## Helpful Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Help Offered</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HPR</strong> (Health Program Representative)</td>
<td>Medicaid, CHIP, PCN benefits, health plans, rights, responsibilities, providers</td>
<td>1-866-608-9422</td>
</tr>
<tr>
<td></td>
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<td><a href="http://health.utah.gov/umb">health.utah.gov/umb</a></td>
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<tr>
<td><strong>Utah Medicaid</strong></td>
<td>Medicaid, CHIP and PCN Information</td>
<td><a href="http://medicaid.utah.gov">medicaid.utah.gov</a></td>
</tr>
<tr>
<td><strong>MyBenefits</strong></td>
<td>Check your Medicaid coverage and plan information</td>
<td>1-844-238-3091</td>
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<td><a href="http://mybenefits.utah.gov">mybenefits.utah.gov</a></td>
</tr>
<tr>
<td><strong>Medicaid Information Line</strong></td>
<td>Claims, billing questions</td>
<td>1-800-662-9651</td>
</tr>
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<td><a href="http://medicaid.utah.gov">medicaid.utah.gov</a></td>
</tr>
<tr>
<td><strong>Medicaid Member Information</strong></td>
<td>Enrollment eligibility, plan information</td>
<td>1-844-238-3091</td>
</tr>
<tr>
<td><strong>Medicaid Benefits Constituent Services</strong></td>
<td>Medicaid, CHIP and PCN questions and concerns</td>
<td>1-877-291-5583</td>
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<tr>
<td><strong>Health Choice Utah</strong></td>
<td>Health plan</td>
<td>1-877-358-8797</td>
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<td><a href="http://HealthChoiceUtah.com">HealthChoiceUtah.com</a></td>
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<td><strong>Healthy U</strong></td>
<td>Health plan</td>
<td>1-888-271-5870</td>
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<td><a href="http://uhealthplan.utah.edu">uhealthplan.utah.edu</a>/</td>
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<td><strong>Molina Health Care</strong></td>
<td>Health plan</td>
<td>1-888-483-0760</td>
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<td><a href="http://molinahealthcare.com">molinahealthcare.com</a></td>
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<tr>
<td><strong>Select Health Community Care</strong></td>
<td>Health plan</td>
<td>1-855-442-3234</td>
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<td><a href="http://www.selecthealth.org">www.selecthealth.org</a></td>
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<tr>
<td><strong>Delta Dental</strong></td>
<td>Dental plan</td>
<td>1-866-467-4219</td>
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<td><a href="http://deltadentalins.com/ut-medicaid">deltadentalins.com/ut-medicaid</a></td>
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<tr>
<td><strong>Premier Access</strong></td>
<td>Dental plan</td>
<td>1-877-541-5415</td>
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<tr>
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<td></td>
<td><a href="http://premierlife.com/utmedicaid">premierlife.com/utmedicaid</a></td>
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<tr>
<td><strong>DWS</strong> (Workforce Services)</td>
<td>Eligibility for Medicaid, CHIP, PCN, lost or stolen cards, food stamps, other programs</td>
<td>801-526-0950</td>
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<tr>
<td></td>
<td></td>
<td>1-866-435-7414</td>
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<tr>
<td></td>
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<td><a href="http://jobs.utah.gov/assistance">jobs.utah.gov/assistance</a></td>
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</tbody>
</table>
Definitions

ASD means autism spectrum disorder

CHEC means Child Health Evaluation and Care

CHIP means Children’s Health Insurance Program

DWS means the Department of Workforce Services

FQHC means Federally Qualified Health Centers

HPR means Health Program Representative

OT means Occupational Therapy

ORS means the Office of Recovery Services

OTC means Over the Counter drugs

PA means Prior Approval

PCN means Primary Care Network

PMHP means Prepaid Mental Health Plan

PT means Physical Therapy

QMB means Qualified Medicare Beneficiary

RHC means Rural Health Center

UTA means Utah Transit Authority
Welcome to Utah Medicaid

The Medicaid Member Guide is for people who are on Utah Medicaid. The guide is available in English, Spanish and Braille. This book helps to explain:

- Medicaid benefits
- Co-pays and co-insurance
- Rights and responsibilities
- Health and dental health plans
- How to choose a plan
- Well child examinations and follow-up care
- Immunizations

Do you need an interpreter?

Tell us if you do not speak English. We will find someone who speaks your language to help explain the Medicaid program. Interpreters are free. Your health, dental and mental health plans will also provide interpreters for your medical appointments. If you need an interpreter, call the Medicaid Information Line at 801-538-6155 or 1-800-662-9651. If you have a plan, call the plan for an interpreter.

Tell us if you use sign language. We will have someone who signs your language help explain the Medicaid program.

If you are hard of hearing, call Utah Relay Services at 711 or toll-free 1-800-346-4128. Utah Relay Services is a free public telephone relay service or TTY/TTD. If you need Spanish relay services, call toll free 1-888-346-3162 for Spanish Relay Utah.

If you have a hard time speaking, call 1-888-346-5822. A specially trained person will help you.

Your Rights and Responsibilities as a Medicaid Member

What are my rights?

- You have the right to be treated fairly
- You have the right to be treated with courtesy and respect
- You have the right to have your privacy protected and be treated with dignity
- You have the right to medical care regardless of your race, color, nationality, disability, sex, sexual orientation, religion, or age
- You have the right to receive information on all available treatment options.
- You have the right to take part in decisions about your medical care, including refusing treatment
- You have the right to ask for a copy of your records and ask that they be changed
- You have the right to appeal a decision made by your health, behavioral health or dental plan. If you disagree with the outcome of your appeal, you have the right to request a state fair hearing
What are my responsibilities as a Medicaid Member?

- When you are making an appointment, tell the provider you have Medicaid
- Tell providers about health and dental plans
- Show your Medicaid card every time you get any services
- Keep appointments or cancel at least 24 hours in advance
- Respect your doctors and their staff; listen to what they say
- Pay your co-pay or co-insurance at the time of service

Use your Medicaid benefits wisely. You will be put on the Restriction program if you misuse or abuse your benefits.

Traditional and Non-Traditional Medicaid

The Medicaid program you are eligible for defines the scope of benefits you may receive.

Traditional Medicaid:

Members who are eligible for Traditional Medicaid include:

1. Children
2. Pregnant Women
3. Aged, Blind or Disabled Adults
4. Adults who are the primary person on a case under the age of 18 with dependent children
5. Women eligible under the Cancer Program

Some services are available only to pregnant women and members eligible for CHEC benefits.

Non-Traditional Medicaid:

Members who are eligible for Non-Traditional Medicaid include:

1. Adults on Family Medicaid programs (adults over the age of 18 with dependent children)
2. Adult care-taker relatives on Family Medicaid

Information in this guide may change at any time without notice. Call an HPR (Health Program Representative) toll-free 1-866-608-9422 for benefit questions.
Utah Medicaid Card

Each Medicaid member will get a wallet-sized Medicaid card. The Medicaid card will have the member's name, Medicaid ID number and date of birth.

You will use this card whenever you are eligible for Medicaid. DO NOT lose or damage your card or give it to anyone else to use. If you do lose or damage your card, call the Department of Workforce Services at 1-866-435-7414 to get a new card.

What do I do with my Medicaid Card?

Show your Medicaid card BEFORE you get medical services from a doctor, hospital or pharmacy. If you have a health or dental plan, your plan may also send you a plan card. Show both your Medicaid card and plan card when you see providers.

Your doctor’s office may ask to see your photo ID with your card. You can use a government issued photo ID like your driver’s license. It is up to your doctor’s office to tell you what other ID they will accept. This is to make sure someone else does not use your Medicaid card to get health care services.

Your Medicaid Member Card will look like this sample:

You may also visit mybenefits.utah.gov to access important information. If you have other questions about your benefits, call Medicaid Member Services at 1-844-238-3091.

Providers have a website to confirm eligibility and benefit information. A phone number and website for your provider to check your eligibility is on the back of your card.

Medicaid Benefit Letter

You will receive a Medicaid Benefit Letter by mail. This letter will give you important information about your Medicaid plans and benefits. When there is a change in your information, you will get a new Medicaid Benefit Letter. Please keep the most recent letter you receive for your records. An example of a Benefit Letter is on the next page.
Jane Doe
1234 S Main Street
Salt Lake City, UT 84199

Case Number: 5555519

MEDICAID BENEFIT LETTER
Effective: July 2015

*PLEASE KEEP THIS LETTER FOR YOUR RECORDS UNTIL YOU RECEIVE A NEW BENEFIT LETTER*

MEMBER: Jane S. Doe
DOB: 4/26/1980
Gender: F
Member ID: 090909876

BENEFIT TYPE: Traditional

CO-PAY INFORMATION: Non-emergency use of ER, Outpatient Hospital and Physician services, Pharmacy & Inpatient Hospital

ELIGIBLE SERVICES: This member is eligible for medical and pharmacy services

HEALTH PLAN: Molina Healthcare
Phone: 1-888-483-0760

PHARMACY BILLING INFORMATION: Medco
Rx Group: B 4445
Rx Bin: VWR 5731
Rx PCN: 5996319
Rx ID: 8773799

Mental Health Provider: OptumHealth-Mental Health
Phone: 877-370-8953

Substance Use Disorder Provider: OptumHealth-Mental Health
Phone: 877-370-8953

Other Insurance: EMI Health
852 E Arrowhead, Murray, UT 84107
Phone: 801-262-2626
Policyholder: Jane S. Doe
ID #: 1000009700876
Group #: EMI7H374

You will only receive a new Benefit Letter if there is a change in the above information.
For information about your benefits, visit mybenefits.utah.gov or call 1-844-238-3091.
For questions or changes affecting your eligibility, visit jobs.utah.gov/mycase or call 1-866-435-7414.
Report changes or corrections in other insurance to ORS call 801-536-8798.

Reminder: If you have a health, dental or mental health plan, you can ask for a copy of each plan’s handbook at any time. The handbooks have information on covered services, how to get them, your rights and responsibilities, the plan’s grievance system and other helpful topics. See your plan’s contact information above if you would like to ask for a handbook.
**MyBenefits**

You can check your Medicaid coverage and plan information online using MyBenefits at [mybenefits.utah.gov](http://mybenefits.utah.gov).

Primary individuals can view coverage and plan information for everyone on their case. Adults and children 18 and older can view their own coverage and plan information. Access may also be given to medical representatives.

For additional information on accessing or viewing benefit information, please visit [mybenefits.utah.gov](http://mybenefits.utah.gov) or call 1-844-238-3091.

**Health Plan**

A health plan is a managed group of doctors, pharmacies, hospitals, medical suppliers and other medical professionals who will provide your medical services. The providers who work with a health plan are called in-network providers. Providers who do not work with a health plan are called out-of-network providers. You must use in-network providers or you may have to pay for services yourself.

Your health plan pays your in-network provider for medical services covered by Medicaid. When you have a health plan, the plan can also provide case management to make sure you get the care you need. The plan can help you find providers and specialists and provide you with educational material.

You need to know how your health plan works. Your health plan may contact you to ask about your medical needs. You have the right to receive privacy information once a year from your health plan.

**Health Plan Counties**

Medicaid members living in the following counties must choose a health plan. If a health plan is not chosen, one will be assigned.

- Box Elder
- Cache
- Davis
- Iron
- Morgan
- Rich
- Salt Lake
- Summit
- Tooele
- Utah
- Wasatch
- Weber
- Washington

**Fee for Service Network Counties**

Medicaid members living in the following counties can choose a health plan or the Fee for Service Network. Fee for Service Network claims are paid directly by the state. Medicaid members who choose to have Fee for Service Network must use Utah Medicaid providers.

- Beaver
- Carbon
- Daggett
- Duchesne
- Emery
- Garfield
- Grand
- Juab
- Kane
- Millard
- Piute
- San Juan
- Sanpete
- Sevier
- Uintah
- Wayne
- Sevier
- Uintah
- Wayne

Contact your providers and ask if they are a Utah Medicaid provider. Many Fee for Service Network providers work with health plans and prefer their patients choose a plan. Check with your providers before choosing Fee for Service Network or a health plan.

The chart on the next page shows the plans you can choose in your county.
<table>
<thead>
<tr>
<th>County</th>
<th>Health Choice Utah</th>
<th>Healthy U</th>
<th>Molina</th>
<th>SelectHealth Community Care</th>
<th>Fee for Service Network</th>
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<tbody>
<tr>
<td>Beaver</td>
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<td>Box Elder</td>
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<td>Millard</td>
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<td>Salt Lake</td>
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<td>San Juan</td>
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<td>Sanpete</td>
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<td>Summit</td>
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<td>Tooele</td>
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<td>Uintah</td>
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<td>Utah</td>
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<td>Weber</td>
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</table>

Members living in yellow-highlighted counties **must** have a health plan. Members living in counties not highlighted can choose a health plan or use the Fee for Service Network.
Dental Plans *

Pregnant women and Medicaid members eligible for Child Health Evaluation and Care (CHEC) benefits living in the following counties must choose a dental plan or a plan will be assigned:

- Davis
- Salt Lake
- Utah
- Weber

A dental plan is a group of dentists you must use for your dental care. Your dental plan will ask you to choose a Primary Care Dentist (PCD) or one will be assigned by the dental plan.

Medicaid has two dental plans. Both dental plans provide the same services. The plans may have different dentists you must see for dental care. You must go to a dentist that accepts your dental plan. Call your dental plan or go to their website to find a dentist in your area.

<table>
<thead>
<tr>
<th>Delta Dental</th>
<th>Premier Access</th>
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<tbody>
<tr>
<td>deltadentalins.com/ut-medicaid</td>
<td>premierlife.com/utmedicaid</td>
</tr>
<tr>
<td>1-866-467-4219</td>
<td>1-877-541-5415</td>
</tr>
</tbody>
</table>

*Pregnant women and Medicaid members eligible for CHEC benefits living in all other counties do not choose a dental plan but must use a dentist that is a Utah Medicaid provider.

Adults who are not pregnant have limited emergency dental services and do not choose a dental plan. They must use a dentist who is a Utah Medicaid provider for their emergency dental care.

When can I change my health or dental plan?

Medicaid members who live in a county that requires a health or dental plan may change plans during the first 90 days after a plan is chosen or assigned.

Changing your plan may affect the doctors, dentists, hospitals, pharmacy and other providers you can use. If you do not want to change your providers, make sure your providers will take the plan you want to choose before making a change.

Call an HPR at 1-866-608-9422 if a plan is not working for you to see if you are able to make a change. Call before the 20th of the month to change your plan for the following month.

You can also change your health or dental plan each year during open enrollment, between mid-May and mid-June. During this time, you can ask to change your plan for any reason. If you make a change during open enrollment, your new plan will start on July 1.

What if I disagree with or have problems with my plan or Medicaid?

To solve a problem with your plan:

- Call your plan to talk to them about the problem
- If there is still a problem, ask your plan how to file an appeal
If your plan makes a final decision denying your appeal and you still disagree with the plan’s decision, ask for a Fair Hearing with Medicaid. You must ask for a Fair Hearing with the state within 30 days of the plan’s final decision.

To solve a problem with Medicaid:

- Call your HPR to talk about the problem
- You can also ask for a Fair Hearing with the state

To ask for a Fair Hearing:

- Go to medicaid.utah.gov/concern-or-complaint
- Follow the instructions on the web page

If you do not have access to the internet, you may call the Fair Hearing Unit at 801-538-6576 and ask for a Hearing Request form.

What do I do if I have other insurance or Medicare?

Other insurance may be through a job, a parent or another source. You may have health, dental, pharmacy or vision insurance or Medicare and still have Medicaid. Your other insurance is the primary or the insurance your provider should bill first. Medicaid pays after your primary insurance makes payment.

Try to use providers who are part of your primary insurance network that will also bill your Medicaid. When you make an appointment, let the office know you have primary insurance and Medicaid. Ask if the provider will bill your primary insurance and then bill your plan or Fee for Service Medicaid.

If you have questions about how Medicare and Medicaid work together, contact the Aging Services in your area or call Medicare Toll-free 1-800-633-4227. You can also visit Medicare online medicare.gov. For TTY, call 1-877-486-2048.

Call the Office of Recovery Services (ORS) at 801-536-8798 if you have any questions about other insurance. Tell ORS anytime there are changes to your primary insurance.

What do I do with medical bills for services when I have Medicaid?

Pay attention to your mail. If you get a bill that says you owe money for medical care, you should:

1. Call the provider’s office. Ask if they have billed your plan or the Fee for Service Network.
2. If they have billed for the services but have not heard back, ask if they will check on the claim. You can also call to check on the claim.
3. If you called your provider’s office and checked on the claim but are still having problems, call an HPR.
You **may** have to pay your own medical bills for Medicaid covered services if:

- You have a plan and see a provider who is not in the plan’s network
- You receive services without showing your Medicaid card to the provider

You **will** have to pay the bill for services:

- When you were not eligible for Medicaid
- After an appeal, grievance or hearing if the claim is denied
- You receive a service is not covered by Medicaid

If you choose to have services that Medicaid does not cover, you should sign a form before having the service that says:

1. The exact service you are having
2. You know the service is not covered by Medicaid
3. How much you will have to pay

**What is a co-payment?**

You may have to pay some of the costs for some benefits and services. This fee is called a co-payment (co-pay). Your Medicaid Benefits Letter will show if you have to pay co-pays. An out-of-pocket maximum amount is the most you have to pay for your medical care during a specific time. The length of time is one month or one year (January through December).

Medicaid members under the age of 18, pregnant women, American Indians and Alaska Natives do not have co-pays.

Non-pregnant adults may have to pay when they:

- Visit a doctor or clinic
- Go to a hospital for outpatient services
- Stay overnight in the hospital
- Get a prescription

Other things you should know about co-pay:

- Pay your co-pay at the time of service
- Providers can turn your account over to a collection agency if you do not pay
- Each time you pay your co-pay, ask for a receipt and save it for the calendar year
- When you have paid the maximum out-of-pocket amount for doctor, inpatient and outpatient services, call the Medicaid Information Line at 1-800-662-9651
- Medicare or other insurance can affect the amount you need to pay
Co-pay Information

Co-payments are the same for Traditional Medicaid and Non-Traditional Medicaid

The following Medicaid members do not have co-payments:

- American Indians
- Alaska Natives
- Pregnant Women
- Members who qualify for CHEC (Child Health Evaluation and Care) benefits

Out-of-Pocket Maximum Co-payments:
Inpatient - $220 co-payment per year, unless inpatient hospital care follows an emergency
Pharmacy - $15 co-payment per month
Physician, podiatry and outpatient hospital services - $100 co-payment per year combined

Not all services listed below are covered under the PCN program.

<table>
<thead>
<tr>
<th>Service</th>
<th>Co-payment</th>
</tr>
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<tbody>
<tr>
<td>Emergency Room (ER)</td>
<td>$6 co-payment for non-emergency use of the ER</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$220 co-payment per year, unless inpatient hospital care follows an emergency</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$3 co-payment per prescription, up to $15 per month</td>
</tr>
<tr>
<td>Physician Visits, Podiatrist &amp; Outpatient Hospital Services</td>
<td>$3 co-payment, up to $100 per year combined (including ophthalmologists)</td>
</tr>
<tr>
<td>Vision Services</td>
<td>$3 co-payment for ophthalmologists</td>
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</tbody>
</table>

Please note:

You might not have a co-payment if you have other insurance, including Medicare.

Benefits without a co-payment:

- Birth Control (Family Planning)
- Immunizations (Shots)
- Preventive Care

For more information, please refer to the Medicaid Member Guide or the PCN Member Guide. To request a guide, call 1-866-608-9422. Information is also available online at Utah Medicaid medicaid.utah.gov and health.utah.gov/umb.

Updated: 5/18/2016
**Does Medicaid pay for services when I am outside of Utah?**

Routine care is not a Medicaid benefit when you are outside of Utah.

When you are outside of Utah, you may be covered for urgent or emergency care. Ask the provider if they will bill your plan or the Fee for Service Network. Medicaid or your plan will pay for real urgent or emergency care if the provider will:

- Accept you as a Utah Medicaid client
- Become a Utah Medicaid provider
- Bill the Fee for Service Network or your plan for the services
- Accept what the Fee for Service Network or your plan pays as full payment

If you need to get a prescription for your emergency, ask the pharmacy if they will contact your health plan or the Utah Medicaid Information Line before you get the prescription. Medicaid will not pay you back for a prescription you paid for yourself.

Call and tell your plan about any out of area urgent or emergency care services you receive.

**Can I see any Medicaid provider in Utah?**

If you have a plan, you must see providers that are in your plan’s network.

If you have the Fee for Service Network, the provider you see must be a Utah Medicaid provider. Always ask if the provider accepts Medicaid.
Basic Medicaid Benefits

- Ambulance
- Birth Control and Family Planning
- Child Health Evaluation and Care (CHEC)
- Dental Benefits
- Doctor Visits
- Emergency and Urgent Care
- Home Health Care
- Hospice Care
- Hospital Care
- Lab and X-Ray Services
- Maternity Care
- Mental Health
- Nursing Home
- Personal Care Services
- Physical and Occupational Therapy
- Podiatry
- Over-the-Counter (OTC) Drugs
- Specialists
- Speech and Hearing Services
- Transportation Services

Some services may not be available to all Medicaid members. Services may have limits or require approval before you can receive them. The approval is called prior authorization (PA). Your provider must ask Medicaid or your plan for a PA if you need a service that requires prior authorization.

Ambulance

Call 911 for an ambulance when you have a true emergency. If needed, Medicaid will pay for a ground or an air ambulance. The ambulance will go to the nearest hospital.
Birth Control and Family Planning

You can get birth control and family planning services from any provider who takes Utah Medicaid or your health plan. You do not pay a co-pay for these services. You get some types of birth control in a doctor’s office. You may need a prescription from a doctor to get some birth control at a pharmacy or for over-the-counter birth control.

Birth Control and Family Planning Chart

<table>
<thead>
<tr>
<th></th>
<th>Traditional Medicaid</th>
<th>Non Traditional Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms</td>
<td>Yes *OTC</td>
<td>Yes *OTC</td>
</tr>
<tr>
<td>Contraceptive Implants</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Creams</td>
<td>Yes *OTC</td>
<td>Yes *OTC</td>
</tr>
<tr>
<td>Depo-Provera</td>
<td>Yes, by doctor</td>
<td>Yes, by doctor</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>Yes *OTC</td>
<td>Yes *OTC</td>
</tr>
<tr>
<td>Foams</td>
<td>Yes *OTC</td>
<td>Yes *OTC</td>
</tr>
<tr>
<td>IUD</td>
<td>Yes, by doctor</td>
<td>Yes, by doctor</td>
</tr>
<tr>
<td>Morning After Pill</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Patches</td>
<td>Yes</td>
<td>Not covered</td>
</tr>
<tr>
<td>Pills</td>
<td>Yes</td>
<td>Yes, generic only</td>
</tr>
<tr>
<td>Rings</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Sterilization (Tubes tied or Vasectomy)</td>
<td>Yes **Consent form required</td>
<td>Yes **Consent form required</td>
</tr>
<tr>
<td>Non-surgical Sterilization (like Essure®)</td>
<td>Yes **Consent form required</td>
<td>Yes **Consent form required</td>
</tr>
</tbody>
</table>

* OTC means Over-the-Counter. You must have a prescription from your doctor.
**Sterilization consent forms must be signed with your doctor 30 days before surgery.
Child Health Evaluation and Care (CHEC) is the name of the Utah Medicaid benefit for children. CHEC benefits can help you keep your child healthy.

To help your child stay healthy, CHEC offers:

- Well-child visits
- Immunizations (shots)
- Vision tests, hearing tests and dental visits
- Local Health Department nurses who help you understand how important CHEC visits are and will help schedule CHEC visits
- Medically necessary services that are not always paid by Medicaid

A CHEC well-child visit includes the following:

- Head to toe exam
- Shots
- Complete health and developmental history
- Evaluation of physical and mental health
- Lab services including required lead screening
- Vision, hearing and dental services
- Health education and helpful advice

Why is it important for your child to have well-child visits?

Your child has a better chance of staying healthy with regular check-ups. The check-ups start at birth. When your child sees their doctor, you know they are on track for healthy development. If the doctor finds a concern, CHEC can help your child get the right help early. Getting help early is important.

A CHEC well-child visit also gives you the chance to ask the doctor any questions or concerns you have about how your child is growing and developing.

CHEC services give your child a better chance to stay healthy. Healthy children are more likely to stay healthy. They have fewer health costs. Healthy children miss less school and their parents miss less work.

When your child is healthy, you save yourself and your family time and worry when your child is healthy.

Remember to ask for a CHEC exam every time you schedule a well-child check-up.
When should your child have a well-child visit?
Utah follows the American Academy of Pediatrician’s (AAP) schedule. We ask you to get well-child visits at the following ages:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy</td>
<td>3 to 5 days after birth</td>
</tr>
<tr>
<td></td>
<td>1 month</td>
</tr>
<tr>
<td></td>
<td>2 months</td>
</tr>
<tr>
<td></td>
<td>4 months</td>
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<tr>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>9 months</td>
</tr>
<tr>
<td></td>
<td>12 months</td>
</tr>
<tr>
<td>Early Childhood</td>
<td>15 months</td>
</tr>
<tr>
<td></td>
<td>18 months</td>
</tr>
<tr>
<td></td>
<td>24 months</td>
</tr>
<tr>
<td></td>
<td>3 years</td>
</tr>
<tr>
<td></td>
<td>4 years</td>
</tr>
<tr>
<td>Middle to late childhood</td>
<td>5 years</td>
</tr>
<tr>
<td></td>
<td>6 years</td>
</tr>
<tr>
<td></td>
<td>8 years</td>
</tr>
<tr>
<td></td>
<td>10 years</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Every year from 11 through 20</td>
</tr>
</tbody>
</table>

Create a Medical Home for your child
Every child needs a Medical Home. A Medical Home is when you, your family and your child’s doctor work together as partners in your child’s medical care. When your child has one doctor who knows them, they have a medical home. This is the best way to make sure your child gets the health care they need.

You support your child’s Medical Home when you:

- Find a doctor who sees your child regularly (it is best to stay with the same doctor who knows your child)
- Tell the doctor what you know about your child
- Listen to what the doctor has to say
- Ask questions when you do not understand what the doctor is saying
- Be sure the doctor understands you

Autism Spectrum Disorder (ASD) Related Service
ASD related services are only available under the CHEC program. ASD related services might include:

- Diagnostic assessments and evaluations
- Therapies such as physical therapy, occupational or speech therapy
- Services that are rooted in the principles of applied behavior analysis (ABA)

In order to receive ABA services, CHEC eligible individuals must have a valid ASD diagnosis.

For more information on ASD related services, go to medicaid.utah.gov/Utah-medicaid-official-publications

Immunizations (Shots)
When you get your child immunized, you protect them from deadly and disabling diseases. You also protect other children from these diseases. Getting the recommended shots is part of a well-child visit. Your child’s doctor will tell you which shots your child needs. Most doctors will be able to give your child this important preventive health benefit.
Laboratory Tests

Lab tests are part of a CHEC visit. They show if your child is healthy or at risk for serious problems. These tests may include:

- Heel-stick or PKU: shows if a new baby has a problem that can cause mental handicaps
- Finger-stick: tells if a baby has enough iron in their blood
- TB test: shows exposure to tuberculosis
- Urine: shows if there is a kidney problem or a chance of diabetes
- Blood Lead Screening: shows if there is lead in their blood

Lead poisoning is preventable. A simple blood test at a regular CHEC visit is very important. Medicaid wants every child to have a blood lead test at age one and at age two. Any child under age six who has not had a blood lead test should get one. If the test shows your child has lead poisoning, the doctor can treat it right away.

Even a low level of lead in a small child’s blood causes serious problems. A small amount of lead in your child’s blood can:

- Slow down brain development and cause learning problems
- Slow down a child’s growth
- Affect how a child acts and behaves
- Cause hearing problems

Higher lead levels can damage a child’s kidneys, cause seizures, coma, or even death.

Some things around the house that you may not think are dangerous are:

- Lead fishing sinkers
- Lead shot
- Lead-based paint in an older house

A young child might chew on chips of paint, suck on lead sinkers, and drink from unglazed pottery. They may also eat sand or dirt with tiny bits of lead. Check your home for these and other lead hazards.

Oral Health and Dental Services

A child should go to a dentist by their first birthday. The dentist will tell you when to bring your child back for a checkup. Sometimes it is not easy to find a dentist who will see a small child unless they have a dental problem. Your child may have to wait until age three for regular checkups.

At the dental exam, the dentist:

- Cleans and checks the teeth
- May apply sealants
- Fixes dental problems
- Teaches good tooth and mouth care
- Gives fluoride treatments and may apply dental fluoride varnish
Hearing and Vision Services

If your child has hearing or eye problems that the doctor cannot treat, the doctor may ask you to take your child to an ear or eye specialist. The specialist will help figure out how to help your child.

When children have special needs or need special services

Some children have special health care needs. The need could be a physical, mental, or emotional disability or a long-term illness.

Often CHEC can cover these special needs. Any special service, treatment, or equipment must be "medically necessary."

Examples of medical needs are:

- Glasses
- Hearing aids
- Therapy (speech, physical, occupational or counseling)
- Assistive technology such as a special wheelchair or a tool to help make eating or dressing easier

Your child’s doctor may be able to work with Medicaid to find a way to meet your child’s special needs.

A CHEC visit helps you learn more about what your child needs. It is a chance for you to talk to the doctor and to be involved in decisions about care and treatment.

Making a CHEC appointment

Call your child’s doctor, dental office or, clinic and ask to make an appointment for a well-child exam. Take your child’s Medicaid card. Do not go for an exam without an appointment.

Outreach and Education

Local public health offices work with Medicaid. Public health nurses make home visits. They let families know when a child needs or is past due for a well-child or dental exam. You may receive a call, letter or home visit from your public health office to remind you to make an appointment.

The public health office can help you schedule an appointment. They can also help answer questions about CHEC. The phone calls and letters are to help you remember to get important CHEC services for your child.

Transportation for CHEC appointments

Talk to a DWS eligibility worker. Ask them if you qualify for reimbursement for travel to go to CHEC well-child and dental visits.
Dental Benefits

Medicaid offers dental services to pregnant women and members who qualify for the CHEC program.

The dental benefits that pregnant women and individuals eligible for CHEC may receive are:

- Examinations
- Cleanings
- Fluoride treatment
- Dental sealants on permanent molars
- X-rays
- Fillings
- Root canals on most teeth
- Silver crowns

If you have a dental plan, you need to see the primary care dentist you chose or the one that was assigned to you. If you want to see a different dentist, you must call your dental plan to make that change before you schedule your dental appointment.

If you do not have a dental plan, you may see any dentist who accepts Utah Medicaid.

Why is it important to get preventive dental care for children?

Oral health is an important part of keeping a child healthy. Children need healthy teeth to chew healthy foods. Healthy teeth help children speak clearly.

If a child does not have good oral health, they may miss school and not learn all they need. This can also cause a parent or caregiver to have to miss work.

Making sure your child receives all the dental benefits offered will help prevent cavities and other dental problems. The Utah Department of Health encourages getting dental services for children.

Emergency Dental Care

Medicaid members who are not pregnant or eligible for the CHEC program can receive limited emergency dental care.

Finding a Dentist

Utah has clinics called the Family Dental Plan. These clinics offer dental care at a lower cost. You can find locations and phone numbers for these clinics in the Resources section at the back of this book.

You can call an HPR 1-866-608-9422 or call dentists in your area to see if they take Medicaid.
Doctor Visits

Medicaid pays the doctor to see you when you have health problems. Most of the time you can get the treatment you need from your primary care doctor. If your doctor feels your problems are too serious to treat in the office, they may refer you to a specialist who accepts the Fee for Service Network or your health plan.

Emergency Care

Use an emergency room **ONLY** when you have a serious medical issue. It is not safe to wait when it is a true emergency. Waiting could mean permanent harm or death. Use the hospital emergency room that is closest to you.

If you go to the emergency room for something that is not a real emergency, you may have to pay the emergency room co-pay or even pay the whole bill yourself.

Urgent care situations are not life threatening and do not cause permanent harm or death. For urgent care, call your doctor and ask if they can see you the same day. You can also use urgent care clinics that are open after normal office hours and on weekends.

If you have the Fee for Service Network, go to an urgent care clinic in your area that will accept Medicaid. If you have a health plan, check your health plan’s provider directory to find an urgent care clinic.

Use your doctor or an urgent care clinic for serious problems when it is safe to wait a few hours before you are treated.

**Examples of urgent care:**

- Sprained wrist or ankle
- Earache
- Bad cough or fever
- Vomiting often
- Very sore throat

Call 911 or go to the nearest hospital if you feel your medical problem is an emergency. For a true emergency, you do not need to call your doctor before you go. Your doctor will provide any needed follow-up care.

**Examples of emergencies:**

- Heavy bleeding
- Chest pain
- Trouble breathing
- Bad burns
- Broken bones
It saves a lot of money when you use an urgent care or after-hours clinic instead of going to an emergency room. *One emergency room visit costs Medicaid the same amount of money as 12 urgent care clinic visits.*

Make sure it is a true emergency before going to an emergency room. Be smart about using your Medicaid card.

**What should I do about a poison emergency?**

If you or someone else has a possible poison exposure or poison emergency, call the Poison Control Help Line at 1-800-222-1222.

*If a person is not breathing, call 911 for help.*

**Eye Exams and Eyeglasses**

Medicaid covers one eye exam each year. Use a vision provider who accepts Medicaid or if you have a health plan, a provider who accepts your plan.

Pregnant women and Medicaid members eligible for CHEC can get eyeglasses. Ask your provider to see frames that Medicaid will pay for in full.

You can get higher priced eyeglasses, but you have to pay the difference between what Medicaid or your health plan pays and the cost of the more expensive glasses. Make sure you sign an agreement if you are going to pay for higher priced glasses.

**Home Health Care**

Home health care is for people who are cannot to go to the doctor’s office, but do not need to be in a hospital or nursing home.

Some types of care you can receive in your home are:

- Physical and other therapies
- Nursing
- Care from a home health aide
- Some medical supplies such as oxygen

Talk to your doctor if you need home health care. Your doctor will need to get prior approval. If you have the Fee for Service Network, use a home health agency that accepts Medicaid. If you have a health plan, be sure to use a provider with your plan. A case manager with your plan can help arrange home health care.

**Hospice Care**

Hospice care helps people be more comfortable when they are dying. For adults the focus of care changes from trying to cure a patient to keeping the patient free from pain. For children the services can include both comforting and healing care. Talk to your doctor if you need these services.
Hospital Care

Medicaid covers both inpatient and outpatient hospital care. You need a referral from your doctor before you use hospital services unless it is a true emergency.

When you have a scheduled surgery and need to stay in the hospital overnight, you may have to pay a co-pay.

Some hospital services need prior approval before you receive them. Your doctor or the hospital will get the approval when needed.

If you have a health plan, use a hospital that accepts your plan.

Lab and X-ray Services

Medicaid covers many lab and x-ray services. The lab may be in your doctor’s office, a clinic lab, or a hospital. If you have a health plan, be sure to use a lab that accepts your plan.

Maternity Care

If you think you are pregnant, see a doctor as soon as possible. Early prenatal care helps you have a healthy baby. You may choose to see a specialist such as an OB/GYN or a Certified Nurse Midwife (CNM). You must use a provider who accepts the Fee for Service Network. If you have a health plan, use an in-network provider.

Medicaid covers:

- Prenatal visits, lab work and tests you may need (like an ultrasound)
- Labor and delivery services
- Anesthesia (treatment for pain)
- Hospital stay
- An in home visit by a public health nurse to see how you and your baby are doing
- Your 6 week check-up after the baby is born
- Tobacco cessation services

Have you had a baby who was born too early and was too small?

Make sure your doctor knows about your past pregnancies. Your doctor can recommend additional treatment that can reduce the chances of having a baby too early.

After your baby is born

Soon after your baby is born, you may get a phone call from a public health nurse. The nurse will offer to schedule a free visit with you in your home. The nurse will talk to you about how you are feeling and how your baby is doing. They will help you find other programs that can help your baby. The nurse can come back if you would like.
Medical Supplies

Talk to your doctor if you need medical supplies. Your doctor will need to write an order for the supplies and may need to get approval from Medicaid or your health plan. If you have a health plan, make sure the medical supplier accepts your plan.

Examples of covered medical supplies are:

- Wheelchairs
- Prosthetic devices
- Bandages or wound care supplies
- Vaporizers or humidifiers
- Oxygen

Mental Health Care

Wasatch County – If you live in Wasatch County, you can get mental health services from Wasatch County Family Clinic or any Medicaid provider.

Prepaid Mental Health Plan (PMHP)

If you live in any county other than Wasatch, Medicaid enrolls you in the Prepaid Mental Health Plan (PMHP) for your area.

You must get mental health services through your PMHP. If you want to get services outside the PMHP, you must get approval from the PMHP before you get the care. If you do not, you may have to pay for the services yourself.

This does not apply to American Indians or Alaska Natives. You may get services from the PMHP or you may get services from Indian health care providers, including an Indian Health Program or an Urban Indian Organization. This does not affect Federally Qualified Health Centers (FQHCs). You can get services from your PMHP or an FQHC.

Inpatient:

PMHPs are responsible to provide mental health care in a hospital.

Outpatient:

PMHPs are responsible to provide outpatient mental health services. Outpatient mental health services may include:

- Evaluations
- Psychological Testing
- Medication Management
- Individual, Family and Group Therapy
- Individual and Group Psychosocial Rehabilitation Services
- Peer Support Services
- Case Management Services
Other services include:

- Electroconvulsive therapy (ECT)
- Interpreter services

If you have Traditional Medicaid, more services may be available based upon your needs. These services are:

- Transportation to mental health appointments (call your PMHP or talk to your therapist for help with transportation)
- Personal services
- Respite care
- Psycho-educational services
- Supportive living

**Mental Health Services for Children in Foster Care**

Inpatient mental health care for children in foster care is the responsibility of the PMHP. Children in foster care may get outpatient mental health services from any Medicaid provider their caseworker recommends.

**Alcohol and Drug Services**

**Medical Detoxification in a Hospital**

If you need in-patient, drug or alcohol detoxification services and have a health plan, call your health plan. If you do not have a health plan, the hospital will bill Medicaid for detoxification services.

**Utah County**

If you live in Utah County, you have two PMHP providers. You will have Wasatch Mental Health and Utah County Drug & Alcohol Services. You must get mental health services through Wasatch Mental Health. You must get any needed outpatient alcohol and drug services through the Utah County Department of Drug and Alcohol Prevention and Treatment their phone number is 801-851-7128.

**Outpatient Alcohol and Drug Services**

The PMHP covers outpatient alcohol and drug services. For Medicaid to pay for the services, you must get outpatient alcohol and drug services through your PMHP.

If you want to get services outside the PMHP, you must get the PMHP to approve it before you get the care. If you do not get approval, you may have to pay for the services yourself.

This does not apply to American Indians or Alaska Natives. You may get services from the PMHP or you may get services from Indian health care providers, including an Indian Health Program or an Urban Indian Organization. This does not affect Federally Qualified Health Centers (FQHCs). You can get services from your PMHP or an FQHC.

PMHPs are responsible to provide outpatient alcohol and drug services.
Outpatient services may include:

- Evaluations
- Psychological testing
- Medication management
- Individual, family and group therapy
- Individual and group psychosocial rehabilitation services
- Peer support services
- Case management services for Traditional Medicaid members

Other services include:

- Interpreter services
- Medicaid may cover transportation to outpatient alcohol and drug services through the Medicaid transportation program. The PMHP does not cover transportation to your substance abuse appointments.

Outpatient Alcohol and Drug Services for Children in Foster Care

Children in foster care may get outpatient alcohol and drug services from any Medicaid provider their caseworker recommends.

Methadone Maintenance Treatment Services

Methadone Maintenance Treatment services are not covered by your PMHP. You can get these services from qualified Medicaid providers. Medicaid pays for these services directly.

If you get Methadone treatment, you are also required to have counseling. You do not have to pay for the counseling if you use a provider who is with your prepaid mental health plan. Call your PMHP if you have questions.

Medications for an Alcohol or Drug Problem

If you are seeing a private doctor who prescribes medicine for an alcohol or drug problem, and the doctor is not part of your PMHP, you can keep seeing your doctor for your medicine.

What do I do if I have problems with my PMHP?

You have the right to let your PMHP know if you do not agree with any decision made by them. You may be unhappy with your mental health, alcohol or drug problem or services, or the care you are getting.

- Call your therapist, the therapist’s supervisor, or the PMHP to talk about the problem
- Call the Medicaid Information Line
- Call an HPR 1-866-608-9422
- If there is still a problem, ask your PMHP about filing a grievance or an appeal
- If you are not happy with the decision your PMHP makes on an appeal, ask for a fair hearing with Medicaid.
Nursing Home

Medicaid covers nursing home care. When a Medicaid member goes from a hospital to a nursing home to continue get well and the stay is less than 30 days, it is a short-term stay. If you have a health plan, your plan is responsible to pay the nursing home.

When a person stays in a nursing home more than 30 days, the stay is long-term. Long-term nursing home patients do not have a health plan. If your stay in a nursing home will be more than 30 days, talk to an HPR about having your health plan removed.

Personal Care Services

Personal care services like bathing, feeding, and dressing may be covered. This help is for people who cannot do these things for themselves. A home health care aide provides personal care. Talk to your doctor if you need these services. Use a home health care provider who accepts the Fee for Service Network. If you have a health plan, use an in-network home health agency to provide the services.

Physical Therapy and Occupational Therapy

Your Medicaid program may cover physical therapy (PT) and occupational therapy (OT). If your program covers it, your doctor will order the therapy. Use a therapist who accepts the Fee for Service Network. If you have a health plan, use an in-network therapist. Depending on your Medicaid program, there may be limitations on the number of OT or PT visits you can have.

Podiatry

Medicaid covers podiatry. Ask your podiatrist if the service you need is covered by Medicaid. Use a podiatrist that accepts Fee for Service Medicaid. If you have a health plan, use an in-network podiatrist.

Prescriptions

Even with a prescription from your doctor, not all drugs are covered. Medicaid covers generic brands. If there is not a generic brand for the drug you need, you may get the name brand. Some prescriptions require prior approval, check with your doctor.

If you have a Medicaid health plan, your plan will pay for most of your prescriptions.

Prescriptions and Medicare

If you have or are eligible for Medicare, Medicaid does not pay for most of your prescriptions. Medicare Part D covers prescriptions for people with Medicare.
The only prescriptions covered by Medicaid for people with Medicare are:

- Some cough and cold medications
- Medicaid covered over-the-counter medications prescribed by your doctor

If you have questions about how Medicare and Medicaid work together, contact the Aging Services in your area or call Medicare Toll-free at 1-800-633-4227. You can also visit the Medicare at medicare.gov. For TTY, call 1-877-486-2048.

**Over-The-Counter (OTC) Drugs**

Medicaid covers over-the-counter (OTC) medicines that are on the Medicaid OTC Drug List. Your provider can check the Preferred Drug List (PDL) to see if the medicine you need is covered by Medicaid.

You need a prescription from your provider for Medicaid or your health plan to pay for OTC medication.

**Specialists**

A specialist is a doctor that treats one area of your body.

Your primary care provider may feel you need to see a specialist if you have a health problem. Be sure your doctor refers you to a provider who accepts the Fee for Service Network. If you have a health plan, make sure the provider accepts your health plan.

**Speech and Hearing Services**

Pregnant women and Medicaid members who are eligible for CHEC may receive speech and hearing services. If you have a health plan, use a speech or hearing specialist who accepts your plan. If you do not have a health plan, ask your doctor to refer you to a speech or hearing specialist who accepts Medicaid.

**Tobacco Cessation Services**

Medicaid will cover some tobacco cessation products for all eligible Medicaid members. If you are interested in these products, talk to your doctor and ask for a prescription.

The Utah Tobacco Quit Line is a free telephone support service to help you quit using tobacco. Telephone counseling is one of the best ways to help people quit smoking or chewing tobacco. You do not have to make an appointment, hire childcare, or find transportation - you just have to pick up the phone and call 1-800-QUIT-NOW. You can also find information at waytoquit.org.

Medicaid has a free support program to help pregnant women stop using tobacco. Please call an HPR for help getting these services.
Transportation Services

Air and ground ambulance for medical emergencies is a benefit of most Medicaid programs. The ambulance takes you to the closest appropriate Medicaid provider. The service you need must be a covered Medicaid benefit.

Traditional Medicaid program may cover transportation to the doctor when it is not an emergency.

The transportation services that may be available are:

- **UTA Bus Pass, including TRAX** (FrontRunner and Express Bus Routes are not included): If you are able to ride a UTA bus, call a DWS eligibility worker at 1-866-435-7414 to ask if your Medicaid program covers a bus pass. If you qualify, the pass will come in the mail. Show your Medicaid card and bus pass to the driver.

- **LogistiCare** is a non-emergency door-to-door service. You may be eligible for LogistiCare if:
  1. You have Traditional Medicaid
  2. There is not a working vehicle in your household
  3. Physical disabilities make it so you are not able to ride a UTA bus or Flex Trans

To qualify your doctor must complete a LogistiCare form stating the medical reason they feel you qualify for door-to-door transportation. To arrange this transportation you must call LogistiCare at 1-855-563-4403.

If you are approved you must make reservations with LogistiCare three business days before your appointment.

After approval, LogistiCare can also provide transportation for urgent care. When you need urgent care, LogistiCare will call your doctor to make sure the problem was urgent.

- **UTA FlexTrans**: Special bus services are available for Medicaid members who live in Davis, Salt Lake, Utah and Weber Counties.

  If you are not physically able to use a regular bus, you may qualify for special bus services. You will have to fill out a form to let them know the disability you have that makes it so you cannot ride a regular bus.

  If you are not physically able to qualify for LogistiCare, you may qualify for services through special bus services. To be eligible for UTA FlexTrans, you must apply for LogistiCare. When there is a medical need, LogistiCare will refer you to UTA FlexTrans.

  Eligible members receive a Special Medical Transportation Card with peel-off stickers to use this transportation service once they have been approved.

**Mileage Reimbursement**: Talk to a DWS eligibility worker if you have questions about mileage reimbursement. Approval for mileage reimbursed depends on many things. Most of the time you will not get reimbursed if there is a more cost effective way for you to get to your appointments.

Families with a child should check with an eligibility worker to see about reimbursement for CHEC well-child medical and dental visits.
**Overnight Costs:** In some cases, when overnight stays are necessary to get medical treatment, Medicaid customers may receive reimbursement for overnight costs. The costs include lodging and food. Overnight costs are rarely paid in advance. Contact DWS to find out which overnight costs may be covered by your Medicaid program.
Other Medicaid Program Information

Restriction Program

The Restriction Program is for people who inappropriately utilize health care services and need help learning how to use medical services wisely and safely. This program provides safeguards against inappropriate and excessive use of Medicaid services.

People who enrolled in the Restriction Program are assigned one doctor and one pharmacy. If you are in the Restriction program, all medical services and prescriptions must be approved or coordinated by your assigned physician. All prescriptions must be filled by your assigned pharmacy. If you need to see another provider, you must get a referral from your assigned provider or Medicaid will not pay the claim. Medicaid members with a health plan can also be enrolled in the Restriction Program.

Spenddown Program (Medically Needy)

If your income is over the allowable limit to be eligible for Medicaid, you may be able to spenddown. Not all Medicaid programs allow a spenddown. A spenddown can be met in cash or by using medical bills that you still owe. Contact a DWS eligibility worker for information about spending down.
Home and Community-Based Waiver Programs

Some people with special needs may qualify for Medicaid through waiver programs. Waivers allow Medicaid to pay for support and services that help people live safely in their own home or in the community. Individuals may participate in a waiver only if they require the level of care provided in a hospital nursing facility or intermediate care facility for intellectual disability. Each program has specific requirements and benefits.

For information about a waiver program see [health.utah.gov/ltc/index.html](http://health.utah.gov/ltc/index.html) or call the numbers below:

- Autism Waiver [health.utah.gov/autismwaiver](http://health.utah.gov/autismwaiver) or call 1-801-538-6090
- New Choices Waiver [health.utah.gov/ltc/NC/NCHome.htm](http://health.utah.gov/ltc/NC/NCHome.htm) or call 1-801-538-6155; option 6, toll-free call 1-800-662-9651; option 6
- Technology Dependent/ Medically Fragile Children Waiver (Travis-C) [health.utah.gov/cshcn/Travis/index.html](http://health.utah.gov/cshcn/Travis/index.html) or call: Children’s Special Health Care Services (CSHCS) 801-584-8240 or toll-free at 1-800-829-8200
- Waiver for Individuals Age 65 or Older: [health.utah.gov/ltc/AG/AGHome.htm](http://health.utah.gov/ltc/AG/AGHome.htm) Call the Division of Aging and Adult Services in your area [daas.utah.gov/locations/](http://daas.utah.gov/locations/)
- For information about how to apply for a waiver program provided by the Division of Services for People with Disabilities (DSPD), see [dspd.utah.gov/eligibility/who-is-eligible/](http://dspd.utah.gov/eligibility/who-is-eligible/) or call 801-538-4200 or toll free 1-800-837-6811
  - Acquired Brain Injury Waiver
  - Community Supports Waiver
  - Physical Disabilities Waiver
Other State Programs and Information

CHIP

CHIP is a state health insurance plan for children who do not have other insurance. It provides well-child exams, immunizations, doctor visits, hospital, emergency care, prescriptions, hearing and eye exams, mental health services and dental care. Preventative services (well-child visits, immunizations, and dental cleanings) do not require co-pay.

For more information, call 1-877-KIDS-NOW (1-877-543-7669) or visit health.utah.gov/chip. Apply online, mail in an application, or visit a DWS office.

PCN (Primary Care Network)

PCN provides limited benefits for adults who qualify. PCN covers basic preventive services (primary care doctor visits, immunizations, four prescriptions each month, basic dental care, and an annual eye exam). Call 1-888-222-2542 or visit health.utah.gov/pcn for more information.

QMB (Qualified Medicare Beneficiary)

QMB is a program that pays your Medicare premiums, co-pays, and deductible. To learn more about the QMB program, contact the DWS office where you apply for Medicaid. Some people get both QMB and Medicaid.

If you are eligible for QMB only (no Medicaid benefits), you will receive a Medicaid card even though you do not have Medicaid benefits. This program is limited to Medicare benefits only. Show your Medicaid card along with your Medicare card when you get medical treatment. Let your provider know that Medicaid only pays for your deductible and co-payments. Your doctor should verify your QMB only coverage online or by phone.

UPP (Utah’s Premium Partnership for Health Insurance)

UPP helps make health insurance more affordable for individuals and families by helping them pay their monthly premium. You may be eligible for UPP if:

- You are not currently enrolled in your employer-sponsored health insurance
- You are eligible for COBRA coverage
- You are already enrolled in COBRA coverage

After you enroll in UPP and begin paying your health insurance premiums, you receive a monthly reimbursement every month. There are also options for your child’s dental coverage. Call 1-888-222-2542 for more information. To apply online, visit health.utah.gov/upp.
cHIE

The Utah Clinical Health Information Exchange or cHIE (pronounced chee) is a system with medical records for other doctors to see. Records in the system are added by doctors and other medical people who use the cHIE.

In case of an emergency, doctors are able to see what allergies you have and what medicine you are taking. They could also find out if you need immunizations or if you have been told you are sick. You would get better care because they would have your medical history. Only approved health care providers can see the information and they look at it only to give care.

A state law says that people who have Medicaid are automatically enrolled in the cHIE. You have the right not to be in the cHIE or to change your consent at any time. You can also just give limited consent so health care providers can only look at your history if you have an emergency.

For more information, visit mychie.org or contact your participating cHIE health care provider.

FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)

Utah has a number of FQHCs and RHCs. These clinics have received special grant money to provide medical care to people who do not have any insurance. They also see patients who have insurance including the Fee for Service Network and some Medicaid health plans.

If you have family members not covered by Medicaid, this is a good resource for them to get low-cost medical care. The cost is based on income. A list of health centers is in the Resource section of this booklet.

Living Well with Chronic Conditions

Do you want to decrease your pain, decrease your doctor visits, and enjoy life more? The Living Well with Chronic Conditions Program offers weekly workshops in local community settings. The workshops are about 2 1/2 hours, once a week for 6 weeks. Anyone with an ongoing condition can come.

Chronic conditions include asthma, arthritis, chronic joint pain, fibromyalgia, cancer, diabetes, kidney disease, high blood pressure, high cholesterol, heart failure, COPD or emphysema, depression, or others. Two trained leaders, one or both with a chronic disease conduct workshops.

Subjects covered include:

1. Techniques for frustration, fatigue, pain & isolation
2. Appropriate exercise to maintain & improve strength
3. Appropriate use of medications
4. Good nutrition
5. Communicating effectively with family, friends and health professionals
6. How to evaluate new treatments

For more information call the Utah Arthritis Program at 801-538-9458 or visit the website health.utah.gov/arthritis/CDSMP
Medicaid Fraud

Medicaid PROVIDER Fraud
If you think a Medicaid provider is involved with fraud, please contact:

The Utah Office of Inspector General (OIG)
Email: mpi@utah.gov
Toll-Free Hotline: 1-855-403-7283

EOMB (Explanation of Medicaid Benefits)
To help stop fraud, you may get a letter from Medicaid. The name of the letter is an EOMB. The letter will list some of the services Medicaid has paid for you. Please let Medicaid know if you did not get one or more of the services shown. Contact Medicaid by calling the phone number on the letter. If you prefer, you may send a letter to the address on the EOMB.

Medicaid CLIENT Fraud
If you think a Medicaid client is involved with fraud, please contact:

Department of Workforce Services Fraud Hotline
Email: wsinv@utah.gov
Telephone: 1-800-955-2210

If you believe you have been improperly denied a service or benefit because of your age, color, disability, national origin, race, religion, sex or sexual preference, please contact:

Medicaid Constituent Services
1-877-291-5583

You may file a complaint by contacting:

Federal Office for Civil Rights
U.S. Department of Health and Human Services
Federal Office Building
1961 Stout Street, Room 1426, Denver, CO 80294-3538
1-800-368-1019
TDD 1-800-537-7697

Website: hhs.gov/ocr   Email: ocrmail@hhs.gov
Resources

Adult Protective Services ................................................................. 1-800-371-7897

Aging Services
Salt Lake City .................................................................................. 385-468-3200
Weber County, Ogden ................................................................. 801-625-3770
Davis County, Farmington ......................................................... 801-525-5050
Utah, Summit & Wasatch County ............................................. 801-229-3804

Baby Your Baby Hotline ............................................................... 1-800-826-9662

CHEC (Child Health Evaluation and Care) ..................................... See Local Health Dept.

Child and Family Services ......................................................... 801-538-4100

CHIP (Child Health Insurance Program)—Toll Free ..................... 1-877-543-7669 or 1-877-KIDS-NOW

C SHCS (Children’s Special Health Care Services)—Toll Free .... 1-800-829-8200

Constituent Services
Governor’s Office—Toll Free ....................................................... 1-800-705-2464
Medicaid ...................................................................................... 801-538-6417
Toll Free ...................................................................................... 1-877-291-5583
DWS ............................................................................................. 801-526-4390
Toll Free ...................................................................................... 1-800-331-4341
Deaf, Utah Association for the, Inc. (TTY) ................................. 801-263-4860

DSPD (Division of Services to People with Disabilities) ........... 1-844-275-3773 or 1-844-ASK-DSPD

Dental Plans
Delta Dental .................................................................................. 1-866-467-4219
Premier Access .......................................................................... 1-877-541-5415

DWS (Department of Workforce Services) ............................... 1-866-435-7414

Family Dental Plans
Ogden ......................................................................................... 801-395-7090
Salt Lake City ............................................................................. 801-715-3400
St George ..................................................................................... 435-652-3806

FQHC (Federally Qualified Health Centers) (income based fees)
Bear Lake Community Health Center ...................................... 435-946-3660
Cache Valley Community Health Center .................................. 435-755-6061
Carbon Medical Services ........................................................ 435-888-4411
Central City Community Health Center .................................. 801-539-8617
Community Health Center (CHC) .......................................... 801-566-5494
Ellis R. Shipp Public Health ...................................................... 385-468-3700
Enterprise Valley Medical Center .......................................... 435-878-2281
Green River Medical Center ..................................................... 435-564-3434
Midtown Community Health Center .................................... 801-393-5355
Mountainlands Community Health Center ......................... 801-374-9660
Oquirrh View Community Health Center .............................. 801-964-6214
South Main Public Health ........................................................ 385-468-4000
Southeast Public Health ............................................................. 385-468-4330
Southwest Utah Community Health Center ......................... 435-986-2565
Stephen D. Ratcliffe Community Health Center ................. 801-328-5750
Fourth Street Clinic ................................................................ 801-364-0058
Wayne Community Health Center .......................................... 435-425-3744

IHS – Utah Navajo Health System
Blanding Family Practice ............................................................ 435-678-3601
Montezuma Creek .................................................................. 435-651-3291
Health Clinics of Utah
Ogden ................................................................. 801-626-3670
Provo ................................................................. 801-374-7011
Salt Lake City .................................................. 801-715-3500

Health Plans
Health Choice Utah – Toll Free ................................ 1-877-358-8797
Healthy U ......................................................... 801-587-6480
Toll Free ........................................................... 1-888-271-5870
Molina ............................................................... 801-858-0400
Toll Free ........................................................... 1-888-483-0760
SelectHealth Community Care – Toll Free .............. 1-855-442-3234
HPR (Health Program Representatives) – Toll Free .... 1-866-608-9422

Information & Referral ............................................ 211

Local Health Department with an HPR
Bear River District Health ...................................... 435-792-6500
Central Utah Health Department .......................... 435-896-5451
Southeastern Utah District Health ......................... 435-637-3671
Southwest Utah Public Health .............................. 435-673-3528
Tooele County Health ......................................... 435-843-2310
Tri County Health Department
Vernal .................................................................. 435-247-1177
Roosevelt .............................................................. 435-722-6300
Wasatch City/County Health ............................... 435-654-2700

Local Health Departments without an HPR
Davis County
Bountiful Clinic .................................................... 801-298-3919
Clearfield ............................................................. 801-525-5000
Rose Park (WIC) .................................................. 385-468-3660
Salt Lake City/County Health .............................. 385-468-4100
South East Clinic, Sandy ..................................... 385-468-4330
South Main Public Health ................................... 385-468-4000
West Jordan (WIC services only) ......................... 385-468-4365
Summit City/County Health .............................. 435-336-4451
Utah City/County Health .................................... 801-851-7000
Weber/Morgan District Health ......................... 801-399-7250

Medicaid Information Line ................................... 801-538-6155
Toll Free ............................................................ 1-800-662-9651

Medicare Information Toll Free ............................ 1-800-633-4227

Mental Health Centers
Bear River Mental Health
Box Elder, Cache, Rich .......................................... 435-752-0750
Central Utah Mental Health
Piute, Sevier, Juab, Wayne, Millard, Sanpete ............ 1-800-523-7412
Davis Behavioral Health
Davis ................................................................. 801-773-7060
Four Corners Community Behavioral Health
Carbon, Emery, Grand ......................................... 1-866-216-0017
Northeastern Counseling Center
Duchesne, Uintah, Daggett .................................... 435-789-6300
OptumHealth Mental Health
Salt Lake ............................................................. 1-877-370-8953
San Juan Counseling Center  
San Juan .......................................................... 1-888-833-2992  
Southwest Behavioral Health  
Beaver, Garfield, Iron, Kane, Washington .............................................. 1-800-574-6763  
Valley Mental Health  
Summit ................................................................................................. 435-649-8347  
Tooele ................................................................................................. 435-843-3520  
Wasatch Mental Health  
Utah ............................................................................................... 1-866-366-7987  
Weber Human Services  
Morgan, Weber .............................................................................. 801-625-3700  

**Mental Health Centers - Other**  
Wasatch County Family Clinic Heber ............................................... 435-654-3003  
ORS TPL Unit .................................................................................. 801-536-8798  
PCN (Primary Care Network) – Toll Free .................................................. 1-888-222-2542  
**Planned Parenthood Clinics** – Toll Free ........................................ 1-800-230-7526 or 1-800-230-PLAN  
Utah Poison Control – Toll Free .............................................................. 1-800-222-1222  
Pregnancy Risk Line – Toll Free .............................................................. 1-800-822-2229 or 1-800-822-BABY  
**Restriction Program**  
Toll Free .......................................................................................... 1-800-662-9651 ext. 900  
RHC (Rural Health Centers) (income-based fees)  
Beaver Medical Clinic ........................................................................ 435-438-7280  
Blanding Medical Center .................................................................... 435-678-2254  
Bryce Valley Clinic ............................................................................. 435-679-8545  
Circleville Clinic ................................................................................. 435-577-2958  
Coalville & Kamas Health Center ....................................................... 435-336-4403  
Emery Medical Center ......................................................................... 435-381-2305  
Garfield Memorial Clinic ................................................................... 435-676-8842  
Intermountain Hurricane Valley Clinic ................................................ 435-635-6400  
Kanab Clinic ....................................................................................... 435-644-4100  
Kazan, Ivan W. Memorial Clinic ............................................................ 435-826-4374  
Moab Family Medicine ....................................................................... 435-259-7121  
Salt Lake Donated Dental (SLDDS) ......................................................... 801-983-0345  
Social Security Administration  
Salt Lake City ..................................................................................... 1-866-851-5275  
Toll Free (US) .................................................................................. 1-800-772-1213 (US)  
**Tobacco Quit Line**—Toll Free .......................................................... 1-800-784-1-800-QUIT-NOW  
Urban Indian  
Sacred Circle Clinic ............................................................................. 801-359-2256  
Urban Indian Center (Indian Walk-in Center) ....................................... 801-486-4877  
Veterans Affairs Medical Center  
Salt Lake City ..................................................................................... 801-582-1565  
Toll Free ............................................................................................. 1-800-613-4012  
WIC (Women, Infants, and Children)  
Toll Free ............................................................................................. 1-800-662-3638
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: February 17, 2015

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) is committed to protecting your medical information. DMHF is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION
DMHF may use your health information for conducting our business. Examples:

Treatment – We may use your health information to appropriately determine approvals or denials of your medical treatment. For example, if you are a Medicaid, Primary Care Network (PCN), Children’s Health Insurance Program (CHIP), or a Utah’s Premium Partnership for Health Insurance (UPP) recipient we may review the treatment plan provided by your health care provider to determine if it is medically necessary.

Payment – We may use your health information to determine your eligibility in the Medicaid, PCN, CHIP, or UPP program and make payment to your health care provider. For example, we may review claims for payment by DMHF for medical services you received from your provider.

Health Care Operations – We may use your health information to evaluate the performance of a health plan or a health care provider. For example, DMHF contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.

Informational Purposes – We may use your health information to give you helpful information such as health plan choices, program benefit updates, and free medical exams.

YOUR INDIVIDUAL RIGHTS
You have the right to:

- Request in writing restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and get a copy of your health information (including an electronic copy if we maintain the record electronically). Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial.
- Request in writing corrections or additions to your health information.
- Change your participation in the cHIE. Contact cHIE by phone (801.466.7705), fax (801.466.7169), or at chie@uhin.org to change your participation status.
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (*) must be made in writing.

Contact the DMHF Privacy Officer to help you with any questions you may have about the privacy of your health information. The Privacy Officer will help you fill out any forms that are needed to exercise your privacy rights.
SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid, PCN, CHIP, and UPP programs and the following:

- To our business associates that perform services on our behalf. We require all business associate to appropriately safeguard your information in accordance with applicable law;
- As required by law. The use and disclosure will be made in full compliance with the applicable laws governing the disclosure;
- To researchers so long as all procedures required by law have been taken to protect the privacy of the data;
- To the Department of Health to report communicable diseases, traumatic injuries, birth defects, or for vital statistics, such as a birth or a death;
- To a funeral director or an organ-donation agency when a patient dies, or to a medical examiner when appropriate to investigate a suspicious death;
- To state authorities to report child or elderly abuse;
- To law enforcement for certain types of crime-related injuries, such as gunshot;
- To the Secret Service or NSA to protect, for example, the country or the President;
- To a medical device’s manufacturer, as required by the FDA, to monitor the safety of a medical device;
- To court officers or an administrative tribunal as required by law, in response to an order or a valid subpoena;
- To governmental authorities to prevent serious threats to the public’s health or safety;
- To governmental agencies and other affected parties, to report a breach of health-information privacy;
- To a worker’s compensation program if a person is injured at work and claims benefits under that program.

Other uses and disclosures of your health information, other than those explained above, require your signed authorization. For example, we will not use your health information unless you authorize us in writing to:

- Share any of your psychotherapy notes, if they exist, with a third party who is not part of your care;
- Share any of your health information with marketing companies; or
- Sell your identifiable health information.

You may revoke your authorization at any time with a written statement.

OUR PRIVACY RESPONSIBILITIES

DMHF is required by law to:

- Maintain the privacy of your health information;
- Provide this notice that describes the ways we may use and share your health information;
- Notify you if your health information was affected by a breach; and
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in DMHF offices and on our website, http://health.utah.gov/hipaa. You may also request a copy of any notice from your DMHF Privacy Officer listed below:

CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, Medicaid, PCN, CHIP, and UPP recipients should contact the DMHF Privacy Officer, Blake Anderson, 801-538-9925; 288 North 1460 West, PO Box 143102, Salt Lake City, Utah 84114-3102; blakeanderson@utah.gov.

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights, 200 Independence Avenue, S. W. Room 509F HHH Bldg., Washington, DC 20201