

Utah Medicaid

member guide

2024



Utah Department of
Health & Human Services
Integrated Healthcare

Member Services
1-866-608-9422

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Acronym Definitions

ASD means Autism spectrum disorder

CHIP means the Children's Health Insurance Program

DWS means the Department of Workforce Services

ER means emergency room

EPSDT means Early and Periodic Screening, Diagnostic, and Treatment

FFS means Fee for Service Network (provider bills Utah Medicaid)

FQHC means Federally Qualified Health Center

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 authorization

PCP means primary care provider

PMHP means Prepaid Mental Health Plan

PT means physical therapy

QMB means Qualified Medicare Beneficiary

RHC means Rural Health Clinic

UTA means Utah Transit Authority



Welcome!

Welcome to Utah Medicaid! This guide is for people with Utah Medicaid. This book helps to explain:

- Medicaid benefits
- Medicaid card
- Rights and responsibilities
- Managed care plans
- Copays
- Well-child exams

You can get this guide in English, Spanish, and Braille.

Interpreters

Tell us if you do not speak English. We will find someone who speaks your language to tell you about Medicaid. Interpreters are free.

Managed care plans (physical health plans, integrated health plans, dental plans, and mental health plans) also provide interpreters. If you have a managed care plan (plan), call the plan for an interpreter. If you don't have a plan and need an interpreter, call:

- Medicaid Information at 801-538-6155 or 1-800-662-9651

Tell us if you use sign language. We will have someone who signs your language tell you about Medicaid.

Utah Relay Services is a free public telephone relay service or TTY/TTD. They will help you if you are hard of hearing. Please call:

- Utah Relay Services at 711 or toll-free 1-800-346-4128
- Spanish Relay Utah toll-free 1-888-346-3162

If you have a hard time speaking, a specially trained person can help you. Call:

- Utah Relay at 1-888-346-5822

Rights and responsibilities

Your rights and responsibilities as a Medicaid member.

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 age, color, disability, national origin, race, religion, sex or sexual orientation.
- 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 corrected if you believe there is incorrect information.

Responsibilities:

- When you are making an appointment, tell the provider you have Medicaid.
- Tell providers if you have a physical health, integrated health, mental health, substance use disorder, and/or dental plan.
- 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 copay at the time of service.

Use your Medicaid benefits wisely

Be wise when using your Medicaid benefits.

- Pick one doctor or clinic to be your primary care provider (PCP).
- Only get prescriptions from your PCP or your specialist.
- Try to use one drug store (pharmacy) to get all of your medicine.
- Do not get the same type of medicine from different doctors or pharmacies.
- Use an urgent care clinic if possible, rather than the emergency room (ER), if your PCP can't see you and you need immediate care.
- Only use the emergency room (ER) if you feel your life could be at risk.

You may be placed on the Restriction Program (page 39) if you overuse or abuse your Medicaid benefits.

Using your benefits

The Department of Workforce Services (DWS) determines which Medicaid program you will have. The Department of Health and Human Services (DHHS) sends you a Medicaid benefit letter that shows you the program(s) you have, and if you have other insurance or a copay. The program you have determines which benefits you have on Medicaid.

Members members receive Traditional Medicaid benefits.

Members eligible for Traditional benefits includes:

- Children
- Pregnant women
- Aged, blind, or disabled individuals
- Women eligible under the Cancer Program
- Parents on Adult Expansion Medicaid or members receiving Parent/Caretaker Relative (PCR) Medicaid
- Individuals on 4-month or 12-month Transitional Medicaid
- Adults on Targeted Adult Medicaid or Adult Expansion Medicaid programs.
- Individuals on the Family Medically Needy Program (Spendedown)

American Indians and Alaska Natives

If you are an American Indian or Alaska Native, make sure your status is confirmed by DWS. To contact DWS, call 1-866-435-7414. American Indians/Alaska Natives do not have copays.

American Indian and Alaska Natives who have a managed care plan may also get services directly from an Indian healthcare program. This means a program run by the Indian Health Services, by an Indian Tribe, Tribal Organization, or an Urban Indian Organization.

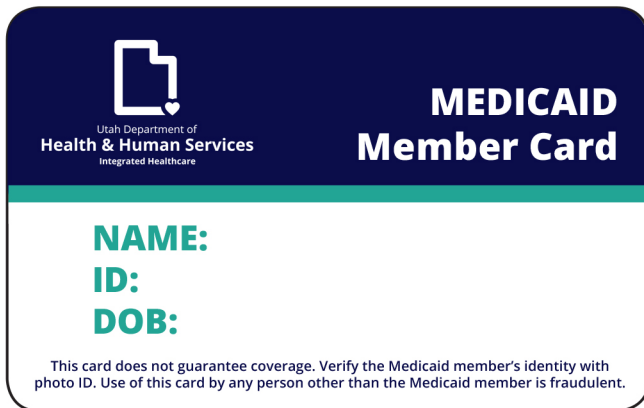
Utah Medicaid card

Each Medicaid member will get a Medicaid card. The card will have the member's name, Medicaid ID number, and date of birth. You will use this card whenever you have Medicaid. DO NOT lose or damage your card or give it to anyone else to use. If something happens to your card, call DWS to ask for a new one.

Show your Medicaid card before you get any services. If you have a plan, the plan may send you a card. Show both your Medicaid card and plan card when you see providers or get a prescription. Your providers may also ask to see photo ID with your Medicaid 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 services.

Your Medicaid member card will look like this sample:

FRONT

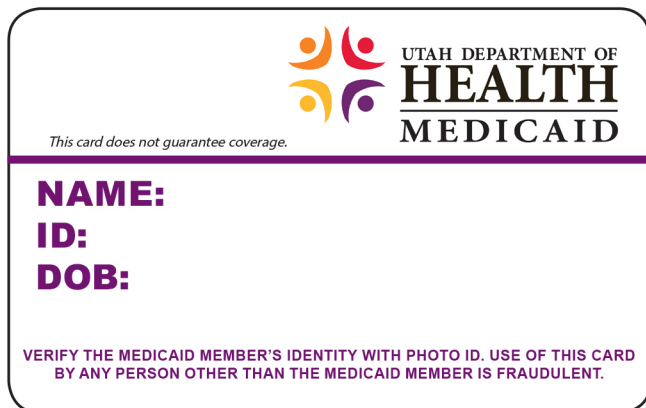


BACK

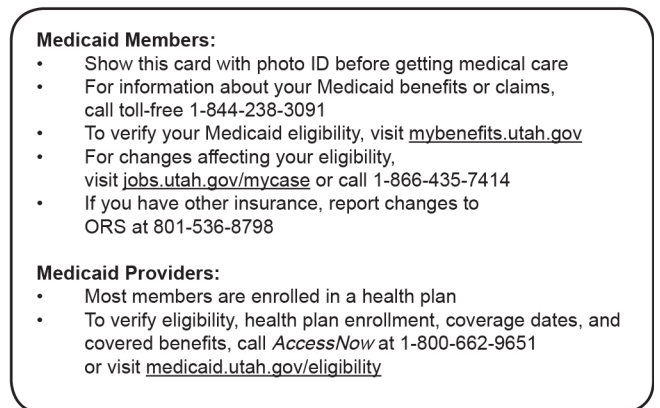


If you were on Medicaid before May 2023, your Medicaid card may look different. It will have the old Utah Department of Health (UDOH) logo. Both cards will work and are accepted by providers. Here is a sample of the old UDOH Medicaid card:

FRONT



BACK



Medicaid benefit letter

Medicaid will mail you a Medicaid benefit letter. This letter will give you helpful information about your Medicaid plans and benefits. When there is a change to your information, you will get a new letter. Please keep the letter for your records. Your letter will look like the example on the next page.

Division of Integrated Healthcare
PO BOX 143108
SALT LAKE CITY UT 84114-3108



State of Utah

Spencer J. Cox
Governor

Deidre Henderson
Lieutenant Governor

Utah Department of Health and Human Services

Tracy Gruber
Executive Director

Division of Integrated Healthcare

Jennifer Strohecker
Division Director

JANE DOE
410 ANY STREET
ANYTOWN UT 84111-1111

Case Number: 5555519

MEDICIAD BENEFIT LETTER
Effective: July 2020

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

MEMBER: Jane S. Doe BENEFIT TYPE: Traditional
DOB: 4/26/1980 GENDER: F MEMBER ID: 090909876

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

PHARMACY BILLING INFORMATION:
RX GROUP: B 4445 RxBin: VWR 57015 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.

Report changes or corrections in other insurance to ORS call 801-536-8798.





MyBenefits

You can check your Medicaid coverage and plans online. You can also find your Form 1095 B to help you complete your taxes. This form shows members on your case who had medical insurance during the previous year.

The Primary Individual (PI) on the case (the person who gave the information to DWS) can view information for everyone on the case. Members who are age 18 or older can view their own information. The PI can give access to medical representatives.

For more information:

- Go to mybenefits.utah.gov
- Call 1-844-238-3091

Plans and providers

Managed care plan (MCP) network, Fee for Service Network (FFS) or University of Utah School of Dentistry (UUSOD)

MCP and FFS networks can include:

- Doctors
- Medical suppliers
- Behavioral health providers
- Pharmacies
- Dentists
- Hospitals
- Other providers

Dental MCP, FFS, and UUSOD networks include:

- General dentists
- Specialists
- Dental hygienists
- Pediatric dentists
- Orthodontists
- Oral surgeons
- Endodontists

Fee for Service (FFS) Network

FFS Network means Medicaid directly pays providers that accept FFS Network Medicaid. The state pays providers to give Medicaid-covered services to members. When you have FFS Network, you must get services from an FFS Network Medicaid provider.

University of Utah School of Dentistry (UUSOD) Network

UUSOD Network means Medicaid directly pays the UUSOD or providers that are part of the UUSOD Network. When you have dental benefits through UUSOD you must get services from a UUSOD Network provider.

Managed care plans

A managed care plan can be a health plan, integrated health plan, dental plan, or Prepaid Mental Health Plan (PMHP). Most Medicaid members have at least one managed care plan. When you have a managed care plan, you must get your services from providers in the plan's network.

Health plans

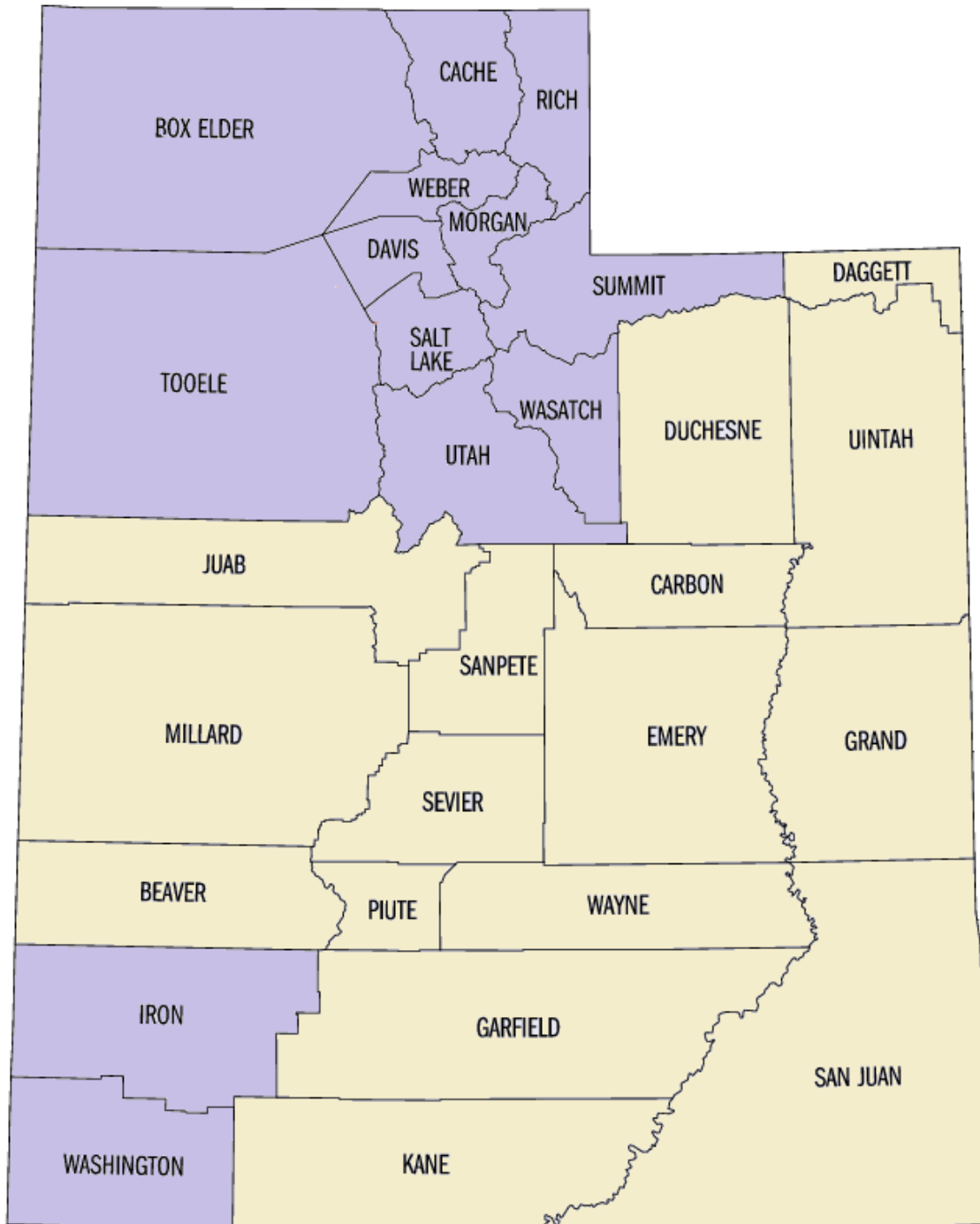
A health plan is a group of doctors, pharmacies, hospitals, medical suppliers, and other medical professionals who will provide your physical healthcare services. The providers who work with a health plan are in-network providers. Providers who do not work with a health plan are out-of-network providers. You must use in-network providers or you may have to pay for services yourself. To find out your plan's in-network providers, you can go to their website or call them.

Your health plan pays your in-network provider for medical Medicaid-covered services. 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.

Available health plans by county

Look at the image below and find the county where you live:

- If your county is purple, you must choose a health plan or you will be assigned to one.
- If your county is yellow, you can choose if you would like to be in the FFS Network or to be enrolled in a health plan.
- If you do not choose a health plan, you will be in the FFS Network.



The chart below shows the health plans you can choose in your county.

| County | Health Choice Utah 1-877-358-8797 | Healthy U 1-888-271-5870 | Molina 1-888-483-0760 | SelectHealth Community Care 1-855-442-3234 | Fee for Service (FFS) Network 1-866-608-9422 |
|------------|--------------------------------------|-----------------------------|--------------------------|---|---|
| Website: | healthchoiceutah.com | uhealthplan.utah.edu | molinahealthcare.com | selecthealth.org | medicaid.utah.gov |
| Beaver | • | • | • | • | • |
| Box Elder | • | • | • | • | |
| Cache | • | • | • | • | |
| Carbon | • | • | • | • | • |
| Daggett | • | • | • | • | • |
| Davis | • | • | • | • | |
| Duchesne | • | • | • | • | • |
| Emery | • | • | • | • | • |
| Garfield | • | • | • | • | • |
| Grand | • | • | • | • | • |
| Iron | • | • | • | • | |
| Juab | • | • | • | • | • |
| Kane | • | • | • | • | • |
| Millard | • | • | • | • | • |
| Morgan | • | • | • | • | |
| Piute | • | • | • | • | • |
| Rich | • | • | • | • | |
| Salt Lake | • | • | • | • | |
| San Juan | • | • | • | • | • |
| Sanpete | • | • | • | • | • |
| Sevier | • | • | • | • | • |
| Summit | • | • | • | • | |
| Tooele | • | • | • | • | |
| Uintah | • | • | • | • | • |
| Utah | • | • | • | • | |
| Wasatch | • | • | • | • | |
| Washington | • | • | • | • | |
| Wayne | • | • | • | • | • |
| Weber | • | • | • | • | |

Members living in counties with a blue background must have a health plan.

Members living in counties not highlighted can choose a health plan or use the FFS Network.

Finding a provider

Health plans

If you have a health plan and need help finding a provider, contact your health plan.

If you have the FFS Network and need help finding a provider, call an HPR at 1-866-608-9422. If you have the FFS Network you can also use an FQHC (Federally Qualified Health Center) or an RHC (Rural Health Clinic). Utah has many FQHCs and RHCs.

If you have a health plan, contact your plan before going to an FQHC or an RHC.

If you have family members not covered by Medicaid, FQHCs and RHCs are a good place for them to get low-cost medical care. The cost is based on income. A list of FQHCs and RHCs is in the Resource section of this booklet (pages 45-48).

Integrated health plans

An integrated health plan will provide all your physical and behavioral health services. Your physical health and behavioral health services will be covered by the same plan. The providers who work with an integrated health plan are in-network providers. Providers who do not work with an integrated health plan are out-of-network providers. You must use in-network providers or you may have to pay for services yourself.

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

Integrated health plans are in Weber, Davis, Salt Lake, Utah, and Washington counties. Only Adult Expansion members are enrolled in integrated health plans. The integrated health plans available in each county are listed in the chart below.

| County | Integrated Health Choice 1-877-358-8797 | Integrated Healthy U 1-888-271-5870 | Integrated Molina 1-888-483-0760 | Integrated SelectHealth 1-855-442-3234 |
|------------|--|--|-------------------------------------|---|
| Website: | healthchoiceutah.com | uhealthplan.utah.edu | molinahealthcare.com | selecthealth.org |
| Weber | • | • | • | • |
| Davis | • | • | • | • |
| Salt Lake | • | • | • | • |
| Utah | • | • | • | • |
| Washington | • | | • | • |

Dental plans

A dental plan is a group of dentists you must go to for your dental care.

The following members must choose a dental plan or one will be assigned:

- Children, 0-18 years of age
- Members eligible for Medicaid due to pregnancy
- Members, age 19 or 20 who are eligible for Medicaid due to disability or visual impairment

Children in Foster Care Medicaid, Adult Expansion Medicaid members who are ages 19 or 20, Targeted Adult Medicaid members who are age 19 or 20, and members eligible for Nursing Home Medicaid do not have to choose a dental plan. They will get dental care through the FFS Network and can see any dental provider who will take Medicaid.

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

| Utah Medicaid dental plans | | |
|----------------------------|----------------|----------------------------|
| Plan name | Phone number | Website |
| MCNA Dental | 1-844-904-6262 | mcnaut.net |
| Premier Access Dental | 1-877-541-5415 | premierlife.com/utmedicaid |

University of Utah School of Dentistry (UUSOD)

The following members are eligible for full dental benefits and must get services through the UUSOD:

- Adults, age 65 or older, eligible for Aged Medicaid
- Members ages 21-64, eligible for TAM who are actively participating in substance use disorder treatment
- Members, age 21 or older, eligible for Medicaid due to disability or blindness

These members must receive all of their dental services from the UUSOD panel of providers.

Changing health, integrated health or dental plans

Open enrollment

If you live in a county that requires you to choose a health plan, integrated health plan, or a dental plan, you can change your plan within the first 90 days after the plan begins. You can also change your plan each year during open enrollment. Open enrollment is mid-May through mid-June each year. During this time, you can ask to change your plan for any reason. If you make a change at this time, your new plan will start on July 1 of that year.

If you change your plan, you may need to change the providers you are using. If you do not want to change your providers, ask if they take the plan you want to choose **before** making a change.

If you live in a county where you can choose a health plan or use the FFS Network, you may make a change, for a future month, any time.

If your plan is not working for you and you want to make a change, call:

- An HPR at 1-866-608-9422

If you are able to make a change it will be for a future month. Call before the 20th of the month to change your plan for the following month.

Prepaid Mental Health Plan (PMHP)

The Prepaid Mental Health Plan (PMHP), along with integrated health plans, cover inpatient mental healthcare in a hospital and outpatient mental health and substance use disorder (SUD) services. Mental health and SUD services are called behavioral health services. See the mental health and SUD section for the mental health and SUD services Medicaid covers.

Most Medicaid members have a PMHP. If you have a PMHP, you must get your mental health or SUD services through your PMHP.

Where you live determines your PMHP. You cannot change your PMHP. If you move to a different county that does not have the same PMHP, then your PMHP will change.

You must get approval from your PMHP if you want to get services outside the PMHP. If you do not get approval from your PMHP, you may have to pay for the services yourself.

If you do not have a PMHP or an integrated health plan, Medicaid pays the provider.

Please see the county chart on the following pages for the mental health and SUD PMHPs in your county. Each PMHP listed has contact information, including the telephone number and website.

PMHPs by county

| County | Mental Health PMHP | Substance Use Disorder PMHP |
|-----------|--|--|
| Beaver | Southwest Behavioral Health 1-800-574-6763 www.sbhc.us | Southwest Behavioral Health 1-800-574-6763 www.sbhc.us |
| Box Elder | Bear River Mental Health 435-752-0750 www.brmh.com | No PMHP; Fee for Service Network 1-866-608-9422 medicaid.utah.gov |
| Cache | Bear River Mental Health 435-752-0750 www.brmh.com | No PMHP; Fee for Service Network 1-866-608-9422 medicaid.utah.gov |
| Carbon | Four Corners Community Behavioral Health 1-866-216-0017 www.fourcorners.ws | Four Corners Community Behavioral Health 1-866-216-0017 www.fourcorners.ws |
| Daggett | Northeastern Counseling Center 1-844-824-6776 nccutah.org | Northeastern Counseling Center 1-844-824-6776 nccutah.org |
| Davis | Davis Behavioral Health 801-773-7060 www.dbhutah.org | Davis Behavioral Health 801-773-7060 www.dbhutah.org |
| Duchesne | Northeastern Counseling Center 1-844-824-6776 www.nccutah.org | Northeastern Counseling Center 1-844-824-6776 www.nccutah.org |
| Emery | Four Corners Community Behavioral Health 1-866-216-0017 www.fourcorners.ws | Four Corners Community Behavioral Health 1-866-216-0017 www.fourcorners.ws |
| Garfield | Southwest Behavioral Health 1-800-574-6763 www.sbhc.us | Southwest Behavioral Health 1-800-574-6763 www.sbhc.us |
| Grand | Four Corners Community Behavioral Health 1-866-216-0017 www.fourcorners.ws | Four Corners Community Behavioral Health 1-866-216-0017 www.fourcorners.ws |
| Iron | Southwest Behavioral Health 1-800-574-6763 www.sbhc.us | Southwest Behavioral Health 1-800-574-6763 www.sbhc.us |
| Juab | Central Utah Counseling Center 1-800-523-7412 www.cucc.us | Central Utah Counseling Center 1-800-523-7412 www.cucc.us |
| Kane | Southwest Behavioral Health 1-800-574-6763 www.sbhc.us/ | Southwest Behavioral Health 1-800-574-6763 www.sbhc.us/ |
| Millard | Central Utah Counseling Center 1-800-523-7412 www.cucc.us | Central Utah Counseling Center 1-800-523-7412 www.cucc.us |

| County | Mental Health PMHP | Substance Use Disorder PMHP |
|------------|---|---|
| Morgan | Weber Human Services 801-625-3700 www.weberhs.net | Weber Human Services 801-625-3700 www.weberhs.net |
| Piute | Central Utah Counseling Center 1-800-523-7412 www.cucc.us | Central Utah Counseling Center 1-800-523-7412 www.cucc.us |
| Rich | Bear River Mental Health 435-752-0750 www.brmh.com | No PMHP; Fee for Service Network 1-866-608-9422 medicaid.utah.gov |
| Salt Lake | Optum Mental Health 1-877-370-8953 www.optumhealthslco.com | Optum Mental Health 1-877-370-8953 www.optumhealthslco.com |
| San Juan | San Juan Counseling Center 1-888-833-2992 www.sanjuanc.org | San Juan Counseling Center 1-888-833-2992 www.sanjuanc.org |
| Sanpete | Central Utah Counseling Center 1-800-523-7412 www.cucc.us | Central Utah Counseling Center 1-800-523-7412 www.cucc.us |
| Sevier | Central Utah Counseling Center 1-800-523-7412 www.cucc.us | Central Utah Counseling Center 1-800-523-7412 www.cucc.us |
| Summit | Healthy U Behavioral 1-833-981-0212 healthyubehavioral.com | Healthy U Behavioral 1-833-981-0212 healthyubehavioral.com |
| Tooele | Optum Tooele County 1-800-640-5349 tooele.optum.com | Optum Tooele County 1-800-640-5349 tooele.optum.com |
| Uintah | Northeastern Counseling Center 1-844-824-6776 www.nccutah.org | Northeastern Counseling Center 1-844-824-6776 www.nccutah.org |
| Utah | Wasatch Behavioral Health 1-866-366-7987 www.wasatch.org | Wasatch Behavioral Health 1-866-366-7987 www.wasatch.org |
| Wasatch | No PMHP; Fee for Service Network 1-866-608-9422 medicaid.utah.gov | No PMHP; Fee for Service Network 1-866-608-9422 medicaid.utah.gov |
| Washington | Southwest Behavioral Health 1-800-574-6763 www.sbh.org | Southwest Behavioral Health 1-800-574-6763 www.sbh.org |
| Wayne | Central Utah Counseling Center 1-800-523-7412 www.cucc.us | Central Utah Counseling Center 1-800-523-7412 www.cucc.us |
| Weber | Weber Human Services 801-625-3700 www.weberhs.net | Weber Human Services 801-625-3700 www.weberhs.net |



American Indians and Alaska Natives

If you live in a county other than Wasatch, you have a PMHP. However, you can use any of the following for your mental health or SUD services:

- Your PMHP
- Indian Health Program
- Indian Health Services
- Urban Indian Program
- Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs)

Mental health and substance use disorder services for children in foster care

The PMHP pays for inpatient psychiatric treatment in a hospital for children in foster care. Children in foster care can get outpatient mental health or SUD services from any Medicaid provider their caseworker recommends. Medicaid will pay the provider.

Mental health and substance use disorder services for children with Subsidized Adoption Medicaid

Children with Subsidized Adoption Medicaid are enrolled in a PMHP. Sometimes adoptive families would like their children to get services from a provider not on the PMHP's panel. In these instances, these children can be disenrolled from the PMHP on a case-by-case basis for outpatient mental health or SUD services. The Department of Health and Human Services, Division of Child and Family Services (DCFS) post adoption workers can help families if they would like to have their child disenrolled from the PMHP for outpatient mental health or SUD services.

Medications for substance use disorders

Some doctors are not part of a PMHP but prescribe medicine for SUD problems. If you are seeing this type of doctor, you can keep seeing your doctor for your medicine.

Medical detoxification in a hospital

Your PMHP does not cover this service. If you need medical detoxification in a hospital and have a physical health or integrated health plan, call your physical health or integrated health plan. If you do not have a health plan, Medicaid will pay the hospital for detoxification services.

Methadone

Your PMHP does not cover methadone. Medicaid will pay the methadone provider.

Transportation

Mental health services

If you need rides to get outpatient mental health services, you can get a ride through Medicaid's transportation program. See the Transportation section on page 37. If you have a PMHP, your PMHP might help you with rides to mental health services.

Substance use disorder services

If you need rides to get outpatient substance use disorder services, you can get them through the Medicaid transportation program. See the Transportation section on page 37. The PMHP does not cover rides to your substance use disorder services.

Problems with Fee for Service Network

Complaints can be about your care, services given to you, or a provider being rude or making you feel they do not respect your rights.

If you have a complaint, call:

- An HPR at 1-866-608-9422
- Medicaid Constituent Services at 1-877-291-5583 or via email at medicaidmemberfeedback@utah.gov

Problems with a physical health plan, integrated health plan, dental plan, or PMHP

Sometimes you may have a complaint about your plan. Complaints can be about your care, services given to you, or a provider being rude or making you feel they do not respect your rights.

If you have a complaint, you may contact:

- Your plan about the problem
- An HPR at 1-866-608-9422
- Utah Medicaid Constituent Services at 1-877-291-5583 or via email at medicaidmemberfeedback@utah.gov

Your plan might make a decision that you have the right to appeal. Examples include:

- Not approving the service you want
- Denying payment to your provider
- Reducing or stopping a service your plan had approved

If this happens, your plan will send you a letter. The letter will tell you about their decision. It will also tell you how to ask for an appeal. If you ask for an appeal, the plan will review the decision they made. If you ask for an appeal with the plan and they do not change their decision, you can ask for a state fair hearing with Medicaid. You must ask for a fair hearing within 120 days of your plan's final decision.

To ask for a Medicaid state fair hearing:

- Go to [medicaid.utah.gov/concern-or-complaint](https://www.medicaid.utah.gov/concern-or-complaint) and follow the instructions on the webpage.

If you do not have access to the internet:

- Call the Medicaid Office of Administrative Hearings and ask for a hearing request form at 801-538-6576 or 1-800-662-9651.

Other Insurance or Medicare

You may have other insurance or Medicare and still receive Medicaid.

Other insurance can be:

- Through a job
- Through a parent
- Another source

The other insurance is the first, or primary insurance. Medicaid is your second insurance. Your provider bills your primary insurance first. Medicaid pays after your primary insurance makes their payment.

Try to use providers who are with your first insurance and will also bill Medicaid. When you make an appointment, let the office know you have primary insurance and Medicaid. Ask if they will bill both.

For questions about how Medicare and Medicaid work together, call or go online:

- The Aging Services in your area at daas.utah.gov/locations/
- Medicare at 1-800-633-4227 for TTY, call 1-877-486-2048
- Medicare online at [medicare.gov](https://www.medicare.gov)

You must tell the Office of Recovery Services (ORS) anytime there are changes to your primary insurance. ORS can help you determine other insurance coverage. Call ORS at 801-536-8798.



Medicare and Medicaid

If you have Medicare and Medicaid, you are “dual eligible” which means you have one or more of the following:

- Medicare Part A (Hospital)
- Medicare Part B (Medical)
- Medicare Part D (Prescription Drugs)
- And Medicaid

Since you have both Medicare and Medicaid, you can choose to have a Medicare Advantage Dual Special Needs Plan (DSNP) for your medical coverage. DSNP plans may offer extra benefits, such as dental and vision. You do not have to enroll in a DSNP. If you choose not to have a DSNP, your Medicaid benefits will not change. DSNPs are not available in every county.

To learn more about, or to choose to be enrolled in a DSNP, you can contact the plans which have contracted with the state:

| Medicare Advantage Dual Special Needs Plan (DSNP) | Counties where available |
|--|--|
| <p>Aetna Dual Preferred (HMO DSNP/PPO-DSNP) 1-800-241-9379 (TTY:711) AetnaMedicare.com/sites/mydsnp2.html</p> | <p>Box Elder, Cache, Carbon, Daggett, Davis, Duchesne, Iron, Juab, Morgan, Rich, Salt Lake, Summit, Tooele, Uintah, Utah, Wasatch, Washington, Weber</p> |
| <p>HumanaChoice SNP-DE (PPO DSNP) Call 1-888-457-4708 (TTY: 711) humana.com/medicare/medicare-advantage-plans/humana-special-needs</p> | <p>Beaver, Box Elder, Cache, Davis, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, San Juan, Summit, Tooele, Utah, Wasatch, Washington, and Weber</p> |
| <p>Molina Medicare Complete Care (SNP) 1-866-403-8293 (TTY: 711) MolinaMore.com</p> | <p>Box Elder, Cache, Davis, Iron, Salt Lake, Tooele, Utah, Washington, and Weber</p> |
| <p>SelectHealth Medicare Dual 1-855-442-9940 (TTY: 711) selecthealth.org/medicare</p> | <p>Davis, Salt Lake, Utah, and Weber</p> |
| <p>UnitedHealthcare Dual Complete Choice (PPO DSNP) UnitedHealthcare Dual Complete Select (PPO DSNP) 1-855-277-4716 (TTY: 711) uhcmedicarehealthplans.com</p> | <p>Beaver, Box Elder, Cache, Carbon, Daggett, Davis, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, Sanpete, Sevier, Summit, Tooele, Uintah, Utah, Wasatch, Washington, Wayne, and Weber</p> |

Medical bills when you have Medicaid

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

- Call the provider's office and ask if they have billed your plan or the FFS Network.
- If you called your provider's office and checked on the claim but are still having problems, call an HPR at 1-866-608-9422.

You *may* have to pay the bills for Medicaid covered services if:

- You have a plan and see a provider who is not with the plan.
- You receive services and do not show your Medicaid card.

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

- When you were not eligible for Medicaid.
- After a hearing, if the claim is denied.
- When you receive a service that 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 getting, including the frequency and duration of the service if it will be ongoing.
2. You know Medicaid does not cover the service.
3. How much you will have to pay.

Coverage outside of Utah

Medicaid does not pay for routine care when you are outside of Utah.

When you are outside of Utah, you may have coverage for urgent or emergency care. Ask the provider if they will bill your plan or FFS Network. Medicaid or your plan will pay for true urgent or emergency care if the provider will:

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

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

Call and tell your plan about any urgent or emergency care you received while you were out of the state.

Providers in Utah

If you have a plan, you must see providers that are in your plan's network. If you have Fee for Service Network, the provider you see must be a Utah Medicaid provider.

Always ask if the provider accepts Utah Medicaid.

Copay information

You may have to pay a set amount for some services. This is called a copay. Your Medicaid benefits letter shows if you have to pay copays. An out-of-pocket maximum is the most you have to pay during a year.

Members who don't have copays:

- Alaska Natives
- Members eligible for Cancer Medicaid
- Targeted Adults Medicaid (TAM) members
- Members with Temporary Assistance to Needy Families (TANF)/Family Employment Program (FEP)
- American Indians
- Members under the age of 18
- Pregnant members
- Members getting hospice care

Members with copays are non-pregnant adults who:

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

Other things you should know about copays:

- Pay your copay 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 copay, ask for a receipt and save it.
- Medicare or other insurance can affect the amount you need to pay.

Copay chart

The following are copay amounts for members with copays:

| Service | Copay |
|--|---|
| Emergency room (ER) | \$8 for non-emergency use of the ER |
| Inpatient hospital | \$75 for each inpatient hospital stay |
| Pharmacy | \$4 per prescription, no more than \$20 total per month |
| Physician, urgent care, podiatry, physical therapy, and outpatient hospital services | \$4 per visit, no more than \$100 total per year or up to 5% of income, whichever is less* |
| Vision services | \$4 per visit with an optometrist \$4 per visit with an ophthalmologist |

*A copay year starts January 1 and goes through December 31.

Out-of-pocket maximum copays

Pharmacy: \$20 copay per calendar month

Physician, urgent care, podiatry, physical therapy, and outpatient hospital services: no more than \$100 total per year* or up to 5% of income, whichever is less

*A copay year starts January 1 and goes through December 31.

You might not have a copay if you have other insurance, including Medicare.

You will **not** have a copay for covered:

- Family planning services
- Immunizations (shots)
- Preventative services
- Nursing home stays
- Lab and radiology services
- Dental services
- Tobacco cessation services
- Outpatient mental health/substance use disorder treatment

Medicaid benefits

- Ambulance
- Birth control and family planning
- Dental benefits
- Doctor visits
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Emergency care and urgent care
- Home healthcare
- Hospice care
- Hospital care
- Lab and x-ray services
- Maternity care
- Medical supplies
- Mental health and substance use disorder (SUD) services
- Nursing home and personal care services
- Physical and occupational therapy
- Podiatry
- Prescriptions
- Specialists
- Speech and hearing services
- Tobacco cessation services
- Transportation for Medicaid covered services

Some services are not available to all Medicaid members. Services may have limits or require approval before you can have them. Approval before a service is a prior authorization (PA). Your provider must ask Medicaid or your plan for any needed PA.

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. There is not a copay 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.

| Type of birth control | Traditional Medicaid |
|--|---------------------------------|
| Condoms | Yes *OTC |
| Contraceptive implants | Yes |
| Creams | Yes *OTC |
| Depo-Provera | Yes, by doctor |
| Diaphragm | Yes *OTC |
| Foams | Yes *OTC |
| IUD** | Yes, by doctor |
| Morning after pill | Yes |
| Patches | Yes |
| Pills | Yes |
| Rings | Yes |
| Sterilization (Tubes tied or vasectomy) | Yes ***Consent form required |
| Non-surgical sterilization (like Essure®) | Yes ***Consent form required |

* OTC means over-the-counter. You must have a prescription from your doctor.

**IUD is available both in the hospital after childbirth or in your provider's office.

***Sterilization consent forms must be signed with your doctor 30 days before surgery.

Dental benefits

Pregnant members, members with EPSDT benefits, and members who are eligible for Medicaid due to a disability and/or a visual impairment have dental benefits.

Members may receive services such as:

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

If you have a dental plan, you must use a dentist that is on the plan's provider network.

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 might miss days at school. 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 and Human Services encourages getting dental services for children.

Dental services for members age 65 and older

Medicaid members, age 65 and older, are eligible to receive dental services. All dental services will be provided by the University of Utah School of Dentistry and its network of dental providers statewide.

Members may receive dental services such as:

- Examinations and x-rays
- Cleanings
- Fillings and other restorations
- Root canals on most teeth
- Dentures and partial dentures
- Extractions
- Porcelain Crowns

For appointments or information, contact the University of Utah Dental Medicaid Call Center at 801-587-7174.

Finding a dentist

If you have a dental plan:

- Call your dental plan or visit their website to find dentists in your area.

If you do not have a dental plan:

- Call dentists in your area to see if they take Medicaid.
- Call an HPR at 1-866-608-9422 for help finding a dentist near you.
- Visit insurekidsnow.gov to search for a dentist who accepts Medicaid.

If you are eligible for the University of Utah School of Dentistry Network:

- Contact the University of Utah at 801-587-7174.
- Call an HPR at 1-866-608-9422.

If you have a dentist:

- Call and let them know you have Medicaid and ask what Medicaid dental plan they accept.

Doctor visits

Medicaid pays the doctor to see you. Most of the time you can get the treatment you need from your primary care doctor. If your doctor feels your problem is too serious to treat in the office, they may refer you to a specialist.

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

EPSDT is a benefit for children on Medicaid. Medicaid members from birth through age 20 can get EPSDT covered services.

EPSDT benefits can help you keep your child healthy.

To help your child stay healthy, EPSDT offers:

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

An EPSDT 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, EPSDT can help your child get the right help early. Getting help early is important.

An EPSDT 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. EPSDT 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. Remember to ask for an EPSDT 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:

| Stages | Ages | | | | | | |
|--------------------------|-------------------------------|-----------|-----------|----------|----------|----------|-----------|
| Infancy | 3 to 5 days after birth | 1 month | 2 months | 4 months | 6 months | 9 months | 12 months |
| Early childhood | 15 months | 18 months | 24 months | 3 years | 4 years | | |
| Middle to late childhood | 5 years | 6 years | 8 years | 10 years | | | |
| Adolescence | Every year from 11 through 20 | | | | | | |

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 healthcare 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



Autism Spectrum Disorder (ASD) Related Services

ASD related services are only available under the EPSDT program. These services are not covered by Medicaid health plans, but paid directly by Medicaid. Services received in the child's school are not covered.

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, EPSDT eligible individuals must have a valid ASD diagnosis.

For more information on ASD related services, go to medicaid.utah.gov/ltc-2/asd/.

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 an EPSDT 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 screening

Lead poisoning is preventable. A simple blood test at a regular EPSDT 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 check-up. 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
- May apply dental fluoride varnish

Hearing and vision services

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

Children with special healthcare needs

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

An EPSDT 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 an EPSDT 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 EPSDT. The phone calls and letters are to help you remember to get important EPSDT services for your child.

Transportation for EPSDT appointments

Medicaid can help you get your child to EPSDT well-child and dental visits. See page 37 for more information.

Emergency care and urgent Care

Use an emergency room (ER) only when you have a very 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 true emergency, you may have to pay the emergency room copay or even pay the whole bill yourself.

Use an urgent care when conditions 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.

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

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

Examples of when to visit an urgent care:

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

Examples of emergencies:

- Bad burns
- Broken bones
- Chest pain
- Heavy bleeding
- Trouble breathing

It saves a lot of money when you use an urgent care or after-hours clinic instead of going to an emergency room. Just one ER visit costs about 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 when using your Medicaid card.

Poison emergency

For poison exposure or a poison emergency:

- Call the Poison Control Help Line at 1-800-222-1222
- Call 911 if a person is not breathing

Eye exams and eyeglasses

Medicaid covers one eye exam each year. Pregnant members and members with EPSDT benefits can get eyeglasses. Ask your provider to see frames that Medicaid will pay for in full.

You can get higher priced eyeglasses, but you will have to pay the difference. Make sure you sign an agreement if you are going to pay for higher priced glasses.

Home healthcare

When someone does not need to be in a care center but cannot go to a doctor, he/she needs home healthcare.

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

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

Talk to your doctor if you need home healthcare. Your doctor will need to get prior approval.

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.

Unless you are going to the ER for a true emergency, you need a referral from your doctor before going to the hospital. When you have a scheduled surgery and need to stay in the hospital overnight, you may have to pay a copay.

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, 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).

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



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 medical supplies. Some supplies need approval before you can get them. Your doctor may need to get the approval.

Examples of covered medical supplies are:

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

Mental health and substance use disorder (SUD) services

Medicaid covers mental health and substance use disorder (behavioral health) services.

Outpatient services for behavioral health

- Evaluations
- Psychological testing
- Individual, family and group therapy
- Therapeutic behavioral services
- Individual and group psychosocial rehabilitative services
- Medication management with doctors and nurses
- Peer support services
- Mobile crisis outreach services
- Assertive Community Treatment (ACT)
- Targeted case management services

Residential treatment services

Medicaid covers the outpatient services listed above for mental health or SUD in residential treatment programs with 16 or fewer beds.

Medicaid also covers the outpatient services listed above in residential treatment programs with 17 or more beds when:

- The treatment is for SUD, and
- The program is licensed as a substance use disorder residential treatment program.

Other services

- Electroconvulsive therapy (ECT)

Inpatient hospital psychiatric services

Inpatient hospitalizations related to behavioral health are a covered service. Medicaid members enrolled in a PMHP plan or integrated care plan will have the inpatient stay covered by their plan. The inpatient hospitalization may require a prior authorization.

Other SUD:

- Methadone
- Medical detoxification in a hospital

For more information on getting behavioral health services, see the Prepaid Mental Health Plan (PMHP) section on page 15 or the integrated care section on page 13.

Nursing home and personal care services

Nursing home

Medicaid covers nursing home care. When a Medicaid member moves from a hospital to a nursing home to 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 are for people who cannot do things for themselves. Things such as bathing, feeding, and dressing may be covered. A home healthcare aide provides personal care. Talk to your doctor if you need these services.

Physical 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. Your Medicaid program may have limits on the number of PT or OT visits you can have.

Podiatry

Medicaid covers podiatry. Ask your podiatrist if Medicaid will pay for the service you need.

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 with Medicare

When a member has or can get Medicare, Medicaid does not pay for most 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:

- Call Medicare toll-free at 1-800-633-4227
- Visit Medicare online at medicare.gov
- Call the Aging Services in your area, for TTY 1-800-541-7735

Over-the-counter (OTC) drugs

Medicaid covers some over-the-counter (OTC) medicines. Your provider can check the drug list to see if the medicine you need is covered.

You need a prescription from your doctor for Medicaid or your health plan to pay for OTC medicine.

Specialists

A specialist is a doctor that treats one area of your body. Your primary care provider may refer you to a specialist if you have a serious health problem. You do not have to get a referral to see a specialist for Medicaid. But, some specialists may want a referral from your primary care provider.

Speech and hearing services

Pregnant members and Medicaid members who are eligible for EPSDT benefits may get speech and hearing services.

Tobacco cessation services

Medicaid will cover some tobacco cessation products for members. If you would like 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, find a babysitter, or get a ride.



To get started:

- Call 1-800-QUIT-NOW
- Go online waytoquit.org

Medicaid has a free support program to help pregnant members stop using tobacco. To get these services, call:

- An HPR at 1-866-608-9422

Transportation for Medicaid covered services

Traditional Medicaid

Medicaid pays for an ambulance when you have an emergency. The ambulance will take you to the nearest hospital that can meet your needs.

For transportation to non-emergency medical appointments, Medicaid prefers that you use a personal vehicle, if you have access to one.

You may be able to be repaid for mileage to get to medical appointments:

- If mileage repayment can be made, it is to the nearest provider that is the type you need
- If you have a health plan, the plan will pay for you to go to the nearest provider that is the type you need and that accepts the plan

Approval to be paid for mileage depends on many things. If there is a cheaper way to get to appointments, you probably will not be paid back.

Overnight costs

In some cases, you might be repaid when you have to stay overnight to get medical care. The costs include lodging and food. Overnight costs are not usually paid in advance. Any mileage repayment you can get, must be approved in advance.

To see which overnight costs could be paid by Medicaid, contact the DWS at 1-866-435-7414.

If you do not have access to a personal vehicle, but live in an area within the service areas of the Utah Transit Authority (UTA), Medicaid would like you to use it.

UTA Transit Card

The UTA Transit Card includes TRAX (FrontRunner and Express Bus Routes are not included).

- If you qualify for a UTA Transit Card, go to your MyBenefits account (<https://mybenefits.utah.gov>) and follow the UTA Transit Card request instructions.
- If you do not have a MyBenefits account, please call a Health Program Representative (HPR) at 1-844-238-3091 and request a card.
- UTA Transit Cards will be mailed out Monday-Friday, except for holidays. Any cards requested on weekends won't be processed until the next business day.

If you are not physically or mentally able to ride a bus or TRAX, you may be able to qualify for special bus (curb to curb) services:

UTA FlexTrans

UTA Flex Trans is a special bus services available for Medicaid members who live in Davis, Salt Lake, Utah and Weber Counties.

- If you are not physically or mentally able to use a regular bus, you may qualify for special bus services.
- You will have to fill out an application form (form is obtained by calling 801-287-2263).
 - When the application form is completed and required documentation gathered, call 801-287-2263, to schedule the required in-person interview and an ability assessment.
- If approved for Flex Trans services, call the Medicaid customer service at 1-800-662-9651 to order the Flex Trans vouchers.
- Eligible members receive a Special Medical Transportation Card with peel-off stickers to use this transportation service once they have been approved.

Dial-A-Ride

Dial-A-Ride is a special bus service available for members who live in Iron County.

- Call CATS at 435-865-4510 to see if you can qualify

ModivCare

If you do not live in an area served by bus, special bus services, or if you need door-to-door service, you may be able to use ModivCare services.

- ModivCare is a non-emergency door-to-door service.
- You may be eligible for ModivCare if:
 - There is not a working vehicle in your household.
 - You have physical or mental disabilities so you can't ride a UTA bus or Flex Trans.
 - Your doctor completes a ModivCare form stating the medical reason you qualify for door-to-door transportation.
- When approved, call ModivCare at 1-855-563-4403 to make reservations three business days before your appointment.
- After approved, ModivCare can also provide rides for urgent care.
 - ModivCare will call your doctor to make sure the problem is urgent.

Other Medicaid program information

Restriction Program

The Medicaid Restriction Program helps members use services only when needed. The program also helps protect members from over-using medicine that can be addictive.

Any member may be referred to the Restriction program. Any member may be referred for review by the Restriction Program when they seem to be over-using or abusing services.

Medicaid continually looks at member's use of services. When services seem to be more than standard use, further review by the Restriction Program is performed in order to confirm the medical need for services.

Reasons a Medicaid member may be enrolled in the Restriction Program are:

- Seeing more providers than is medically necessary.
- Getting addictive medications from three or more pharmacies.
- Getting prescriptions for addictive medications from more providers than is medically necessary.
- Getting prescriptions for addictive medications from different providers at the same time.
- Using the emergency room for non-emergent reasons.
- Paying cash for services that are covered by Medicaid such as addictive medications or office visits to get prescriptions for addictive medications.

There may be other reasons for member's to be enrolled in the Restriction Program that are not listed here. Call 801-538-9045 if you want more information.

Members enrolled in the Restriction Program:

- Are assigned to one Restriction primary care provider (PCP) and one Restriction primary pharmacy.
- Must have their medical care directed through the Restriction PCP.
- Must get prescription medicine from the Restriction pharmacy.
- Can get a temporary pharmacy assigned when there is a special need (i.e. compounding or other specialty pharmacies), as needed.
- Can only get claims paid for when services are provided by the Restriction PCP or by other providers who have been approved or referred by the Restriction PCP.
- Can only get prescriptions paid for when the prescriptions are written by the Restriction PCP or by providers who are approved by the Restriction PCP.
- Should use urgent care clinics when the PCP is not available for an immediate medical need and the need is not an emergency.
- Should use the emergency room when medical attention is an emergency or life threatening.

Spenddown Program (Medically Needy)

If your income is over the allowable limit to be eligible for Medicaid, you may be able to use the spenddown program. Not all Medicaid programs allow a spenddown. A spenddown can be met with cash or by using medical bills that you still owe. Contact a DWS eligibility worker for information about the spenddown program.

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 disabilities. Each program has specific requirements and benefits.

For information about a waiver program see <https://medicaid.utah.gov/ltc/> or call the numbers below.

- **New Choices Waiver:**
<https://medicaid.utah.gov/ltc/nc/>
801-538-6155 then option (6); or toll-free call 1-800-662-9651 then option (6)
- **Medically Complex Children's Waiver:**
<https://medicaid.utah.gov/ltc/mccw/>
1-800-662-9651 then option (5)
- **Technology Dependent/ Medically Fragile Children Waiver (Travis-C):**
<https://medicaid.utah.gov/ltc/tech/>
801-538-6578
- **Aging Waiver (for Individuals Age 65 or Older):**
<https://medicaid.utah.gov/ltc/ag/>
(801) 538-3910 or find the Division of Aging and Adult Services in your area at daas.utah.gov/locations/
- **Employment-related Personal Assistant Services (EPAS):**
<https://medicaid.utah.gov/ltc/epas/>
(801) 538-6955

For information about how to apply for a waiver program provided by the Division of Services for People with Disabilities (DSPD), call 801-538-4200 or toll-free 1-800-837-6811 or see <https://dspd.utah.gov/medicaid-waivers/>.

- **Acquired Brain Injury Waiver** (<https://medicaid.utah.gov/ltc/abi/>)
- **Community Supports Waiver** (<https://medicaid.utah.gov/ltc/cs/>)
- **Physical Disabilities Waiver** (<https://medicaid.utah.gov/ltc/pd/>)

Other state programs and information

Children's Health Insurance Program (CHIP)

CHIP is a state health insurance plan for children who do not have other insurance for families whose gross income is up to 200% of the federal poverty level. It provides:

- Well-child exams
- Hospital
- Hearing
- Mental health services
- Immunizations
- Emergency care
- Eye exams
- Doctor visits
- Prescriptions
- Dental care

Preventative services do not require copay.

For more information:

- Call 1-877-KIDS-NOW (1-877-543-7669)
- Visit chip.utah.gov

Qualified Medicare Beneficiary (QMB)

Some people get both QMB and Medicaid. QMB is a program that pays:

- Medicare premiums
- Copays
- Deductible

If you have QMB only (no Medicaid benefits), you will get a Medicaid card even though you do not have Medicaid. This program is limited to Medicare benefits only.

Show your Medicaid card and your Medicare card when you get medical care. Let your provider know that Medicaid only pays for your deductible and copays. Your doctor should check your QMB only coverage online or by phone.

To learn more about the QMB program, call DWS at 1-866-435-7414.

Utah's Premium Partnership for Health Insurance (UPP)

UPP helps you pay for your employer's health insurance plan by helping to pay your 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 get a payment every month. There are also options for your child's dental coverage. For more information:

- Call 1-888-222-2542 for more information
- To apply online, visit medicaid.utah.gov/upp

Clinical Health Information Exchange (CHIE)

The Utah Clinical Health Information Exchange or CHIE (pronounced chee) is a system with medical records for other doctors to see. Doctors and other medical staff who use the CHIE add records in the system.

In case of an emergency, doctors are able to see:

- If you have allergies
- If you need immunizations
- What medicine you are taking
- If you have been told you are sick

You would get better care because they would have your medical history. Only approved healthcare 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 to change your consent at any time or not to be in the CHIE.

You can also just give limited consent so healthcare providers can only look at your history if you have an emergency.

For more information, visit mychie.org or contact your participating CHIE healthcare provider.



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 ½ hours, once a week for 6 weeks. Anyone with an ongoing condition can come.

Chronic conditions include:

- Asthma
- Fibromyalgia
- Kidney disease
- Heart failure
- Other conditions
- Arthritis
- Cancer
- High blood pressure
- COPD or emphysema
- Chronic joint pain
- Diabetes
- High cholesterol
- Depression

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 or visit online:

Healthy Aging Program

1-888-222-2542

<https://healthyaging.utah.gov/livingwell/>

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

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

Explanation of Medicaid Benefits (EOMB)

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.

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 orientation, 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](https://www.hhs.gov/ocr)

Email: ocrmail@hhs.gov



Resources

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| Adult Protective Services | 1-800-371-7897 |
| Aging Services | |
| Salt Lake City | 385-468-3200 |
| Weber County, Ogden | 801-625-3868 |
| Davis County, Farmington | 801-525-5050 |
| Utah, Summit & Wasatch County | 801-229-3804 |
| Baby Your Baby Hotline | 1-800-826-9662 |
| Child and Family Services | 801-538-4100 |
| CHIP (Child Health Insurance Program)—Toll-Free | 1-877-543-7669 |
| CSHCS (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 |
| Dental Plans | |
| MCNA Dental | 1-800-904-6262 |
| 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 |
| EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) | See Local Health Department |
| 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 |

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| Mountainlands Community Health Center | 801-429-2000 |
| Oquirrh View Community Health Center | 801-964-6214 |
| South Main Public Health | 385-468-4000 |
| Southeast Public Health | 385-468-4330 |
| Southwest Utah Family Health Care | 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 | 435-678-0710 |
| Montezuma Creek | 435-651-3291 |
| Health Clinics of Utah | |
| Salt Lake City | 801-715-3500 |
| Health Plans and Integrated 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 | |
| Bear River District Health | 435-792-6500 |
| Central Utah Health Department | 435-896-5451 |
| Davis County | |
| Clearfield | 801-525-5000 |
| Woods Cross | 801-525-5020 |
| 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 |
| Southeastern Utah District Health | 435-637-3671 |
| Southwest Utah Public Health | 435-673-3528 |
| Summit City/County Health | 435-336-4451 |
| Tooele County Health | 435-843-2310 |
| Tri County Health Department | |

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| Vernal | 435-247-1177 |
| Roosevelt | 435-722-6300 |
| Utah City/County Health | 801-851-7000 |
| Wasatch City/County Health | 435-654-2700 |
| 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 Counseling Center | |
| Piute, Sevier, Juab, Wayne, Millard, Sanpete | 435-283-8400 |
| 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 |
| HealthyU Behavioral | |
| Summit | 1-833-981-0212 |
| Optum Tooele County | |
| Tooele | 1-800-640-5349 |
| 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 |
| Planned Parenthood Clinics – Toll-Free | 1-800-230-7526 |
| Utah Poison Control – Toll-Free | 1-800-222-1222 |

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| Restriction Program | 801-538-9045 |
| 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 Family 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-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 | 1-877-942-5437 |

Utah Department of Health and Human Services
Division of Integrated Healthcare
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 and Human Services, Division of Integrated Healthcare (DIH) is committed to protecting your medical information. DIH 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

DIH 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, 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 healthcare provider to determine if it is medically necessary.

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

Healthcare Operations – We may use your health information to evaluate the performance of a health plan or a healthcare provider. For example, DIH 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 healthcare 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 DIH Privacy Officer for help with any questions you may have about the privacy of your health information.

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, CHIP, and UPP programs and the following:

- To our business associates that perform services on our behalf. We require all business associates 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 as long as all procedures required by law have been taken to protect the privacy of the data;
- To the Department of Health and Human Services to report communicable diseases, traumatic injuries, birth defects, or for vital statistics, such as 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, birth defects, or for vital statistics, 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;
- Provide this notice that describes the ways we may use and your share your health information;
- 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

DIH 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 DIH offices and on our website, <http://health.utah.gov/hipaa>. You may also request a copy of any notice from your DIH 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, CHIP, and UPP recipients should contact the DIH Privacy Officer, Stephanie Argoitia, 801-538-9925; 288 North 1460 West, PO Box 143102, Salt Lake City, Utah 84114-3101; sargoitia@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 at the following address:

Office of Civil Rights, 200 Independence Avenue, S. W. Room 509F HHH Bldg.,
Washington, DC 20201



Utah Department of
Health & Human Services
Integrated Healthcare

2024 Utah Medicaid member guide