

SPEECH THERAPY SETTLEMENT WITH THE CALIFORNIA DEPARTMENT OF MANAGED HEALTH CARE

On August 23, 2013, UnitedHealthcare of California and U.S. Behavioral Health Plan, California (hereinafter collective referred to as "UnitedHealthcare") entered into a settlement agreement ("settlement") with the California Department of Managed Health Care ("DMHC") regarding coverage of medically necessary speech therapy. Although UnitedHealthcare believes it was administering the speech therapy benefit in compliance with the law, the agreement establishes that it is in the best interests of UnitedHealthcare's enrollees that a settlement concerning speech therapy has been reached.

This letter provides information concerning how this settlement may affect you.

What does the Settlement Agreement between UnitedHealthcare and the DMHC provide?

Medically necessary speech therapy services are basic health care services under the law and UnitedHealthcare will cover those services for all current and future enrollees, as described in the Agreement and the law. UnitedHealthcare may periodically reassess an enrollee's clinical condition and progress in order to evaluate the medical necessity of continued speech therapy services. However, any such periodic reassessment must be performed while the speech therapy services continue, and there cannot be an interruption or cessation of the services during that reassessment process.

UnitedHealthcare will send written notice to its providers clarifying its obligations to cover medically necessary speech therapy services and advising that it will revise its health plan documents to conform to those coverage obligations.

UnitedHealthcare has also agreed to reimburse enrollees for out-of-pocket expenses that were incurred for medically necessary speech therapy services and/or evaluations for the period of time beginning from May 1, 2011 through August 23, 2013, the effective date of the settlement. Please read the remainder of this letter for more information.

Why did I receive this Notice?

You have received this notice because you or someone in your family may have been denied medically necessary speech therapy services and/or a speech therapy evaluation by your Primary Medical Group or UnitedHealthcare during the period between May 1, 2011 through August 23, 2013. As part of the settlement, you may be eligible to receive reimbursement for out-of-pocket expenses incurred by you or someone in your family for medically necessary speech therapy services.

Is there a telephone number to call UnitedHealthcare for more information about this settlement?

Yes. For more information regarding potential reimbursement for medically necessary speech therapy services, please call UnitedHealthcare's customer service number at 1-800-624-8822.

Can I get telephone assistance from the Department of Managed Healthcare?

For more information, or assistance with your claim, you may contact the Department at any time by using its toll-free telephone number (1-888-HMO-2219) and/or a TDD line (1-877-688-9891) for the hearing and speech impaired.

How do I request reimbursement?

If you believe you may be eligible to receive reimbursement, please submit copies of claims and payment receipts to:

Appeals & Grievances
UnitedHealthcare
P.O. box 6107
Mail Stop CA 124-0160
Cypress, CA 90630-9972

May I file a request for reimbursement online?

If you do not want to mail your documentation, you may seek reimbursement by filing an appeal online using the Online Grievance form at www.uhcwest.com.

Is there a deadline for requesting reimbursement?

Yes. For mail, your request for reimbursement must be postmarked no later than July 30, 2014. If you submit your request online using the Online Grievance form, it must be submitted by July 30, 2014.

What documents are required?

Adequate proof of your out-of-pocket expenses includes copies of documents such as: (1) cancelled checks, (2) credit card receipts, (3) verification of payment from the provider(s) of the speech therapy services, (4) a written statement from the provider, stating in substance, that the speech therapy services were delivered, the dates of service and the amount paid or owed by you or someone in your family, or (5) any other documentation that is reliable and adequate.

When will I be reimbursed?

If UnitedHealthcare determines that the speech therapy services were medically necessary and your claims were eligible on the dates services were rendered, United Healthcare will reimburse your payment costs minus your applicable copayments within 30 calendar days of receipt of your documentation.

What if my request for reimbursement is denied by UnitedHealthcare?

If your request for reimbursement is denied, you have the right to have this decision reviewed by the Department of Managed Healthcare. Again, for more information, or assistance with your claim, you may contact the Department at any time by using its toll-free telephone number (1-888-HMO-2219) and/or a TDD line (1-877-688-9891) for the hearing and speech impaired. The Department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, Independent Medical Review application forms and instructions online.

Additional information concerning your rights through the Department is provided below.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 1-800-624-8822 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

Nondiscrimination Notice and Access to Communication Services

OptumHealth Behavioral Solutions of California does not exclude people or treat them unfairly because of their sex, age, race, color, national origin, or disability.

Free services are available to help you communicate with us. Such as, letters in other languages, or in other formats like large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number 1-800-999-9585. TTY 711.

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Optum Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Phone: 888-445-8745, TTY 711
Fax: 855-351-5495
Email: Optum_Civil_Rights@Optum.com

If you need help with your complaint, please call the toll-free number 1-800-999-9585. TTY 711. You must send the complaint within 60 days of when you found out about the issue.

You can also file a complaint with the U.S. Dept. of Health and Human services.

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free **1-800-368-1019, 800-537-7697** (TDD)

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

Language Assistance Services and Alternate Formats

This information is available in other formats like large print. To ask for another format, please call the toll-free number 1-800-999-9585. TTY 711.

You have the right to get help and information in your language at no cost. To request an interpreter, call 1-800-999-9585, press 0. TTY 711.

This letter is also available in other formats like large print. To request the document in another format, please call the toll-free member phone number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

1	Spanish	Tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para solicitar un intérprete, llame al 1-800-999-9585 y presione el cero (0). TTY 711
2	Chinese	您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-800-999-9585，再按 0。聽力語言殘障服務專線 711
3	Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi 1-800-999-9585, bấm số 0. TTY 711
4	Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tumawag sa 1-800-999-9585, pindutin ang 0. TTY 711
5	Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 1-800-999-9585로 전화하여 0 번을 누르십시오. TTY 711
6	Armenian	Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանիչ պահանջելու համար զանգահարե՛ք 1-800-999-9585 սեղմե՛ք 0: TTY 711
7	Persian	شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره 1-800-999-9585 تماس حاصل نموده و 0 را فشار دهید. TTY 711
8	Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по телефону 1-800-999-9585 и нажмите 0. Линия TTY 711
9	Japanese	ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、1-800-999-9585までお電話の上、0を押してください。TTY 専用番号は711です。
10	Arabic	لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل بالرقم 1-800-999-9585، واضغط على 0. الهاتف النصي (TTY) 711

11	Panjabi	ਤੁਹਾਡੇ ਕੋਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਅਤੇ ਜਾਣਕਾਰੀ ਮੁਫਤ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਆਰਾ ਲਈ 1-800-999-9585 ਫੋਨ ਨੰਬਰ ਟੀਟੀਵਾਈ 711 ਤੇ ਕਾਲਿ ਕਰੋ, 0 ਦਿੱਬੇ।
12	Mon-Khmer, Cambodian	អ្នកម្តង ឆាប់ ក៏ យល់ និង ព័ត៌មាន ន ជ ល ស របស់ អ្នក ដោយ មិន អ ល ស ថ្នាំ ដើម្បី ស្នើសុំ អ្នក កក ប ប្រ សូម ហៅ លេខ 1-800-999-9585 រួច ហើយ ចុច លេខ 0 ។ TTY 711
13	Hmong	Koj muaj cai tau kev pab thiab tau cov ntaub ntawv sau ua koj hom lus pub dawb. Yog xav tau ib tug neeg txhais, hu rau 1-800-999-9585, nias 0. TTY 711
14	Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी निःशुक्ति पराप्त करने का अधिकार है। दुआषिए के लिए 1-800-999-9585 पर फ़ोन करें, 0 दबाएं। TTY 711
15	Thai	คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการขอล่ามแปลภาษา โปรดโทรศัพท์ถึงหมายเลข 1-800-999-9585 และกด 0 สำหรับผู้ที่มีความบกพร่องทางการได้ยิน หรือการพูด โปรดโทรฯถึงหมายเลข 711