ave.
Bridgeport, WV 26330
304-842-7186

Elkins Express Care
1513 Harrison Ave.
Suite 18
Elkins, WV 26241
304-637-0180

Direct Care of Elkins
720 Beverly Pike
Elkins, WV 26241
304-636-4585

Health Matters Urgent
Care
14302 Barton Blvd. SW
Cumberland, MD 21502
301-729-3278

MedExpress Urgent Care
Winchester Gateway
207 Gateway Drive
Winchester, VA 22603
540-535-1029

Direct Care of Parsons
307 Main St.
Parsons, WV 26287
304-478-2511

Jefferson Urgent Care
Route 340 N.
84 Somerset Blvd.
Somerset Village
Shopping Center
Charles Town, WV 25414
304-728-8533

MedExpress Urgent Care
Fairmont
630 Fairmont Ave.
Fairmont, WV 26554
304-363-6662

MedExpress Urgent Care
Glen Dale
1585 Wheeling Ave.
Glen Dale, WV 26038
304-843-5381

MedExpress Urgent Care
Teays Valley
563 State Route 34
Hurricane, WV 25526
304-757-5063

MedExpress Urgent Care
Bluefield
4003 College Ave., Suite B
Bluefield, VA 24605
276-322-2085

MedExpress Urgent Care
South Parkersburg
2832 Pike St., Suite 1
Parkersburg, WV 26101
304-489-3815

SE Emergency Physicians
124 Brookshire Lane
Beckley, WV 25801
304-255-9205

Community Care of WV
Inc.
7576 Seneca Trail
Hillsboro, WV 24946
304-924-6262

EMERGENCY ROOMS

Fairmont Regional Medical
Center
1325 Locust Ave.
Fairmont, WV 26554
304-367-7200

Beckley ARH Hospital
306 Stanaford Road
Beckley, WV 25801
304-255-3000

Summers County ARH
Hospital
1500 Terrace St.
Hinton, WV 25951
304-466-1000

Williamson ARH Hospital
260 Hospital Drive S.
Williamson, KY 41503
606-237-1700

Braxton County Memorial
Hospital
1088 Hoylman Drive
Gassaway, WV 26624
304-364-5156

Buchanan General
Hospital
1535 Slate Creek Road
Grundy, VA 24614
276-935-1000

Boone Memorial Hospital
701 Madison Ave.
Madison, WV 25130
304-369-1230

Broadbudd Hospital
One Health care Drive
Philippi, WV 26416
304-457-1760

Grant Memorial Hospital
117 Hospital Drive
Petersburg, WV 26847
304-257-1026

Kings Daughters Medical
Center
2201 Lexington Ave.
Ashland, KY 41101
606-408-4000

Berkley Medical Center
3500 Hospital Drive
Martinsburg, WV 25401
304-264-1000

CAMC Teays Valley
Hospital
1400 Hospital Drive
Hurricane, VA 25526
304-757-1792

Bluefield Hospital
Company LLC
500 Cherry St.
Bluefield, WV 24701
304-327-1100

Clinch Valley Medical
Center
2949 West Front St.
Richlands, VA 24641
276-596-6000

Alleghany Regional
Hospital
One ARH Lane
Low Moor, VA 24457
540-862-6011

Camden Clark Memorial Hospital 800 Garfield Ave. Parkersburg, WV 26101 304-424-2111	Grafton, WV 26354 304-265-0400	Montgomery General Hospital 401 6th Ave. Montgomery, WV 25136 304-442-5151
Summersville Memorial Hospital 400 Fairview Heights Road Summersville, WV 26651 304-872-2891	Garrett Memorial Hospital 251 N. Fourth St. Oakland, MD 21550 301-533-4000	Plateau Medical Center 430 Main St. Oak Hill, WV 25901 304-469-8600
Hampshire Memorial Hospital 549 Center Ave. Romeny, WV 26757 304-822-4561	Logan Regional Medical Center 20 Hospital Drive Logan, WV 25601 304-831-1101	Ohio Valley Medical Center 2000 Eoff St. Wheeling, WV 26003 304-234-0123
St. Joseph's Hospital 1824 Murdoch Ave. Parkersburg, WV 26101 304-434-4111	Greenbrier Valley Medical Center 1302 Maplewood Ave. Ronceverte, WV 24970 304-647-4411	Pleasant Valley Hospital, Inc. 2520 Valley Drive Point Pleasant, WV 25550 304-675-4340
Jackson General Hospital 122 Pinnell St. Ripley, WV 25271 304-372-2731	Minnie Hamilton Health Care Center 186 Hospital Drive Logan WV, 25601 304-354-9344	Pocahontas Memorial Hospital 150 Duncan Road Buckeye, WV 24924 304-799-7400
Davis Memorial Hospital 812 Gorman Ave. Elkins, WV 26241 304-636-3300	Jefferson Medical Center 300 South Preston St. Ranson, WV 25438 304-728-1600	Potomac Valley Hospital of WV, Inc. 100 Pin Oak Lane Keyser, WV 26726 304-597-3500
East Ohio Regional Hospital 90 N. Fourth St. Martins Ferry, OH 43935 740-633-1100	Monongalia County General Hospital 1200 J.D. Anderson Drive Morgantown, WV 26505 304-598-1200	Preston Memorial Hospital 150 Memorial Drive Kingwood, WV 26537 304-329-1400
Grafton City Hospital 1 Hospital Plaza	Monongalia County General Hospital 200 Wedgewood Drive Suite 104 Morgantown, WV 26505 304-285-1460	

Princeton Community
Hospital
122 12th St.
Princeton, WV 24740
304-487-7000

Raleigh General Hospital
1710 Harper Road
Beckley, WV 25801
304-256-4100

Reynolds Memorial
Hospital
800 Wheeling Ave.
Glen Dale, WV 26038
304-845-3211

Roane General Hospital
200 Hospital Drive
Spencer, WV 25276
304-927-4444

Rockingham Medical
Center
2010 Health Campus Drive
Harrison, VA 22801
540-689-1000

Shenandoah Memorial
Hospital
759 South Main St.
Woodstock, VA 22664
540-459-1100

Sistersville General
Hospital
314 South Wells St.
Sistersville, WV 26175
304-652-2399

Southeastern Ohio
Regional Medical Center
1341 Clark St.
Cambridge, OH 43725
740-435-2141

St. Joseph's Hospital
One Amalia Drive
Buckhannon, WV 26201
304-473-2000

YOUR BENEFITS

You can get many services through UniCare's Medicaid managed care program in addition to those that come with regular Medicaid. For most benefits, you will need to go through your PCP. There are some services that do not require a referral from your PCP. This means you do not need approval from your PCP. To get these services, look in your Provider Directory for the list of providers who offer these services. You can schedule the appointment yourself. If you have any questions, UniCare can help. Just call the Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634). The Customer Care Center can explain how to access your services.

COVERED SERVICES

Your covered services must be medically necessary. You must get these services from providers in the UniCare network. If you have to use a provider who is not in our network, you must get an OK from UniCare before seeing them. Your PCP should provide covered services or refer you to another provider to do so. The services included fall under medical, behavioral, dental and vision. Benefit packages differ, depending on whether you are covered under Mountain Health Trust or West Virginia Health Bridge. You can see any differences in the table below. You can get the services listed in the Mountain Health Trust and West Virginia Health Bridge Covered Benefits table by using your UniCare member ID card.

Mountain Health Trust & West Virginia Health Bridge Covered Benefits

Medical

- Primary Care Office Visits and Referrals to Specialists
- Physician Services — Certain services may require prior authorization or have service limits. May be delivered through telehealth.
- Laboratory and X-ray Services — Includes lab services related to substance abuse treatment. Services must be ordered by a physician and certain procedures have service limits. Some services require prior authorization.
- Clinics — Includes general clinics, birthing centers and health department clinics. Vaccinations are included for children.

Specialty

- Podiatry — Includes treatment of acute conditions for children and adults. Includes some surgeries, reduction of fractures and other injuries and orthotics. Routine foot care is not covered.
- Physical Therapy — 20 visits per year for habilitative and rehabilitative services (combined for physical and occupational therapy). Prior authorization is required.
- Occupational Therapy — 20 visits per year for habilitative and rehabilitative services (combined for physical and occupational therapy). Prior authorization is required.
- Speech Therapy — Habilitative and rehabilitative services including hearing aid evaluations, hearing aids and supplies, batteries and repairs (not covered for adults). Some procedures have service limits or require prior approval.
- Handicapped and Children with Special Health Care Needs Services — Provides specialty medical care, diagnosis and treatment for disabled children and those who may be at risk of developing disabling conditions. The CSHCN program provides case management and access to specialty services through a system of outreach specialty clinics (for children only). If your child needs medical foods that are less than 100% of their nutrition, these foods are covered by CSHCN.
- Chiropractor Services — Includes radiological exams and corrections to partial dislocations (subluxation). Certain procedures have service limits or require prior approval.

Emergency

- Post-stabilization Services — Includes care after an emergency health condition is under control. Care provided in a hospital or other setting.
- Emergency Transportation — Includes ambulance and air ambulance. To call for Emergency Transportation, dial 911.

Preventive Care and Disease Management

- EPSDT — Includes health care services for any medical or psychological condition discovered during screening (for children only).

- Tobacco Cessation — Includes therapy and counseling and Quitline services. Guidance and risk-reduction counseling covered for children.
- Sexually Transmitted Disease Services — Includes screening for a sexually transmitted disease from your PCP or a specialist.

Maternity

- Right From The Start — Includes prenatal care and care coordination. No prior authorization required.
- Family Planning — Includes all family planning providers and services. Sterilizations, hysterectomies, pregnancy terminations and infertility treatments are not considered family planning. No referral needed for out-of-network providers.
- Maternity Care — Includes prenatal, inpatient hospital stays during delivery and post-partum care. Home birth is not covered.

Other

- Federally Qualified Health Centers — Includes physician, physician assistant, nurse practitioner, and nurse midwife services.
- Prosthetics — Customized special equipment is considered. Certain procedures have services limits or require prior authorization.
- Durable Medical Equipment — Customized special equipment is considered. Certain procedures have services limits or require prior authorization.
- Ambulatory Surgical Care — Includes services and equipment for surgical procedures. Physician services; lab and X-ray; prosthetic devices; ambulance; leg, arm, back, and neck braces; artificial limbs; and durable medical equipment not covered. Certain procedures have service limits or require prior authorization.
- Organ and Tissue Transplants — Corneal transplants only.
- Medicines given by your provider, in an office, outpatient hospital or infusion center are covered by UniCare.

Nursing

- Nurse Practitioner Services — Some procedures have service limits.
- Private Duty Nursing — Includes medically necessary nursing care (not covered for adults). Prior approval is required.

Rehabilitation

- Pulmonary Rehabilitation — Includes procedures to increase strength of respiratory muscle and functions.
- Cardiac Rehabilitation — Includes supervised exercise sessions with electrocardiograph monitoring.
- Inpatient Rehabilitation — Includes inpatient rehabilitation services and general medical services that meet the certification requirements. Not covered for adults under Mountain Health Trust. Prior authorization is required.

Hospital

- **Inpatient** — Includes all inpatient services (including bariatric surgery(s)). Adults in institutions for mental diseases and some behavioral health inpatient stays are not included. Prior authorization is required for all planned inpatient admissions. We must be told within 24 hours for an emergency admission.
- **Outpatient** — Includes preventive, diagnostic, therapeutic, all emergency services and rehabilitative medical services. Certain procedures have service limits or require prior authorization.

Home Health Care — Includes services given at member's residence. This does not include a hospital nursing facility, ICF/MR or state institutions. Services have limits and prior authorization is required.

Hospice — If you are terminally ill, you or your PCP can ask for hospice services. Includes nursing care, physician services, medical social services, short-term care, durable medical equipment, drugs, biologicals, home health aide and homemaker, counseling and bereavement services and medications. Requires physician certification. For adults, rights are waived to other Medicaid services related to the terminal illness. If you choose hospice, you can change your mind. We must be notified that you are receiving these services.

Dental — Includes medically necessary emergency, non-emergency, and orthodontic services for children. Includes treatment of fractures, biopsy, tumors, and emergency extractions for adults. TMJ is not covered for adults.

For West Virginia Mountain Health Trust children:

Dental services are covered for children younger than age 21 when provided by a dentist, orthodontist or oral surgeon.

For West Virginia Health Bridge children:

Dental services are covered for children ages 19 and 20 when provided by a dentist, orthodontist or oral surgeon.

Behavioral Health

- **Behavioral Health Rehabilitation/ Psychiatric Residential Treatment Facility** — Includes services for children with mental illness and substance abuse. Limits frequency and amount of services. Prior authorization is required.
- **Inpatient** — includes behavioral health and substance abuse hospital stays
- **Inpatient Psychiatric** — Includes treatment through an individual plan of care. Pre-admission and continued authorization is required. Certification required. Not covered under West Virginia Health Bridge.
- **Outpatient** — Includes services for individuals with mental illness and substance abuse. Limits frequency and amount of services. Providers must be ACT certified. Children's residential treatment is not covered. Prior authorization is required.
- **Psychological Services** — May be delivered using telehealth. Some evaluation and testing procedures have frequency restrictions. Prior authorization is required.

Vision — Includes eye exams, lenses, frames and repairs for children. Includes medical treatment, annual dilated retinal exam for diabetic members, one pair of glasses after cataract surgery and certain contact lenses for adults. Does not cover prescription sunglasses or designer frames. These services are covered by VSP.

Substance Use Disorder Services—SUD services are behavioral health treatment services provided to members with a known or suspected substance use disorder when medically necessary. Benefits include targeted case management, mental health assessment, inpatient and/or outpatient services, residential adult services, Naloxone administration services, non-methadone medication assisted treatment and recovery support services. Some services require prior authorization. Group Recovery Support Services are not a covered service.

Be sure to use your regular Medicaid card for services that are not covered by UniCare.

Benefits Under Fee for Service Medicaid

Abortion — Includes drugs, devices, and procedures for termination of pregnancy. Abortion covered services are limited to specific conditions. Visit BMS website for details on coverage at <https://dhhr.wv.gov/bms/Pages/default.aspx>

Early Intervention Services for Children Three and Under

Nursing Facility Services — Includes nursing, social services and therapy

Personal Care Services — Includes personal hygiene, dressing, feeding, nutrition, environmental support, and health-related functions. Room and board services require physician certification. May not exceed 60 hours per month without prior authorization. Not covered for West Virginia Health Bridge members.

Personal Care for Aged/Disabled — Includes assistance with daily living in a community living arrangement, grooming, hygiene, nutrition, physical assistance, and environmental for individuals in the Age/ Disabled Waiver. Limited on per unit per month basis. Requires physician order and nursing plan of care.

ICF/MR Intermediate Care Facility — Includes physician and nursing services, dental, vision, hearing, lab, dietary, recreational, social services, psychological, habilitation and active treatment for the mentally retarded. Requires physician or psychiatrist certification.

Prescription Drugs — Includes dispensed on an ambulatory basis by a pharmacy, family planning supplies, diabetic supplies, vitamins for children, and prenatal vitamins. Weight gain, cosmetic, hair growth, fertility, less than effective and experimental drugs are not covered. Drugs dispensed by a physician at no cost are not covered.

Organ Transplant Services — Generally safe, effective, medically necessary transplants covered when no alternative is available. Cannot be used for investigational/ research nature or for end-stage diseases. Must be used to manage disease.

School-based Services — Service limitations are listed in the fee-for-service Medicaid provider manual.

Transportation — Non-emergency medical transportation. Includes multi-passenger van services and common carriers (buses, cabs and private vehicle transportation). Prior authorization is required by county DHHR staff. To get transportation, call: 1-844-549-8353.

We want to help you get and stay healthy. In addition to your benefits, UniCare offers value-added services. When eligible members complete the healthy behaviors in the table below, they will receive a reward. We offer these services to encourage health education and to promote health. Copayments may not be charged, and members do not have the right to an appeal or a state fair hearing for value-added services.

Value-Added Services and Rewards

Healthy Rewards

You can earn \$25, \$50, or \$75 for getting certain health services. Each time you complete one of the healthy activities below, you'll get dollars added to your Healthy Rewards card. You can spend your Healthy Rewards dollars at certain stores on approved over-the-counter items to help you stay healthy.

For women

- Well-woman care, including information about healthy behaviors and the need for regular exams, mammograms and cervical cancer screenings
- Family planning can help teach you:
 - How to be as healthy as you can before you get pregnant.
 - How to prevent pregnancy.
 - How to prevent sexually transmitted infections like HIV/AIDS.
- Pregnancy and childbirth classes give you knowledge to help you have a healthy pregnancy.
- Our maternity program Taking Care of Baby and Me® provides educational materials to help you have a healthy pregnancy. You'll also have access to a nurse case manager or care coordinator to help you with your pregnancy if it's high risk, and to answer your questions. The nurse will work closely with you and your provider to make sure you're getting the services and resources you need for a healthy pregnancy. Plus, you get rewards just for going to prenatal visits and your postpartum visit on time. Your baby also may qualify for rewards for completing well-child checkups.

For you and your child

- Portable crib or car seat when mom completes six prenatal visits and completes form. Request by contacting the Customer Care Center
- Well-child care programs to help you keep your child healthy — Learn about healthy behaviors for your child, the need for regular provider's visits and when to get shots (immunizations).
- Dental hygiene kit with items like toothpaste, toothbrushes and dental floss for children ages 6-10
- Electric toothbrush for adults age 21 and older
- Boys & Girls Club membership for members ages 6-18 at participating clubs (not summer camps)
- Free sports physical for qualifying members
- Free mouth guard for children playing contact sports
- Free personal duffel bag with luggage tag
- Parenting tips to learn how to care for your child
- Free magazines — ***EatingWell*** and ***Parents***, compliments of UniCare
- Rewards for going to checkups on time

For weight loss and fitness

We've teamed up with Weight Watchers® and Anytime Fitness® and participating YMCAs to help members who are ready to lose weight and/or get fit. To be eligible for Weight Watchers, you must be one of the following:

- Age 18 or older with a body mass index (BMI) greater than 25
- Ages 13 to 17 and have a:
 - BMI in the 85th percentile or above for age and gender
 - Parent or guardian's consent to take part in Weight Watchers
 - Provider's referral

If you want to sign up and attend Weight Watchers at no cost to you, please call 1-888-611-9958 toll free. This offer is for new Weight Watchers members only.

Members age 18 or older are eligible for gym vouchers at participating fitness centers. Please call our Customer Care Center toll free at 1-800-782-0095 (TTY 1-866-368-1634) for more information.

Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

For members with diabetes

- One-on-one education with a diabetes nurse
- Scholarships to Camp Kno Koma for children ages 7-15
- Rewards for going to checkups on time
- Free subscription to ***EatingWell***, compliments of UniCare
- Free Glucometers

For members with asthma

- Members get up to \$100 for hypoallergenic bedding like pillow cases and mattress covers
- One-on-one education with asthma nurse to develop an action plan
- Scholarships to Camp Catch Your Breath for children ages 8-13 (MHT Only)

For peace of mind

Our 24-hour nurse help line lets you talk in private with a nurse about your health. You can reach a nurse 24 hours a day, seven days a week at **1-888-850-1108 (TTY 1-800-368-4424)**. You also can call and listen to audiotapes on over 300 health topics such as:

- Preventive health care
- High blood pressure
- Diabetes
- Sexually transmitted infections like HIV/AIDS
- Alcohol and drug problems
- How to be tobacco-free
- Pregnancy

Community Resource Link

The UniCare Community Resource Link helps to find resources in your community by ZIP code. Get help finding food, jobs, housing and other things you may need.

For tobacco cessation

West Virginia's Tobacco Quit Line is a free, phone-based counseling service. If you're interested in this program, please call 1-877-966-8784, Monday through Friday, 8 a.m. to 8 p.m., and Saturday and Sunday 8 a.m. to 5 p.m. Services include:

- Individual coaching.
- Resources for providers who want to improve patient outcomes.
- Support for family and friends who want to help loved ones stop smoking.

For members with congestive heart failure

Members with congestive heart failure get a digital bathroom scale.

A free cellphone

You may be eligible for a free smartphone with monthly minutes, texts and data. You can also get unlimited calls to our Customer Care Center. Call us for details at **1-800-782-0095 (TTY 1-866-368-1634)**.

Disease Management

A Disease Management (DM) program can help you get more out of life. As part of your UniCare benefits, we're here to help you learn more about your health, keeping you and your needs in mind at every step.

Our team includes registered nurses called DM case managers. They'll help you learn how to better manage your condition, or health issue. You can choose to join a DM program at no cost to you.

What programs do we offer?

You can join a Disease Management program to get health care and support services if you have any of these conditions:

- Diabetes
- HIV/AIDS
- Behavioral health conditions
 - Bipolar Disorder
 - Major Depressive Disorder – Adult
 - Major Depressive Disorder – Child and Adolescent
 - Substance Use Disorder
 - Schizophrenia
- Heart conditions
 - Coronary Artery Disease (CAD)
 - Congestive Heart Failure (CHF)
 - Hypertension (High Blood Pressure)
- Lung conditions
 - Asthma
 - Chronic Obstructive Pulmonary Disease (COPD)

How it works

When you join one of our DM programs, a DM case manager will:

- Help you create health goals and make a plan to reach them
- Coach you and support you through one-on-one phone calls
- Track your progress
- Give you information about local support and caregivers
- Answer questions about your condition and/or treatment plan (ways to help health issues)
- Send you materials to learn about your condition and overall health and wellness
- Coordinate your care with your health care providers, like helping you with:
 - Making appointments
 - Getting to health care provider visits
 - Referring you to specialists in our health plan, if needed
 - Getting any medical equipment you may need
- Offer educational materials and tools for weight management and tobacco cessation (how to stop using tobacco like quitting smoking)

Our DM team and your primary care provider (PCP) are here to help you with your health care needs.

How to join

We'll send you a letter welcoming you to a DM program, if you qualify. Or, call us toll free at 1-888-830-4300 (TTY 711), Monday through Friday from 8:30 a.m. to 5:30 p.m. Eastern time.

When you call, we'll:

- Set you up with a DM case manager to get started
- Ask you some questions about your health
- Start working together to create your plan

You can also email us at dmself-referral@unicare.com.

Please be aware emails sent over the internet are usually safe, but there is some risk third parties may access (or get) these emails without you knowing. By sending your information in an email, you acknowledge (or know, understand) third parties may access these emails without you knowing.

You can choose to opt-out (we'll take you out of the program) of the program at any time. Please call us toll free at 1-888-830-4300 (TTY 711) from 8:30 a.m. to 5:30 p.m. Eastern time, Monday through Friday to opt-out. You may also call this number to leave a private message for your DM case manager 24 hours a day.

MORE INFORMATION ABOUT YOUR COVERAGE

Please read below for more details about your coverage. If you have any questions, please call the Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634).

WELL-CHILD VISITS

Well-child visits, also known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, are important to make sure children are healthy and stay healthy. The EPSDT benefit covers all medically necessary and preventive health care services for members up to age 21. Both sick and well care services are provided by your PCP at no cost.

Some screenings that children can get include:

- Physical exams
- Laboratory tests
- Vision testing
- Immunizations
- Hearing test
- Dental screenings
- Behavioral health screenings
- Health education
- Health and development history

Checkups and screenings are needed to detect health problems. Your PCP can diagnose and treat any health issues early, before they become more serious. Call your PCP or the Customer

Care Center to schedule a well-child visit. Transportation and scheduling help is also available upon request at no cost through the BMS NEMT program.

UniCare will also cover health care, treatment and services to correct or improve any medical condition found during an EPSDT screening.

DENTAL SERVICES

Dental care is important to your overall health. UniCare uses a dental benefit manager, SKYGEN USA, to provide dental services to members. All dental services are provided by a licensed dentist or dental specialist in an office, clinic, hospital or other setting.

Members under 21 years of age should visit their dentist for a checkup once every six months. Checkups begin at six months after an infant's first tooth erupts or by 12 months of age. Children and adolescents can get orthodontic services for the entire length of treatment and other services to fix dental problems. Members up to 21 can also access the Fluoride Varnish Program, offered by providers certified from the WVU School of Dentistry. For more information about the fluoride varnish application, ask your provider. Children are covered for non-emergency and emergency dental services.

For adults 21 years and older, only emergency dental services are covered. These services may be provided by a dentist, or oral surgeon. Some examples of a dental emergency include:

- Severe pain
- Hemorrhage
- Traumatic injury to the teeth and surrounding tissue
- Unusual swelling of the face or gums

We cover:

- Diagnostic services
- Preventive treatment
- Restorative treatment
- Endodontic treatment
- Periodontal treatment
- Surgical procedures and/or extractions
- Orthodontic treatment (Orthodontic services will be covered for the entire time of treatment even if the child is no longer eligible.)
- Complete and partial dentures, including partial denture relines and repairs
- Oral and maxillofacial surgery services
- Adjunctive general services such as injectable medications

We don't cover:

- Experimental or investigational services
- Cosmetic procedures
- Dental services for the member's convenience or the convenience of the member's caretaker

Fluoride varnish

Fluoride varnish is a covered benefit for children ages 6 months to 3 years who may be at high risk of developing cavities. The fluoride varnish is given during the member's dental visit. The maximum number is two applications over one year.

Your dentist will need to get approval from SKYGEN USA for some services. This means both SKYGEN USA and your dentist need to agree the services are medically needed. Getting an OK will take no longer than seven calendar days or two business days if requested electronically for non-urgent requests. If urgent, getting an OK will take no more than two business days OR three calendar days—whichever is shortest. Your dentist can tell you more about this. We may ask your dentist why you need this care. We may not approve the service you or your dentist asks for. We will send you and your dentist a letter that tells you why we won't cover the service. The letter will also tell you how to appeal our decision.

Orthodontia services

Orthodontia services, covered for children up to age 21, must be medically necessary. They also need preapproval before the service is provided. Approved services will be paid for as long as treatment lasts. Medical necessity means at least one of the following needs is met:

- Overjet in excess of 7mm
- Severe malocclusion associated with dento-facial deformity
- True anterior open bite
- Full cusp classification from normal (Class II or Class III)
- Palatal impingement of lower incisors into the palatal tissue causing tissue trauma
- Cleft palate, congenital or developmental disorder
- Anterior crossbite (two or more teeth, in cases where gingival stripping from the crossbite is demonstrated and not correctable by limited orthodontic treatment)
- Unilateral posterior crossbite with deviation or bilateral crossbite involving multiple teeth including at least one molar
- True posterior open bite (not involving partially erupted teeth or one or two teeth slightly out of occlusion and not correctable by habit therapy)
- Impacted teeth (excluding third molars) permanent anterior teeth only

If you have questions about your dental services, please call SKYGEN USA Dental at 1-877-408-0917 (TTY 1-800-508-6975).

BEHAVIORAL HEALTH SERVICES

UniCare provides inpatient and outpatient services to members. These benefits include mental health services, substance abuse (alcohol and drugs) services, case management, rehabilitation and clinic services and psychiatric residential treatment services.

You do not need a referral for behavioral health services. Some services may require a prior authorization or have limitations. Your PCP or the Customer Care Center can help you get these

services from behavioral health providers. You can call UniCare's Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634).

If there is a mental health or substance abuse emergency, please call 911 right away.

CLINIC HEALTH SERVICES

Copays may apply.

We cover these services from clinics (that are not part of a hospital):

- Health clinics
- Birthing centers
- Lab and radiology centers
- Health department clinics
- Rural health clinics
- Federally qualified health centers (FQHCs)

We cover:

- Provider services
- Nurse practitioner and physician assistant services
- Vaccines (shots) for children
- Supplies
- Visiting nurse care in certain shortage areas

COURT ORDERED SERVICES

Medically necessary court ordered treatment services are covered by UniCare. Court ordered services are subject to BMS review and determination.

DISEASE MANAGEMENT

When you join a Disease Management program, you have certain rights and responsibilities.

You have the right to:

- Get details about us, such as:
 - Programs and services we offer
 - Our staff and their qualifications (skills or education)
 - Any contractual relationships (deals we have with other companies)
- Opt-out of DM services
- Know which DM case manager is handling your DM services and how to ask for a change
- Get support from us to make health care choices with your health care providers
- Ask about all DM-related treatment options (choices of ways to get better) mentioned in clinical guidelines (even if a treatment is not part of your health plan), and talk about options with treating health care providers
- Have personal data and medical information kept private

- Know who has access to your information and how we make sure your information stays secure, private and confidential
- Receive polite, respectful treatment from our staff
- Get information that is clear and easy to understand
- File complaints to UniCare by calling 1-888-830-4300 (TTY 711) toll free from 8:30 a.m. to 5:30 p.m. Eastern time, Monday through Friday and:
 - Get help on how to use the complaint process
 - Know how much time UniCare has to respond to and resolve issues of quality and complaints
 - Give us feedback about the Disease Management program

You also have a responsibility to:

- Follow the care plan that you and your DM case manager agree on
- Give us information needed to carry out our services
- Tell us and your health care providers if you choose to opt-out (leave the program)

Disease Management does not market products or services from outside companies to our members. DM does not own or profit from outside companies on the goods and services we offer.

DURABLE MEDICAL EQUIPMENT, SUPPLIES AND PROSTHETIC DEVICES

All custom-made durable medical equipment (DME) requires preapproval. Other DME may also need preapproval.

DME, supplies and prosthetic devices given by a provider are covered when medically necessary. You may need an OK from us ahead of time before you can get some of these items.

We don't cover:

- Equipment and supplies only used for exercise
- Equipment and supplies only used for making a room or home more comfortable, such as:
 - Air conditioners
 - Air filters
 - Air purifiers
 - Spas
 - Swimming pools
 - Elevators
- Hygiene and beauty supplies
- Experimental or research equipment
- More than one piece of equipment that does the same thing

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

Children should go to the provider for checkups even if they are not sick. They should have an EPSDT checkup at birth and at

- 3 to 5 days old
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- Every year from ages 4 to 21

We cover:

- Hearing
- Vision
- Dental exams
- Nutritional needs
- Health care, treatment and other actions to correct or improve any medical condition found during an EPSDT screening
- Routine shots and immunizations
- Lab tests, like:
 - Urinalysis
 - Hemoglobin/hematocrit
 - Tuberculin test (for high-risk groups)
 - Blood lead testing

Ask your child's PCP when you should bring your child back for the next EPSDT checkup.

FAMILY PLANNING

We cover these types of care to help you if you plan to have a family, want to know how to avoid getting pregnant or want to know how to protect yourself against sexually transmitted infections (STIs):

- Family planning, education and counseling
- Medical visits for birth control
- Annual cervical cancer screenings
- Pregnancy tests
- Lab tests
- Tests for sexually transmitted infections (STIs)
- Screening, testing, counseling, and referral for treatment for members at risk for human immunodeficiency virus (HIV)
- Sterilization (see exceptions below)

We don't cover:

- Sterilization for members younger than age 21.

- Sterilization for members who live in inpatient facilities.
- Treatment for members who cannot get pregnant.
- Outpatient pharmacy prescriptions.

Hysterectomy and abortion aren't considered family planning services.

You don't need to get an OK from your PCP for family planning care. Members may use any licensed family planning clinic or provider. The provider doesn't have to be part of our plan. If you choose to see a family planning provider who is not part of our plan, let your PCP know the important medical information from these appointments so you can get the best health care. Your family planning provider and your PCP will work together to make sure you get the right care.

Family planning records are kept private. PCPs and other types of health care providers should keep all family planning records private, even if the patient is a minor, unless the law says it is OK. Your provider is allowed to share your medical information with other providers who take care of you, public health officials or government agencies. UniCare is not responsible for the privacy of medical records held by providers who aren't part of our plan.

HOME HEALTH SERVICES

These are visits to your home to give you care for certain illnesses or injuries only. You must get our OK for these types of visits. Service limits apply.

We cover:

- Services from a licensed home health agency or visiting nurse group
- Physical, occupational and speech therapy
- Medical supplies
- Care from a health aide who works under a registered nurse (RN) or a therapist
- Breathing treatments

These types of buildings do not qualify as a home:

- Hospital nursing facility
- Intermediate care facility for the mentally retarded (ICF/MR)
- State institution

HOSPITAL SERVICES

Your PCP can send you to any hospital in the UniCare plan. See the Provider Directory for a list of the hospitals that work with us. Go to the nearest hospital during an emergency.

Hospital services — Inpatient

Copays may apply.

These services include an overnight stay in a hospital. You need to get an OK from us ahead of time each time you stay overnight in a hospital. You don't need an OK for an emergency or for the birth of a baby.

We cover:

- A hospital room with two or more beds
- Care in special units
- Operating rooms
- Delivery rooms
- Special treatment rooms
- Supplies
- Medical testing
- X-rays
- Drugs the hospital staff give you during your stay
- Giving you someone else's blood
- Radiation therapy
- Chemotherapy
- Dialysis treatment
- Meals and special diets
- General nursing care
- Special duty nursing for medical reasons
- Anesthesia
- Respiratory therapy
- Bariatric surgery
- Diagnostic care
- Therapeutic care
- Rehabilitation care
- Psychiatric and substance abuse treatment
- Overnight hospital stay for dental work because of other medical problems or because serious dental work is needed
- Setting up discharge planning, including continuing care, if needed
- Surgery to remove a breast or dissect a lymph node
- All problems from a breast removal surgery (including lymphedema)
- Surgery to reconstruct — includes prosthetics or surgery to make your breasts look the same after a breast is removed

Hospital services — Outpatient

Copays may apply. Outpatient hospital care must be given by:

- Hospitals
- Rural health clinics

We cover:

- Emergency room use
- Emergency dental services
- Giving you someone else's blood
- Drugs given in the emergency room
- Hospital services that can be reasonably done so the patient doesn't have to be admitted to the hospital:
 - Supplies
 - Medical testing
 - X-rays
 - Lab services
 - ER and observation stays
- Physical, occupational and speech therapy
- Radiation therapy
- Chemotherapy
- Dialysis
- Services for dental work when a hospital outpatient facility must be used because of other medical problems or when serious dental work is needed
- Surgical services. Some surgical services need an OK ahead of time from us
- Behavioral health services. Some services need an OK from us

LAB AND X-RAY SERVICES (NOT RECEIVED IN A HOSPITAL)

CT, MRI, MRA, PET and special X-rays must have an OK from us first. This includes lab and ultrasound services in a place other than a hospital outpatient unit.

We cover:

- Lab and X-ray services ordered and done by (or under the care of) a provider.
- X-rays of the breast (mammogram).

PHYSICAL OR OCCUPATIONAL THERAPY, SPEECH PATHOLOGY AND AUDIOLOGY

These types of care are ordered by a provider and are a part of that provider's written plan of care. Covered care includes treatment or other services given by speech, physical or occupational therapists or audiologists. This treatment is given to correct or improve conditions.

Limits:

- Mountain Health Trust members need an OK from us after 10 visits.
- West Virginia Health Bridge members need an OK from us after 30 visits.
- Only members younger than age 21 may get hearing aid evaluations, hearing aids and supplies, batteries and repairs.

- Hearing aids are limited to members younger than age 21 and need an OK from us ahead of time.

Provider services

Copays may apply. These types of care may be given to a member in a hospital, clinic or provider's office.

We cover:

- Visits to your PCP or other providers
- Routine physicals
- Fluoride varnish treatments for children between 6 months and 3 years of age
- Colorectal cancer screenings and lab tests for members age 50 and older who have no symptoms
- Colorectal cancer screenings and lab tests for members younger than age 50 who have symptoms
- Kidney disease screenings including:
 - Blood pressure monitoring
 - Lab tests for:
 - Urine albumin
 - Urine protein
 - Serum creatinine

Limits:

- Certain procedures may need an OK ahead of time.
- We don't cover routine physical exams for a job, camp or sports program.

PODIATRY SERVICES (FOOT CARE)

We cover:

- Treatment for health problems such as infections, inflammations, ulcers and bursitis.
- Surgery for bunions or ingrown toenails.
- Care and treatment of fractures, dislocations and sprains.
- Orthotic shoe inserts.

Limits:

- Treatment of children is limited to acute conditions.
- We don't cover routine treatment for flat feet, nail trimming and dislocated feet.

PREGNANCY AND MATERNITY CARE

We cover:

- Provider visits and professional services for pregnancy, problems with a pregnancy and after-delivery care when medically necessary.

- Services given by a licensed nurse-midwife (a pregnant member can choose a nurse-midwife as her PCP).
- Prenatal education classes.
- A nurse case manager or care coordinator to work with you throughout your pregnancy if it's high risk.
- Tests that are needed, like an ultrasound.
- HIV testing, treatment and counseling.
- Vaginal childbirth and cesarean sections (C-sections).
- Newborn exams.
- A follow-up visit for the mother and the baby within two days of an early discharge when ordered by the treating provider:
-An early discharge is a hospital stay of less than 48 hours for vaginal childbirth and less than 96 hours for a C-section
- A visit to your provider between 7-84 days after your delivery to make sure you are healing well

When you become pregnant

If you think you are pregnant:

- Call your PCP or OB/GYN doctor right away. You do not need a referral from your PCP to see an OB/GYN doctor.
- Call the Customer Care Center if you need help finding an OB/GYN in the UniCare network

When you find out you are pregnant, you must also call the Customer Care Center. We will send you an educational book, called the **Pregnancy and Beyond Resource Guide**. The book includes:

- Self-care information about your pregnancy
- A section of the book for writing down things that happen during your pregnancy
- Details on My Advocate® that tells you about the program and how to enroll and get health information to your phone by automated voice, text message or smartphone app
- A Labor, Delivery and Beyond section with information on what to expect during your third trimester
- Healthy Rewards program information on how to redeem your rewards for prenatal, postpartum and well-baby care
- A section of the book on having a healthy baby, postpartum depression, and caring for you newborn, with helpful resources
- Information about Making a Family Life Plan and long acting reversible contraception (LARC) with information on long acting reversible birth control

While you are pregnant, you need to take good care of your health. You may be able to get healthy food from Women, Infants and Children program (WIC). The Customer Care Center can give you the phone number for the WIC program close to you.

When you are pregnant, you must go to your PCP or OB/GYN at least:

- Every four weeks for the first six months
- Every two weeks for the seventh and eight months
- Every week during the last month

Your PCP or OB/GYN may want you to visit more than this based on your health needs. You'll also have the opportunity to work with a nurse to help you with your pregnancy. Ask your provider or call us to learn more about childbirth classes.

When you have a new baby

When you deliver your baby, you and your baby may stay in the hospital at least:

- 48 hours after a vaginal delivery
- 72 hours after a Cesarean section (C-section)

You may stay in the hospital less time if your PCP or OB/GYN and the baby's provider see that you and your baby are doing well. If you and your baby leave the hospital early, your PCP or OB/GYN may ask you to have an office or in-home nurse visit within 48 hours.

After you have your baby

- Call the Customer Care Center as soon as you can to let your care manager know you had your baby. We will need details about your baby.
- Call the Enrollment Broker at 1-800-449-8466 to apply for Medicaid for your baby

If you were enrolled in My Advocate® and received educational calls during your pregnancy, you will now get calls on postpartum and well child education up to 12 weeks after your delivery.

It's important to set up a visit with your PCP or OB/GYN after you have your baby for a postpartum checkup. You may feel well and think you are healing, but it takes the body at least six weeks to mend after delivery.

- It's important to have a follow-up visit with your OB provider after you deliver. It would be best to see them within 1-3 weeks, but no later than 12 weeks after delivery. Your health is important to the whole family.
- Your doctor may want to see you sooner than three weeks if you had certain issues before or during delivery, such as high blood pressure or if you had a cesarean section (C-section).

Your prescription pharmacy benefits are covered under fee-for-service (traditional) Medicaid and managed by DXC Technologies, Inc. We'll still cover:

- Medicine you get as part of a hospital stay
- Injectable medicine you get at the doctor's office

Call the DXC Technologies, Inc. Help Desk at 1-888-483-0797 if you have questions about your prescription pharmacy benefits.

Taking Care of Baby and Me® is the UniCare program for all pregnant members. It is very important to see your primary care provider (PCP) or obstetrician or gynecologist (OB/GYN) for care when you are pregnant. This kind of care is called prenatal care. It can help you to have a healthy baby. Prenatal care is always important. With our program, members receive health information and rewards for getting prenatal and postpartum care.

Our program also helps pregnant members with complicated health care needs. Nurse care managers work closely with these members to provide:

- Education
- Emotional support
- Help in following their doctor's care plan
- Information on services and resources in your community, such as transportation, WIC, home-visitor programs, breastfeeding and counseling

Our nurses also work with doctors and help with other services members may need. The goal is to promote better health for members and delivery of healthy babies.

Quality care for you and your baby

At UniCare, we want to give you the very best care during your pregnancy. That's why you will also be part of My Advocate®, which is part of our Taking Care of Baby and Me® program. My Advocate® gives you the information and support you need to stay healthy during your pregnancy.

Get to know My Advocate®

My Advocate® delivers maternal health education by phone, text messaging and smartphone app that is helpful and fun. You will get to know Mary Beth, My Advocate's automated personality. Mary Beth will respond to your changing needs as your baby grows and develops. You can count on:

- Education you can use
- Communication with your care manager based on My Advocate® messaging should questions or issues arise
- An easy communication schedule
- No cost to you

With My Advocate®, your information is kept secure and private. Each time Mary Beth calls, she'll ask you for your year of birth. Please don't hesitate to tell her. She needs the information to be sure she's talking to the right person.

Helping you and your baby stay healthy

My Advocate® calls give you answers to your questions, plus medical support if you need it. There will be one important health screening call followed by ongoing educational outreach. All you need to do is listen, learn and answer a question or two over the phone. If you tell us you have a problem, you'll get a call back from a care manager. My Advocate® topics include:

- Pregnancy and postpartum care

- Well-child care
- Dental care
- Immunizations
- Healthy living tips

PRIVATE DUTY NURSING

This is for members younger than age 21 who need more one-on-one, continuous care than they can get from a visiting nurse or at hospitals and skilled nursing facilities. We cover 24-hour nursing care if medically necessary. Private-duty nursing is meant as a short-term transition until the caregiver takes over the member's care.

Limits:

- These types of care need an OK from us ahead of time.
- These types of care are for children younger than age 21 only.

SUBSTANCE USE DISORDER (SUD) SERVICES

You do not need a referral for Substance Use Disorder (SUD) services. Some services may require a prior authorization. Your PCP or the Customer Care Center can help you get these services from behavioral health providers. You can call UniCare's Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634).

Benefits you can receive include:

- Targeted case management
- Mental health assessment.
- Screening, brief intervention and referral to treatment
- Behavior management
- Inpatient and outpatient services
- Partial hospitalization services
- Residential adult services
- Withdrawal management
- Naloxone administration services administered by Emergency Medical Services
- Non-methadone medication assisted treatment (MAT)
- Individual, family and peer recovery support services

SERVICES NOT COVERED

Some services are not available through UniCare or Medicaid. If you choose to get these services, you may have to pay the entire cost of the service. UniCare is not responsible for paying for these services and others:

- All non-medically necessary services

- Care from a provider not in our plan when you didn't get the needed OK from us before you got the service
- Sterilization of a mentally incompetent or institutionalized individual
- Except in an emergency, inpatient hospital tests that are not ordered by the attending physician or other licensed practitioner, acting within the scope of practices, who is responsible for the diagnosis or treatment of a particular patient's condition
- Organ transplants, except in some instances
- Treatment for infertility and the reversal of sterilization
- Sex transformation procedures and hormone therapy for sex transformation procedures
- All cosmetic services, except in the case of accidents or birth defects
- Care given outside of the U.S.
- Medical equipment, prescriptions, services and supplies that are:
 - Used only for your comfort or hygiene
 - Used for exercise
 - Personal or comfort items
 - Used for the same function as another service we have already paid for
 - Changes to your house or car, including ramps, stair glides, vehicle lifts for wheelchairs, vehicle safety devices (such as EZ Vests, transit systems or car seats)
 - Equipment that needs replacement due to neglect or misuse
- Service animals
- Emergency room visits for routine care
- Payment for care you got for health problems that were work-related if they can be paid for by workers' compensation insurance, your employer or by a disease law that has to do with your job
- Acupuncture
- Experimental or investigational services
- Christian science nurses and sanitariums

This is not a complete list of the services that are not covered by UniCare or Medicaid. If a service is not covered, not authorized or is provided by an out-of-network provider, you may have to pay. If you have a question about whether a service is covered, please call the Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634). A full list of benefits can be found online. Go to www.dhhr.wv.gov/bms and select Members.

GETTING YOUR BENEFITS

REFERRALS AND SPECIALTY CARE

Referrals are not needed when you go to see your PCP. For women, referrals are not needed for appointments with your OB/GYN. If you need health care that your PCP cannot give, your PCP must refer you to another provider who can. Usually, you will be referred to a specialist in our network. When your PCP refers you to an in network provider, the care you get from a specialist will be covered. To see our list of specialists, please call us at 1-800-782-0095

(TTY 1-866-368-1634) or visit www.unicare.com/medicaid. The Customer Care Center can also help you if you believe you are not getting the care you need.

Some types of care do not need an OK from your PCP:

- Family planning
- OB/GYN care from UniCare providers
- Emergency care
- Vision care
- Behavioral health services

UTILIZATION MANAGEMENT

Your PCP and other providers work with you to decide what care is best. We always want you to have the care you need. For some health care services, your provider may have to ask us for our OK. This is so that we will pay for the services. This process is called Utilization Management, or UM for short.

You should know:

- We make payment rulings based on the care and services you need and the benefits you have.
- We base our rulings on whether or not the care is right for your health issues and is medically necessary. See *Definitions* to learn more about whether or not a service is medically necessary.
- We don't reward providers or other UM decision-makers for denying requests.
- We don't offer money as a reward to UM decision-makers to push them to approve less care.

If you have questions about how medical decisions are made or would like a copy of our Utilization Management procedures, call our Utilization Management office at 1-866-655-7423. The office is open Monday through Friday, 8 a.m. to 5 p.m.

PRIOR AUTHORIZATIONS

Sometimes you may need certain services or treatments that require approval. Before you get this type of care, your provider must ask the Utilization Management Department. If the care is a covered benefit and is medically necessary for you, then it will be covered. If we do not approve a prior authorization request, you can appeal the decision.

Getting an OK will take no longer than seven calendar days or two business days if requested electronically for non-urgent requests. If urgent, getting an OK will take no more than two business days OR three calendar days—whichever is shortest. Services that require an OK from us include, but are not limited to:

- Inpatient admissions
- Some surgeries

- CT, MRI, PET scan, special X-rays and tests
- Some durable medical equipment, like custom wheelchairs, breathing machines, hospital beds
- All out-of-network care

OUT-OF-NETWORK SERVICES

If you need to see a provider who is not on our list and we are unable to provide those services in our network, you may see a provider who is not in our network. The cost will be no greater than it would be if you received the services within our network. Your PCP must ask UniCare for approval. It is important to remember that your PCP must ask us for approval before seeing an out-of-network provider. Your PCP can call the Utilization Management Department at 1-866-655-7423. We will make a decision within seven days. If you are approved to see a provider who is outside of our plan, your visits will be covered. If we do not approve a service authorization, you can appeal the decision.

COST SHARING

Cost sharing, or a copayment, is the money you need to pay at the time of service. Whenever you see your PCP or a provider you were referred to in our network, you are not responsible for any costs except the copayment. The amount of the copayment will change depending on the service and the Federal Poverty Level. Please see the tables below for more details.

Copayments will be collected for:

- Inpatient and outpatient services
- Physician office visits, including nurse practitioner visits
- Non-emergency use of an emergency room
- Caretaker relatives age 21 and up
- Transitional Medicaid members age 21 and up
- Any other members that are not specifically exempt

Service	Up to 50.00% FPL	50.01 — 100.00% FPL	100.01% FPL and Above
Inpatient Hospital (Acute Care)	\$0	\$35	\$75
Office Visits (Physicians and Nurse Practitioners)	\$0	\$2	\$4
Outpatient Surgical Services in a Physician's Office; Ambulatory Surgical Center; or Outpatient Hospital (excluding emergency rooms)	\$0	\$2	\$4

Non-Emergency Use of Emergency Room	\$8	\$8	\$8
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Copayments will not be collected for:

- Family planning services
- Emergency services
- Behavioral health services
- Members under age 21
- Pregnant women (including up to 60 days after pregnancy)
- American Indians and Alaska Natives
- Members getting hospice care
- Other members or services not under the State Plan authority
- Members who have met their household maximum limit for cost-sharing per calendar quarter
- Members with primary insurance other than Medicaid
- Approved home infusion supplies
- Vaccines administered by a pharmacist

You have to pay the copays listed above until you and all family members in your household enrolled in the plan get to the household copay maximum. Your household copay maximum is based on your household income. You're assigned to a tier based on your household size and income for the quarter.

Tier	Gross quarterly income range	Copay maximum
Tier 1	\$0-\$1,966	\$8
Tier 2	\$1,967-\$3,932	\$71
Tier 3	\$3,933 and above	\$143

You'll have no copays for the rest of the quarter once your household meets its copay maximum. You also may self-attest (report to us) that you have met the copay maximum. Call our Customer Care Center when you meet your copay maximum. Keep all your household copay receipts to show you've met the copay maximum.

You will start each quarter with \$0 in copays and build toward your copay maximum. The table below shows the benefits you have to pay copays for and how much they are.

For more information on copayment amounts, please call the Customer Care Center at 1-800-782-0095 (TTY 1-866-368-1634).

ACCESS AND AVAILABILITY GUIDE

UniCare offers services in every county of West Virginia. The table below lists how long it should take for you to be seen by a provider in different situations.

Type of Visit:	When You Should be Seen:
Routine Care	Within 21 Days
Urgent Care	Within 48 Hours
Specialty Referrals	Within three weeks for routine referrals; within 24 hours for urgent referrals
Non-urgent (sick) exams	Within 72 hours of request
Initial Prenatal Care	Within 14 Days of Known Pregnancy
Emergency Care	Immediately

The following table shows what your travel time should be for your appointments.

Traveling to Your:	Should Take No Longer Than:
PCP	30 Minutes
Specialist You See Often	30 Minutes
Federally qualified health centers and rural health clinics	30 minutes
Hospital	45 Minutes
Tertiary Services	60 Minutes

Renewing Your Benefits

You need to renew your benefits every year. If you don't, you may have a gap in your coverage. Be on the lookout for a letter close to your anniversary month saying it's time for you to renew. Then, you can renew online or in person. If you've moved, it's important to update your address with DHHR. Find the phone numbers and addresses at www.dhhr.wv.gov/bcf.

LETTING US KNOW WHEN YOU'RE UNHAPPY

When you have a problem, try speaking with the Customer Care Center or your PCP to resolve it. If you are still unhappy or do not agree with a decision we have made about your health care, there are different types of complaints you can make. These are known as grievances and appeals. Information on grievances and appeals and their disposition is available upon request. You can also request a state fair hearing once you have gone through the process for appeals.

You may also receive information about the process in a language other than English at no cost to you. Oral interpreter services are also available to you at no cost. If you want to use this service, please call us at 1-800-782-0095 (TTY 1-866-368-1634).

Contact us:

Customer Care Center:

1-800-782-0095
(TTY 1-866-368-1634)
Monday through Friday
8 a.m. to 6 p.m. Eastern time

Mail:

Attn: Grievance & Appeals Department
P.O. Box 91
Charleston, WV 25321-0091

Fax:

1-844-882-3520

APPEALS

If you disagree with our decision about a health care service you asked for, you or a person you choose can file an appeal. Your appeal could be about:

- Not getting a service you wanted (called a service denial);
- Getting fewer services approved than you asked for (called a reduction in service);
- A service ending that was approved before (called termination of a previously authorized service);
- Failure to give timely service; or
- Failure to review a request in a timely manner.

You must file an appeal within 60 calendar days from the date on the letter telling you about the decision you wish to appeal. If you would like your benefits to continue while the appeal is pending, you or your provider must file a request within 13 calendar days from the notice of adverse benefit determination. To file an appeal, send a letter and all the information you have about your appeal to our Grievances and Appeals Department at the address in the Contact Us section of this notice. You may also call our Customer Care Center to ask for an appeal. If you call us, you'll still need to file your appeal in writing. Unless you request an expedited appeal resolution, you must follow up on a verbal appeal with a written, signed appeal.

You have the right to give proof, or claims of fact or law, for your appeal either orally or in writing. You have the right to see and get copies of:

- Any records that have to do with your appeal;

- Your benefits; and
- Documents explaining how we made our decision.

These documents are available at no cost to you. Just call our Customer Care Center.

We'll look into your appeal and send you a decision within 30 calendar days. We can ask for 14 more days if we need to know more. We'll send you a letter telling you why more time is needed within two days. You may file a grievance if you're unhappy with our request for 14 more days to complete our review. You may also ask for 14 more days if you need more time. Upon receipt of your appeal request, you also have access to a copy of your appeal case file.

Appeals after 120 Days

If you did not request a State Fair Hearing within the 120 days, you may still be able to appeal UniCare's decision that you are unhappy with. You can also use this process if the decision is related to a Grievance rather than an Appeal. You must have gone through UniCare's Grievance process and it must be within one year of the date of the original decision or issue that you did not agree with or were not happy with.

EXPEDITED APPEALS

If your appeal is about our decision to not approve or pay for some or all of your health care services, and you need an appeal decision fast because you have not gotten health care services and you might be badly hurt if you have to wait for a normal appeal decision like the one described above, you can ask for a fast, or expedited, appeal. If we allow a fast appeal, we will make a decision on your appeal no later than 72 hours after we get your appeal. You will get a written notice explaining next steps. UniCare will provide the results of your fast appeal to the State so that they can determine a time frame for a resolution.

If we decide your appeal is not a fast appeal, we will handle your appeal like the normal appeals described in the section above.

You have the right to give proof, or claims of fact or law, for your appeal either orally or in writing. Please be aware that you only have a certain amount of time to send what we need during the faster appeal process. Upon receipt of your fast appeal request, you also have access to a copy of your appeal case file.

We'll send you a letter within two calendar days that tells you if your request for a fast appeal has been approved. We'll also try to tell you our decision verbally. We can ask for 14 more days if we need more information from you. We'll send you a letter within two days to tell you why more time is needed. You may also ask for 14 more days if you need more time.

GRIEVANCES

There are two types of grievances, an **informal** and a **formal** grievance. A grievance can be filed at any time. They can be about anything that you have an issue with regarding what UniCare pays for, our services or our providers. An informal grievance becomes a formal grievance if it takes us more than one business day to resolve. If your formal grievance is because we have denied any part of your request for a health care service, it is called an **appeal**.

If you do not agree with a decision made by UniCare, are unhappy with any services you have received, or about any other part of UniCare or your provider, you or someone else with your permission (including a health care provider) can file a formal grievance. You can do this without getting into any trouble. You may also skip the informal grievance process and file a formal grievance right away. You can get in touch with UniCare by calling 1-800-782-0095 (TTY 1-866-368-1634) Monday through Friday from 8 a.m. to 6 p.m. Eastern time. You can also write your grievance down and send it to our Grievances and Appeals Department at the address listed above.

UniCare will provide translation services as needed at no cost to you. You won't be treated differently for filing an informal grievance, formal grievance or appeal. If you have any questions about your rights as our member, call our Customer Care Center.

If you have questions about how we make medical decisions, call our Utilization Management team at 1-866-655-7423 (TTY 1-866-368-1634), Monday through Friday from 8 a.m. to 5 p.m. Eastern time.

Informal grievances

Informal grievances are when you call UniCare to tell us you are not happy with any matter related to UniCare. You can choose not to be named when making an informal grievance.

If you call the Customer Care Center, they will take all of the information you give them and investigate the problem. They will try to get you an answer within one business day. If they are unable to resolve your informal grievance within one business day, they will send it to our Grievance and Appeals department as a formal grievance.

Formal grievances

You or someone you choose can file a formal grievance with us at any time. A grievance is when you tell us you're not happy with a health care service we've provided or paid for. Informal grievances become formal grievances if they take more than one business day to resolve.

You have the right to give proof, or claims of fact or law, for your grievance by telling us or writing to us.

To file a formal grievance in writing, fill out a Member Grievance form. This form can be found at our local resource offices, doctors' offices and online at www.unicare.com/medicaid. When

you write to us, tell us the details of why you're not happy with the health care services you received. Attach any papers to the form or letter that will help us make our decision. Mail the form or letter to our Grievances and Appeals Department. You can find the address in the *Important Contact Information* section.

If you can't mail the form or letter, call the Customer Care Center. We're here to help.

We'll look into your problem and send you a letter within 30 calendar days, and no later than 90 days from the date your grievance is received.

Grievance appeals

If you don't agree with our decision about your formal grievance, you or a person you choose can ask us to reconsider our decision. This is called a **grievance appeal**. This is a second review of your formal grievance. You may file a grievance appeal within 60 calendar days of the date of our formal grievance decision. Just send it to our Grievances and Appeals Department. You can find the address in the *Important Contact Information* section.

You have the right to see and get copies of:

- Any records that have to do with your grievance appeal
- Your benefits
- Documents explaining how we made our decision

These documents are available at no cost to you. Just call our Customer Care Center. A Committee will look at your grievance appeal. None of the people on the Committee will have been involved in our initial decision to not authorize or pay for the health services you are appealing. If your grievance appeal involves a medical issue, the Committee will also talk to a health care professional who has the appropriate training and experience in the field of medicine necessary for making a decision. If your grievance appeal is an administrative appeal (one not based on a medical issue), the Committee will consist of Health Plan senior management. You can come to the Committee meeting and talk to them. You have the right to be represented during the grievance appeal process.

UniCare must process and provide notice to you regarding your grievance appeal within 30 calendar days, and no later than 90 days from the date your grievance is received.

Keeping Your Grievance and Appeals

UniCare will keep copies of your grievance and appeals documents, records and information about the grievance and appeal for your review for ten (10) years.

GRIEVANCE AND APPEALS FOR DENTAL SERVICES

Dental grievances

You can file a grievance if you have a problem with the quality of the dental care you receive. To file a dental grievance, you or someone you choose should state the problem in writing. To do so, fill out a grievance form, or write a letter telling SKYGEN USA about the problem. You can find these forms at dentist's offices. The grievance form is also available at www.SKYGENUSA.com. Send your completed form or letter to:

SKYGEN USA
N92 W14612 Anthony Ave.
Menomonee Falls, WI 53051

If you cannot mail the form or letter, you or someone you choose can call SKYGEN USA and tell them about your problem. You may call SKYGEN USA at 1-877-408-0917 (TTY 1-800-508-6975). You also may receive information about the grievance process in a language other than English at no cost to you. Oral interpreter services are also available to you at no cost. If you want to use this service, please call our Customer Care Center at 1-800-782-0095 (TTY 1-800-982-8771). UniCare and SKYGEN USA will work together with the interpreter.

You'll need to tell SKYGEN USA:

- Who is involved in the grievance
- What happened
- When it happened
- Where it happened
- Why you're unhappy with the dental care you received

Attach any documents that will help us look into the problem. If you need help, SKYGEN USA will help you file your grievance.

You also have the right to meet with SKYGEN USA during the grievance review. Please contact us for help setting up the meeting at our local UniCare office. UniCare can help you set up a face-to-face meeting. Call us at 1-800-782-0095 (TTY 1-800-982-8771) for assistance. The goal is to solve your problem. SKYGEN USA will ask the staff person who knows the most about your issue to review it.

- **Quality of care issues** (also called clinical quality issues) are looked into first by a Grievance and Appeals associate, who then decides who will complete the final review. A dental director reviews all clinical quality issues, decides how serious they are and gives recommendations on how to solve each problem.
- **Administrative issues** (also called *quality of service* issues) are reviewed by a UniCare associate who consults with SKYGEN USA to solve your problem.

SKYGEN USA will send you a grievance resolution letter within 45 calendar days of getting your grievance. SKYGEN USA can ask for 14 more days if they need to know more. SKYGEN USA will

www.unicare.com/medicaid
1-800-782-0095 & TTY 1-866-368-1634 UniCare
UWV-MHB-0016-19

send you a letter telling you why more time is needed. You may also ask for 14 more days if you need more time.

Dental appeals

You may file an appeal if SKYGEN USA doesn't approve a service, if SKYGEN USA takes too long to approve it or if there is a change to your request for services. You or someone you choose can ask for an appeal. This must be done in writing and sent to:

SKYGEN USA
N92 W14612 Anthony Ave.
Menomonee Falls, WI 53051

You also may file an appeal by calling SKYGEN US at 1-877-408-0917 (TTY 1-800-508-6975). You do not have to pay to file an appeal.

SKYGEN USA will send you an appeal resolution letter within 30 calendar days from the date the initial appeal was filed. You, or someone you choose to help you or speak for you, may ask for 14 calendar days. SKYGEN USA also may ask for 14 calendar day if SKYGEN USA needs to find out more information about your request. You will get a letter from SKYGEN USA saying why more time is needed.

If you need oral interpreter services or information about the appeals process in a language other than English, please call UniCare at 1-800-782-0095 (TTY 1-866-368-1634). We'll help you get this information in a different format for free.

Your benefits may continue while your appeal is pending as long as you submit your appeal within 10 days after SKYGEN USA mails the *Notice of Action* letter, or the intended effective date of the proposed action. If your appeal is denied, you may have to pay for services you got related to it while you waited for an answer.

Expedited appeal

You may ask for an expedited appeal if SKYGEN USA needs to make a decision quickly based on your health status. SKYGEN USA will process your request as quickly as they can, no more than 72 hours from the date they receive your appeal. The time frame may be extended up to 14 days if you ask for it or SKYGEN USA needs more information to make the decision and the delay is in your interest. If SKYGEN USA cannot make a decision within 72 hours, they will send you a letter telling you why they need more time.

STATE FAIR HEARINGS

If you are not happy with UniCare's appeal decision and your appeal is about our decision to deny, reduce, change or terminate payment for your health care services, you can request a State Fair Hearing if it is within 120 calendar days from the notice of resolution from UniCare.

You can only request a State Fair Hearing if it relates to a denial of a service, a reduction in service, termination of a previously authorized service, or failure to provide service timely. You will get a notice mailed to you within 10 days before any action is taken.

If a State Fair Hearing is requested, the State will hear your case and give you a decision in writing within 90 days of the date you asked for a State Fair Hearing. If you are still not happy with the decision, you can take your case to Circuit Court. If you want to proceed in taking your case to Circuit Court, you must file within 30 days of your notice of the State Fair Hearing decision. You can file an appeal to the Bureau for Medical Services (BMS).

Send your request for an appeal to:

WV Bureau for Medical Services
Office of Medicaid Managed Care
350 Capitol St., Room 251
Charleston, WV 25301-3708

The BMS decision will be sent to you in writing.

If you are not happy with the Bureau for Medical Services decision, you can appeal to the West Virginia Insurance Commissioner by sending your appeal to:

The Office of the Insurance Commissioner
P.O. Box 50540
Charleston, WV 25305-0540

UniCare will continue your benefits during the time of an appeal process or State Fair Hearing when:

- You or your provider file an appeal on a timely basis;
- The appeal involves the termination, suspension or reduction of a previously authorized course of treatment;
- The services were ordered by an authorized provider;
- The original period covered by the original authorization has not expired; and
- You or your provider file a request for an extension of benefits within 13 calendar days.

To request an extension of benefits, call the Customer Care Center.

UniCare will pay for some or all of the services as determined by the final appeal decision. If the final result of your appeal is to uphold the original decision to deny, reduce, change or end payment for your services, UniCare may take back the money that was paid for the services while the appeal was in process, and you will be responsible for paying for the services.

If you are not satisfied with the decision of the Office of the Insurance Commissioner, you may appeal to Circuit Court. Your appeal must be filed within 30 days after the Insurance Commissioner's order has been mailed.

COMPLAINTS

At any time, you can file a complaint. You may fax it to UniCare at 1-844-882-3520 or mail it to:

Attn: Grievance & Appeals Department
P.O. Box 91
Charleston, WV 25321-0091

You will need to send us a letter that has:

- Your name
- Your mailing address
- The reason why you are filing a complaint and what you want UniCare to do

Your doctor or authorized representative can also file a complaint or grievance for you.

REPORTING FRAUD

If you suspect fraud, waste, or abuse by a UniCare member or provider, please report it to our special investigative unit (SIU). You do not need to give us your name or information when you call or fill out the form. To report fraud, waste, or abuse, please call 1-800-782-0095 (TTY 1-866-368-1634). You may also complete the Fraud, Waste, and Abuse Reporting form on our website or by mailing it to us.

Program Integrity Unit
UniCare Health Plan of West Virginia, Inc.
200 Association Drive, Suite 200
Charleston, WV 25311
www.unicare.com/medicaid

When reporting a provider, let us know:

- Their name, address and phone number
- The name and address of the facility (hospital, nursing home, home health agency, etc.)
- The Medicaid number of the provider and facility, if available
- The type of provider (provider, physical therapist, pharmacist, etc.)
- The names and the phone numbers of other witnesses who can help in the investigation
- The dates of events
- Summary of what happened

When reporting a member, let us know:

- The person's name
- The person's date of birth and social security number, if available
- The city where the person lives
- Specific details about the waste, abuse or fraud

MEET WITH UNICARE

You have the right to meet with UniCare during the grievance process. We can help you set up a meeting. Call us at 1-800-782-0095 (TTY 1-866-368-1634).

OUR POLICIES

ADVANCE DIRECTIVES

Under Federal and State law, you have the right to make decisions about your medical care, including an advance directive. An advance directive is a legal document with your wishes regarding medical treatment if there comes a time when you are too sick to make your decisions known. An advance directive allows you to plan in advance and participate in decision-making around your health. It is a way to let your providers know what kind of treatment you do or do not want. You can also allow someone you trust to make treatment decisions for you. This would allow that person to make choices about your care and treatment. Many people choose a relative or someone they know well.

You should speak with your provider about making an advance directive. You do not have to fill one out, but you may want to. If you decide to let someone you trust make treatment decisions for you, be sure to speak with that person. Making an advance directive requires filling out forms and stating your wishes in writing. It will become a part of your medical records. Remember, you can change your advance directive at any time.

Your provider and the Customer Care Center can help you to fill out or answer questions about advance directives.

ENDING YOUR MEMBERSHIP

If you do not wish to be a member of UniCare, you have the right to disenroll at any time. You may re-enroll in another health plan if you choose. The enrollment broker can help you. Just call 1-800-449-8466.

Sometimes members are disenrolled from the health plan involuntarily. This can happen if:

- You are no longer eligible for Medicaid managed care
- You move outside of our service area
- You have had or need an organ or tissue transplant
- You are placed in an inpatient facility, nursing facility, State institution, or intermediate care facility for the mentally retarded for more than 30 calendar days
- You were incorrectly enrolled in UniCare
- You die

If this happens, your services may stop suddenly. The enrollment broker and the Customer Care Center can answer any questions you may have about disenrollment. If you move out of the country or out of state, call the West Virginia Bureau for Medical Services at 1-304-558-1700.

APPROPRIATE TREATMENT OF MINORS

Minors are treated as adults when it comes to birth control, pregnancy or family planning (except for sexual sterilization). Our members who are 13 years of age or older may refer themselves to any plan or out-of-plan OB/GYN for yearly exams and regular health care services (including cervical cancer screenings) at no cost to you. They don't need an OK ahead of time from their PCP.

Family planning records are kept private. PCPs and other health care providers should keep all family planning records private, even if the patient is a minor, unless the law says it is OK to share your information with others. Your provider is allowed to share your medical information with other providers who take care of you, public health officials or government agencies. UniCare is not responsible for the privacy of medical records held by providers who aren't part of your health plan.

All information, records and data collected and maintained by UniCare or its subcontractors that relate to enrolled children is protected from unauthorized disclosure. UniCare restricts the release of information on minors to authorized persons, and associates follow a rigorous verification and authentication process prior to the release of information on minors. UniCare's policy limits the disclosure of information concerning enrolled children to purposes directly related to the administration of the Medicaid program in accordance with 42 C.F.R. §431.302.

Oral interpreters for minors are available in the case of an emergency.

THIRD PARTY INSURANCE

We can, and should, know about everyone giving you care. We need to know this to pay for your health care. We won't share this information with anyone except your health care provider and others as the law allows.

If you have insurance other than Medicaid, please call the Enrollment Broker at 1-800-449-8466. Please call the Customer Care Center and let us know if another insurance company has been involved with your:

- Workers' compensation claim
- Personal injury
- Medical malpractice law suit
- Car accident

You must use any other health insurance you have first before using Medicaid.

What to do if you get a bill

In most cases, you shouldn't get a bill from our provider. You may have to pay for charges if:

- You agree to pay for service ahead of time that we don't cover or approve.
- You agree ahead of time to pay for care from a provider who doesn't work with us, and you did not get our OK ahead of time.

Call us if you get a bill and don't think you should have to pay for the charges. Please tell us the date of service, the amount being charged and why you were billed. Have the bill with you when you call us. Sometimes a provider may send you a *statement* that is not a *bill*.

RECOMMENDING CHANGES IN POLICIES OR SERVICES

UniCare has a Community Advisory Committee (CAC) to give members a say about our policies and services. CAC members inform, direct and suggest ideas about issues involving our services. Call our Customer Care Center if you would like to join the CAC.

The Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices in this member handbook describes the UniCare privacy policies and procedures.

CHANGES TO YOUR HEALTH PLAN

If there are any changes to your benefits or other information in this handbook, we will let you know at least 30 days before the effective date of the change and no later than the actual effective date. Please let us know if you have any questions about program changes.

NEW MEDICAL TREATMENTS

We want you to benefit from new medical treatments, so we review them on a routine basis. A group of PCPs, specialists and medical directors decide if the treatment:

- Is approved by the government.
- Has shown, in a reliable study, how it affects patients.
- Will help patients as much as, or more than, treatments we use now.
- Will improve the patient's health.

The review group looks at all of the information. The group then decides if the treatment is medically necessary. They will let your provider know if the treatment is medically necessary and if we approve it.

QUALITY IMPROVEMENT

At UniCare, we want to make your health plan better. To do this, we have a Quality Improvement (QI) program. Through this program, we:

- Evaluate our health plan in order to improve it.
- Track how happy you are with your PCP.
- Track how happy you are with us.
- Use the information we get to make a plan to improve our services.
- Carry out our plan to help make your health care better.

You may ask us to send you information about our QI program. This will include a description of the program and a report on our progress in meeting our improvement goals. Call our Customer Care Center.

ACCREDITATION REPORT

UniCare is accredited by the National Committee for Quality Assurance (NCQA). You can request a summary of our accreditation report by calling our CCC.

IMPORTANT CONTACT INFORMATION

Entity	Phone Number	Street Address
UniCare Customer Care Center Call this number if you have questions about UniCare, behavioral health, or if you would like to speak to a nurse about getting help from a case manager.	Toll-Free: 1-800-782-0095 (TTY 1-866-368-1634)	
West Virginia Department of Health and Human Resources (DHHR) Call this number if you move, change your phone number or become pregnant.	1-304-558-0684	One Davis Square Suite 100 East Charleston West Virginia 25301
West Virginia Bureau for Medical Services (BMS)	1-304-558-1700	350 Capitol Street Room 251 Charleston, WV 25301
Enrollment Broker Call this number to join a new health plan or disenroll from your current plan.	1-800-449-8466	
Emergency	Dial 911	
SKYGEN USA Call this number for help finding a dentist or to learn more about your dental benefits.	1-877-408-0917 (TTY 1-800-508-6975)	
Vision Service Plan (VSP) Call this number for help finding an eye doctor or to	1-844-526-0198 (TTY 1-800-428-4833)	

learn more about your vision benefits.		
Behavioral Health Utilization Review/Prior Authorization Your provider can fax this number for help with medical services that need an OK from UniCare before you get them.	Inpatient Fax: 1-855-325-5556 Outpatient Fax: 1-855-325-5557	
Disease Management Call to enroll in the DM program or leave a private message for your case manager 24 hours a day.	Toll Free: 1-888-830-4300 (TTY 711)	
Grievances/Appeals	Toll-Free: 1-800-782-0095 (TTY 1-866-368-1634) Fax: 1-844-882-3520	P.O. Box 91 Charleston, WV 25321-0091
Non-emergency Medical Transportation (LogistiCare) Call this number to make a ride request for a provider visit.	1-844-549-8353	
State Fair Hearing	Toll-Free: 1-800-782-0095 (TTY 1-866-368-1634)	
Fraud, Waste, and Abuse	Toll-Free: 1-855-782-0095 (TTY 1-866-368-1634)	200 Association Drive Suite 200 Charleston, WV 25311
UniCare Local Office Call this number for help with local resources.	1-888-611-9958	200 Association Drive Suite 200 Charleston, WV 25311
24-hour nurse help line	Toll-Free: 1-888-850-1108 (TTY 1-800-368-4424)	
National Poison Control Center	1-800-222-1222	

<p>Retail Pharmacy (DXC Technologies, Inc.)</p> <p>Use this number to find out more information about your Pharmacy benefits or to get help related to Pharmacy services.</p>	<p>1-888-483-0797</p>	
<p>Utilization Management/Prior Authorization</p> <p>Your provider can call this number for help with medical services that need an OK from UniCare before you get them.</p>	<p>Utilization Management</p> <p>Phone:</p> <p>1-866-655-7423</p> <p>Fax:</p> <p>1-855-402-6983</p>	
<p>West Virginia Relay Service</p> <p>This number lets people who have a hearing or speech loss communicate with a trained person who can help them speak with someone who uses a regular telephone.</p>	<p>1-800-982-8772 (TTY 1-866-368-1634)</p>	<p>P.O. Box 29230 Shawnee Mission, KS 66201-9230</p>
<p>Pharmacy prior authorization</p> <p>Your provider can call this number for help with medications given by your provider (covered under your medical benefit) that need an OK from UniCare before you get them.</p>	<p>1-877-375-6185</p> <p>Fax:</p> <p>1-844-487-9290</p>	



HIPAA Notice of Privacy Practices

The original effective date of this notice was April 14, 2003. The most recent revision date is shown at the end of this notice.

Please read this notice carefully. This tells you who can see your protected health information (PHI). It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you're a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs and hospitals so we can OK and pay for your health care.

Federal law says we must tell you what the law says we have to do to protect PHI that's told to us, in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
 - Lock our offices and files
 - Destroy paper with health information so others can't get it
- Saved on a computer (called technical), we:
 - Use passwords so only the right people can get in
 - Use special programs to watch our systems
- Used or shared by people who work for us, doctors or the state, we:
 - Make rules for keeping information safe (called policies and procedures)
 - Teach people who work for us to follow the rules

When is it OK for us to use and share your PHI?

We can share your PHI with your family or a person you choose who helps with or pays for your health care if you tell us it's OK. Sometimes, we can use and share it **without** your OK:

- **For your medical care**
 - To help doctors, hospitals and others get you the care you need
- **For payment, health care operations and treatment**
 - To share information with the doctors, clinics and others who bill us for your care
 - When we say we'll pay for health care or services before you get them

- To find ways to make our programs better, as well as giving your PHI to health information exchanges for payment, health care operations and treatment. If you don't want this, please visit www.unicare.com/health-insurance/about-us/privacy for more information.
- **For health care business reasons**
 - To help with audits, fraud and abuse prevention programs, planning, and everyday work
 - To find ways to make our programs better
- **For public health reasons**
 - To help public health officials keep people from getting sick or hurt
- **With others who help with or pay for your care**
 - With your family or a person you choose who helps with or pays for your health care, if you tell us it's OK
 - With someone who helps with or pays for your health care, if you can't speak for yourself and it's best for you

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We can't take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

Other ways we can — or the law says we have to — use your PHI:

- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To help the court when we're asked
- To answer legal documents
- To give information to health oversight agencies for things like audits or exams
- To help coroners, medical examiners or funeral directors find out your name and cause of death
- To help when you've asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To help people who work for the government with certain jobs
- To give information to workers' compensation if you get sick or hurt at work

What are your rights?

- You can ask to look at your PHI and get a copy of it. We don't have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
- You can ask us to change the medical record we have for you if you think something is wrong or missing.
- Sometimes, you can ask us not to share your PHI. But we don't have to agree to your request.

- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This won't list the times we've shared it because of health care, payment, everyday health care business or some other reasons we didn't list here.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What do we have to do?

- The law says we must keep your PHI private except as we've said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we'll do in this notice.
- We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, like if you're in danger.
- We must tell you if we have to share your PHI after you've asked us not to.
- If state laws say we have to do more than what we've said here, we'll follow those laws.
- We have to let you know if we think your PHI has been breached.

Contacting you

We, along with our affiliates and/or vendors, may call or text you using an automatic telephone dialing system and/or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we won't contact you in this way anymore. Or you may call 1-844-203-3796 to add your phone number to our Do Not Call list.

What if you have questions?

If you have questions about our privacy rules or want to use your rights, please call our Customer Care Center at **1-800-782-0095**. If you're deaf or hard of hearing, call **1-866-368-1634**.

What if you have a complaint?

We're here to help. If you feel your PHI hasn't been kept safe, you may call our Customer Care Center or contact the Department of Health and Human Resources (DHHR) at **1-877-716-1212**. Nothing bad will happen to you if you complain.

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we'll tell you about the changes in a newsletter. We'll also post them on the web at www.unicare.com/health-insurance/about-us/privacy.

Race, ethnicity and language

We receive race, ethnicity and language information about you from the state Medicaid agency. We protect this information as described in this notice.

We use this information to:

- Make sure you get the care you need
- Create programs to improve health outcomes
- Develop and send health education information
- Let doctors know about your language needs
- Provide translator services

We do **not** use this information to:

- Issue health insurance
- Decide how much to charge for services
- Determine benefits
- Disclose to unapproved users

Your personal information

We may ask for, use and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It's often taken for insurance reasons.

- We may use your PI to make decisions about your:
 - Health
 - Habits
 - Hobbies
- We may get PI about you from other people or groups like:
 - Doctors
 - Hospitals
 - Other insurance companies
- We may share PI with people or groups outside of our company without your OK in some cases.
- We'll let you know before we do anything where we have to give you a chance to say no.
- We'll tell you how to let us know if you don't want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

Do you need help with your health care, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-800-782-0095 (TTY 1-866-368-1634).

UniCare Health Plan of West Virginia, Inc.

PRIMARY CARE PROVIDER (PCP) SELECTION FORM

If your UniCare member ID card does not show the primary care provider (PCP) of your choice, or if you wish to change your PCP for any reason, you can:

- Call the UniCare Customer Care Center at 1-800-782-0095 to speak with someone who can help you.
- Complete this form and return it to us within 30 days.

OR

- Request a new PCP by signing on to our member website.

You may choose one PCP for your whole family, or each family member may choose a different PCP. You must list each family member on the form even if you select the same PCP. We will send you new ID cards within five days after we receive your completed form. Or you can go to the member website to print your ID cards. Always carry your ID card with you.

☐ Please check this box if you are pregnant.

When you are done filling out this form, just mail it back in the envelope we provided. No stamp is needed.

Choose the PCP who's right for you. Send this form back today!

Look in our provider directory and give us your first and second choices for a PCP.

Please print your information below.

Your Name (please print): _____

City: _____ State: _____ ZIP code: _____

☐ Please check this box if you have moved in the last year. If you move, please remember to call our Customer Care Center at 1-800-782-0095.

Your Daytime Telephone Number: _____

Your Signature: _____

Choose a new PCP

Member Name (First and Last): _____

Member ID Number: _____

First Choice — PCP Name (First and Last): _____

Second Choice — PCP Name (First and Last): _____



An Anthem Company

We can translate this for you at no cost. Call the Customer Care Center at 1-800-782-0095. If you have speech or hearing loss, call the TTY line at 1-866-368-1634.

UniCare Health Plan of West Virginia, Inc.

www.unicare.com/medicaid