

# Welcome to **Molina Healthcare.**

Your Extended Family.



[MolinaHealthcare.com](https://MolinaHealthcare.com)



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Molina Healthcare of Utah  
 7050 Union Park Center, Suite 200  
 Midvale, Utah 84047  
[MolinaHealthcare.com](http://MolinaHealthcare.com)  
 Member Services Telephone Number: (888) 483-0760

Molina Healthcare of Utah (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (888) 483-0760, TTY: (800) 346-4128.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). Or, fax your complaint to (801) 858-0409.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

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

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

English	<b>ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-483-0760 (TTY: 711).</b>
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-483-0760 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-483-0760 (TTY: 711)。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-483-0760 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-483-0760 (TTY: 711) 번으로 전화해 주십시오.
Navajo	Díí baa akó nínízin: Díí saad bee yáníłt'go <b>Diné Bizaad</b> , saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-888-483-0760 (TTY: 711).
Nepali	ध्यान दिनुहोस्: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-483-0760 (दिदिवाइ: 711) ।
Tongan	FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-888-483-0760 (TTY: 711).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-483-0760 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-483-0760 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-483-0760 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-483-0760 (телетайп: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-483-0760 (رقم هاتف الصم والبكم: 711).
Mon-Khmer, Cambodian	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អ្លល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-483-0700 (TTY: 711)។
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-483-0760 (TTY : 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-483-0760 (TTY: 711) まで、お電話にてご連絡ください。

## LANGUAGE SERVICES

### How can I get help in other languages?

Call Member Services at (888) 483-0760 if you speak a language other than English, are deaf, blind, or have a hard time hearing or speaking. We will find someone who speaks your language, free of charge.

If you have any problem reading or understanding this or any Molina Healthcare information, call Member Services at (888) 483-0760. We can explain in English or in your primary language. You may request printed versions of these materials and they will be sent to you free of charge and within five business days. We may have it printed in other languages. You may ask for it in braille, large print, or audio. If you are hearing impaired, dial 711 for the Utah Relay Service.

If you feel more comfortable speaking a different language, please tell your doctor's office or call our Member Services. We can have an interpreter go with you to your doctor visit. We also have many doctors in our network who speak or sign other languages.

## RIGHTS AND RESPONSIBILITIES

### What are my rights?

You have the right to:

- Be treated with respect and dignity by everyone who works with Molina Healthcare.
- Get information about Molina Healthcare, our providers, our doctors, our services and your rights and responsibilities.
- Choose your "main" doctor from Molina Healthcare's network. This doctor is called a primary care doctor or personal doctor.
- Be informed about your health. If you have an illness, you have the right to be told about treatment options regardless of cost or benefit coverage. You have the right to have all your health questions answered.
- Help make decisions about your health care. You have the right to refuse medical treatment.
- Privacy. Molina Healthcare keeps your medical records private.\*
- See your medical record, including the results of Initial Health Assessment (IHA). You also have the right to get a copy of and/or correct your medical record where legally okay.\*
- Complain about Molina Healthcare or your care. You can call, fax, email or write to Molina Healthcare's Member Services.
- Appeal Molina Healthcare's decisions. You have the right to have someone speak for you during a grievance.
- Ask for a State Fair Hearing by calling toll-free (801) 538-6576. You also have the right to get information on how to get an expedited State Fair Hearing.
- Disenroll from Molina Healthcare (leave the Molina Healthcare Health Plan).
- Ask for a second opinion about your health condition.
- Ask for someone outside Molina Healthcare to look into therapies that are experimental or being done as part of exploration.
- Decide in advance how you want to be cared for in case you have a life-threatening illness or injury.
- Get interpreter services on a 24-hour basis, at no cost, to help talk with your doctor or us if you speak a language other than English.
- Not be asked to bring minor, friend, or family member with you to act as an interpreter.
- Get information about Molina Healthcare, our providers, or your health in the language you prefer.
- Ask for and get materials in other formats such as larger size print, audio, and Braille upon request and in a timely fashion appropriate for the format being requested and in accordance with state laws.
- Receive instructions on how you can view online or request a copy of Molina Healthcare's non-proprietary clinical and administrative policies and procedures.
- Get a copy of Molina Healthcare's list of approved drugs (drug formulary) on request.
- Submit a grievance if you did not get medically needed medications after an emergency visit at one of Molina Healthcare's contracted hospitals.
- Access family planning services, Federally Qualified Health Centers, Indian Health Facilities, sexually transmitted disease services, and Emergency services, outside of Molina Healthcare's network according to federal laws. You do not need to get Molina Healthcare's approval first.
- Get minor consent services.
- Not to be treated poorly by Molina Healthcare, their doctors or the Department of Health for acting on any of these rights.
- Make recommendations regarding the organization's member rights and responsibilities policies.
- Be free from controls or isolation used to pressure, punish or seek revenge.





- To file a grievance or complaint if you believe your language needs were not met by the plan.

\*Subject to State and Federal laws.

### What are my responsibilities?

Your responsibilities are:

- Learn and ask about your health benefits. If you have questions about your benefits call toll-free (888) 483-0760.
- Give information to your doctor, provider, or Molina Healthcare that is needed to care for you.
- Be active in decisions about your health care.
- Follow the care plans and instructions for care that you have agreed on with your doctor(s).
- Build and keep a strong patient-doctor relationship.
- Cooperate with your doctor and their staff, keep appointments, and be on time. If you are going to be late or cannot keep your appointment, you should call the doctor's office.
- Give your State Medicaid card when getting medical care. You have the responsibility to not give your card to others and let Molina Healthcare or the State know about any fraud or wrongdoing.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals as you are able.

If you have any problem reading or understanding this or any Molina Healthcare information, call Member Services at (888) 483-0760. We can explain in English or in your primary language. You may request printed versions of these materials and they will be sent to you free of charge and within five business days. We may have it printed in other languages. You may ask for it in braille, large print, or audio. If you are hearing impaired, dial 711 for the Utah Relay Service.

## CONTACTING MY MEDICAID PLAN

### Who can I call when I need help?

Our Member Services team is here to help you. We are here to help answer your questions. You may reach us at (888) 483-0760 from 9:00 a.m. to 5:00 p.m. Monday through Friday.

We can help you:

- Find a provider
- Change providers
- With questions about bills
- Understand your benefits
- Find a specialist
- With a complaint or an appeal
- With questions about provider incentive plans
- With other questions

You can also find us on the internet at

[MolinaHealthcare.com](https://www.molinahealthcare.com).



## MEDICAID BENEFITS

### How do I use my Medicaid benefits?

Each Medicaid member will get a Utah Medicaid card.

You will use this card whenever you are eligible for Medicaid. You should show your Medicaid card before you receive services or get a prescription filled. Always make sure that the provider accepts your Medicaid plan or you may be required to pay for the service.

A list of covered services is found on page 18.

### What does my Utah Medicaid card look like?

The Utah Medicaid card is wallet-sized and will have the member's name, Medicaid ID number and date of birth. Your Utah Medicaid card will look like this:

DO NOT lose or damage your card or give it to anyone else to use. If you lose or damage your card, call the Department of Workforce Services (DWS) at (866) 435-7414 to get a new card.

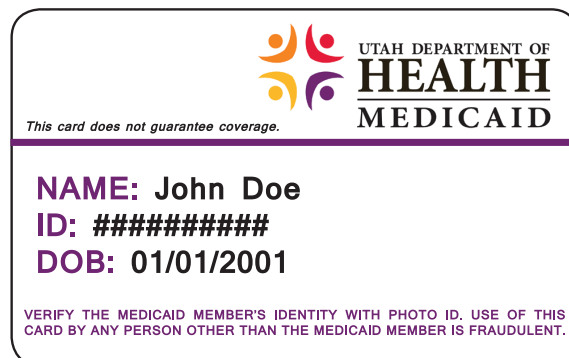
### Can I view my Medicaid benefits online?

You can check your Medicaid coverage and plan information online 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 Utah Medicaid at [mybenefits.utah.gov](http://mybenefits.utah.gov) or call (844) 238-3091.

You may also view your plan benefits online at [MolinaHealthcare.com](http://MolinaHealthcare.com).



## FINDING A PROVIDER

### What is a Primary Care Provider?

A Primary Care Provider (PCP) is a doctor that you see for most of your health care needs and provides your day-to-day health care. Your PCP knows you and your medical history. With a PCP, your medical needs will be managed from one place. It is a good idea to have a PCP because they will work with your plan to make sure that you receive the care that you need.

### How do I choose a Primary Care Provider?

You will need to choose a PCP from our provider directory. Once you have chosen a PCP, you will need to contact Member Services and let them know. If you need help choosing a PCP, you may call Member Services and someone will help you. If you have a special health care need, one of our Care Managers will work with you and your doctor to make sure that you select the right provider for you. To talk to a Care Manager about selecting a PCP, call Member Services at (888) 483-0760.

### How can I change my PCP?

Call Member Services to change your PCP. We will be happy to help you. You may also change your PCP by logging into the [MyMolina.com](https://www.molinahc.com) member portal.

## CO-PAYMENTS, CO-PAYS AND COST SHARING

### What are co-payments, co-pays and cost sharing?

You may have to pay a fee for medical care. This fee is called a co-payment, co-pay or cost sharing. Your co-pay amounts are listed in the co-pay summary below.

### Who does not have a co-pay?

- Members who qualify for EPSDT (Early and Periodic Screening, Diagnostic and Treatment) also referred to as CHEC (Child Health Evaluation and Care)
- Pregnant women
- Alaska Natives
- American Indians

### When do I pay copays?

You may have to pay a co-pay if you:

- See a doctor
- Go to the hospital for outpatient care
- Have a planned hospital stay
- Use the Emergency Room (ER) for a non-emergency
- Get a Prescription Drug

### What services don't have co-pays?

Some services that do not have co-pays are:

- Labs and radiology
- Family planning services
- Immunizations (shots)
- Preventative services
- Tobacco cessation services
- Outpatient mental health/substance use disorder treatment

### What is an out-of-pocket maximum?

Medicaid has a limit on how much you have to pay in co-pays. The out-of-pocket can apply to specific types of service or a total yearly amount.

### What happens when I reach my out-of-pocket maximum?

Make sure you save your receipts every time you pay your co-pay. Once you reach your out-of-pocket maximum, contact the Utah Medicaid office at (866) 608-9422 and they will help you through the process.

## CO-PAY CHART

### Co-payments (co-pays) are the same for Traditional and Non-Traditional Medicaid.

The following Medicaid members do not have co-pays:

- American Indians
- Alaska Natives
- Members eligible for EPSDT (also called CHEC)
- Pregnant women
- Members getting hospice care



All other Medicaid members have the following co-pays:

Service	Copay
Emergency Room (ER)	\$8 co-pay for non-emergency use of the ER
Inpatient Hospital	\$75 co-pay per inpatient hospital stay <i>(started July 1, 2017)</i>
Pharmacy	\$4 co-pay per prescription, up to \$20 per month
Physician Visits, Podiatrist & Outpatient Hospital Services	\$4 co-pay, up to \$100 per year combined <i>(including ophthalmologists)</i>
Vision Services	\$4 co-pay for ophthalmologists

**Out-of-Pocket Maximum Co-pays:**

Pharmacy - \$20 co-pay per month

Physician, podiatry and outpatient hospital services - \$100 co-pay per year\* combined

*\*A co-pay year starts in January and goes through December.*

**Please note:** You might not have a co-pay if you have other insurance.

*You will not have a co-payment for:*

- Family planning
- Immunizations (shots)
- Preventative services

- Outpatient mental health/substance use disorder treatment
- Lab services
- Radiology
- Tobacco cessation services

For more information, please refer to the Utah Medicaid Member Guide. To request a guide, call (866) 608-9422. Information is also available online at Utah Medicaid [medicaid.utah.gov](http://medicaid.utah.gov).

**What should I do if I receive a medical bill?**

If you receive a bill for services that you believe should be covered by Medicaid, call Member Services for assistance. Do not pay a bill until you talk to Member Services. You may not get reimbursed if you pay a bill on your own.



### You may have to pay a medical bill if:

- You agree (in writing) to get specific care or service not covered by Medicaid before receiving the service
- You ask for and get services that are not covered during an appeal or Medicaid State Fair Hearing. You only pay for medical care if the ruling is not in your favor.
- You don't show your Medicaid I.D. Card before you get medical care
- You are not eligible for Medicaid
- You get care from a doctor who is not with your Molina Medicaid plan, or is not enrolled with Utah Medicaid (except for Emergency Services)

## EMERGENCY CARE AND URGENT CARE

### What is an Emergency?

An emergency is a medical condition that needs immediate treatment. An emergency is when you think your life is in danger, a body part is hurt badly, or you are in great pain.

### What is an example of an Emergency?

Emergencies can include:

- Poisoning
- Overdose
- Severe burns
- Severe chest pain
- Pregnant with bleeding and/or pain
- Deep cut in which bleeding will not stop
- Loss of consciousness
- Suddenly not being able to move or speak
- Broken bones

### What should I do if I have an Emergency?

Call 911 or go to the closest Emergency Room (ER). Remember:

- Go to the Emergency Room only when you have a real emergency
- If you are sick, but it is not a real emergency, call your doctor or go to an urgent care clinic
- If you are not sure if your problem is a true emergency, call your doctor for advice
- There is no Prior Authorization needed to get emergency care

### What if I have questions about poison danger?

For poison, medication or drug overdose emergencies or questions, call the Poison Control Center at (800) 222-1222.

### Will I have to pay for Emergency Care?

There is no co-pay for use of the Emergency Room in an emergency. A hospital that is not on your plan may ask you to pay at the time of service. If so, submit your emergency service claim to the health plan for reimbursement. You do not need prior approval.

If you use an Emergency Room for non-emergency care, you will be charged a co-pay.

### What should I do after I get Emergency Care?

Call Member Services as soon as you can after getting emergency care. Notify your Primary Care Provider to tell them about your emergency visit.

## What is Urgent Care?

Urgent problems usually need care within 24 hours. If you are not sure a problem is urgent, call your doctor or an Urgent Care clinic. You may also call our Nurse Advice Line:

English: (888) 275-8750

Spanish: (866) 648-3537

Deaf and Hard of Hearing: 711 or (866) 735-2929

To find an Urgent Care clinic, call Member Services at (888) 483-0760 or see our website or provider directory.

## When should I use an Urgent Care clinic?

You should use an Urgent Care clinic if you have one of these minor problems:

- Common cold, flu symptoms or a sore throat
- Earache or toothache
- Back strain
- Migraine headaches
- Prescription refills or requests
- Stomach ache
- Cut or scrape

## POST-STABILIZATION CARE

### What is Post-Stabilization Care?

Post-stabilization care happens when you are admitted into the hospital from the ER. This care is covered. If you are admitted from the ER, there is no co-pay. This care includes tests and treatment until you are stable.

### When is Post-Stabilization Care covered?

Your plan covers this type of care whether you go to a hospital on the plan or not. Once your condition is stable you may be asked to transfer to an in-network hospital on the plan.

## FAMILY PLANNING

### What Family Planning Services are covered?

Family Planning services include:

- Information about birth control
- Counseling to help you plan when to have a baby
- Family Planning and birth control treatments without a copayment
- The ability to see any provider that accepts Medicaid (in or out-of-network)
- The ability to see a provider without a referral

You can get the following birth control with a prescription from any provider who takes Medicaid or your plan:

Type of Birth Control	Traditional Medicaid	Non Traditional Medicaid
Condoms	Yes *OTC	Yes *OTC
Contraceptive Implants	Yes	Yes
Creams	Yes *OTC	Yes *OTC
Depo-Provera	Yes	Yes
Diaphragm	Yes *OTC	Yes *OTC
Foams	Yes *OTC	Yes *OTC
IUD	Yes	Yes
Morning After Pill	Yes	Yes
Patches	Yes	Yes
Pills	Yes	Yes
Rings	Yes	Yes
Sterilization (Tubes tied or Vasectomy)	Yes **Consent form required	Yes **Consent form required
Non-surgical Sterilization (like Essure®)	Yes **Consent form required	Yes **Consent form required

### Non-Covered Family Planning Services

- Infertility drugs
- In vitro fertilization
- Genetic counseling

For more information about Family Planning services, call Member Services at (888) 483-0760.

\*OTC means over-the-counter

\*\*Sterilization consent forms must be signed 30 days before surgery.

There are limits on abortion coverage. Molina Healthcare will cover the cost of an abortion only in cases of rape, incest, or if the woman's life is in danger. Specific documentation is required for abortions.

## SPECIALISTS

### What if I need to see a Specialist?

If you need a service that is not provided by your Primary Care Provider (PCP), you can see a specialist in the network.

You should be able to get in to see a specialist:

- Within 30 days for non-urgent care
- Within two days for urgent, but not life-threatening care (e.g., care given in a doctor's office)

If you have trouble getting in to see a specialist when you need one, call Member Services at (888) 483-0760 for help.

## PRIOR AUTHORIZATION

### What is prior authorization?

Some services must be approved before they will be paid. Permission to receive payment for that service is called Prior Authorization.

If you need a service that requires Prior Authorization, your doctor will request permission from Molina Healthcare. If approval is not given for payment of a service, you may appeal the decision. Please call our Member Services at (888) 483-0760 if you have any questions.

Most covered services are available to you without prior authorization. You do not need a referral to see a Molina Specialist. However, you can see a specialist sooner if your personal doctor sends you to one. You or your doctor must let Molina Healthcare know before you get certain types of care. Otherwise, your benefits may be reduced or denied.

Prior Authorization is needed for:

- Hospital/outpatient stay (non-emergency)
- Surgery
- Some office procedures
- Some x-rays and lab tests
- Home health care
- Medical equipment and supplies
- Long term care (nursing home or rehab)
- Physical, occupational, and speech therapy

It is your doctor's job to call for these approvals before you get any of these services. It is your job to ask your doctor if he or she has gotten authorization from Molina Healthcare.

Usually, we make a decision about approving a service within 14 calendar days after we receive the request. Sometimes you or your doctor might think it is important to make a decision quickly about approving the service. If so, we will try to make a decision within three (3) working days. We will notify your doctor about our decision. If the request for service is not approved by Molina we will send you a letter. For a complete list of covered services that do and do not require prior authorization, you may also visit [MolinaHealthcare.com](http://MolinaHealthcare.com) or call Member Services.

## RESTRICTION PROGRAM

### What does it mean to be in the Restriction Program?

Medicaid members who do not use healthcare services properly may be enrolled in the Restriction Program. This means that you will be restricted to one main doctor and one main 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. Use of health care services is reviewed often.

Examples of improper use are:

- Using the emergency room for your routine care
- Seeing too many doctors
- Filling too many prescriptions for pain medications
- Getting controlled or abuse potential drugs from more than one prescriber

Use the Emergency Room only for:

- Heavy bleeding
- Problems breathing
- Chest pain
- Broken bones
- Other symptoms where you feel that your life is at risk

We will contact you if we notice improper use of covered services.

## OTHER INSURANCE

### What if I have other health insurance?

Some members have other Health Insurance in addition to Medicaid. Your other insurance is called primary insurance.

If you have other insurance, your primary insurance will pay first. Please bring all of your Health Insurance cards with you to your doctor visit.

Other Health Insurance may affect the amount you need to pay. You may need to pay your co-pay at the time of service.

Please tell your plan and your doctor if you have other Health Insurance. You must also tell the Office of Recovery Services (ORS) about any other Health Insurance you may have. Call ORS at (801) 536-8798. This helps Medicaid and your providers know who should pay your bills. This information will not change the services you receive.

## ADVANCE DIRECTIVE

### What is an Advance Directive?

An Advance Directive is a legal document that allows you to make choices about your health care ahead of time. There may be a time when you are too sick to make decisions for yourself. An Advance Directive will make your wishes known if you cannot do it yourself.

There are four types of Advance Directives:

- Living Will (End of life care)
- Medical Power of Attorney
- Mental Healthcare Power of Attorney
- Pre-Hospital Medical Care Directive (Do Not Resuscitate)

**Living Will:** A living will is a document that tells doctors what types of service you do or do not want if you become very sick and near death, and cannot make decisions for yourself.

**Medical Power of Attorney:** A Medical Power of Attorney is a document that lets you choose a person to make decisions about your health care when you cannot do it yourself.

**Mental Healthcare Power of Attorney:** A Mental Healthcare Power of Attorney names a person to make decisions about your mental health care in case you cannot make decisions on your own.

**Pre-Hospital Medical Care Directive:** A Pre-Hospital Medical Care Directive tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital Emergency Room. It might also include service provide by other emergency response providers, such as firefighter or police officers. You must complete a special orange form. You should keep the completed orange form where it can be seen.

To find out more information on how to create one of the Advance Directives, please go to:

[MolinaHealthcare.com](https://www.molinahealthcare.com) or call (888) 483-0760.





## APPEALS AND GRIEVANCES

### What is an Adverse Benefit Determination?

An Adverse Benefit Determination is when we:

- Deny payment for care or approve payment for less care than you wanted
- Lower the number of services you can get or end payment for a service that was approved
- Deny payment for a covered service
- Deny payment for a service that you may be responsible to pay for
- Did not take action on an appeal or grievance in a timely manner
- Did not provide you with a doctor or a service in a timely manner; defined as 30 days for a routine doctor visit and two days for an urgent care visit
- Deny an enrollee's request to dispute a financial liability
- Deny or limit authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered service
- Reduce, suspend, or terminate a previously authorized service

You have a right to receive a Notice of Adverse Benefit Determination (sometimes called a Notice of Action) if one of the above occurs. If you did not receive one, contact Member Services to have one sent to you.

### What is an Appeal?

An appeal is when you or your provider contacts us to review an Adverse Benefit Determination to see if the right decision was made to deny your request for service.

### How do I file an Appeal?

- You, your provider or any authorized representative may file an Appeal
- An appeal form can be found on our website at [MolinaHealthcare.com](http://MolinaHealthcare.com)
- A request for an Appeal will be accepted:
  - By mail:  
Molina Healthcare of Utah  
Appeals and Grievances  
7050 S. Union Park Center #200  
Midvale, UT 84047

- By fax:  
(877) 682-2218 or
- Over the phone:  
(888) 483-0760
- Submit the appeal within 60 days from the Notice of Action
- Help will be provided to enrollees, upon request, in carrying out the required steps to file an appeal (e.g., interpreter services, TTY)
- If you are deaf or hard of hearing, you can call Utah Relay Services at 711 or (800) 346-4128

### How long does an Appeal take?

You will be given written notice within five (5) calendar days from the date your appeal is received. You will be notified in writing if more time is needed to make a decision on your appeal. If you or your provider thinks it's important to make a decision quickly, you can make a request for a quick appeal. A Quick Appeal decision will be made within 72 hours.

### What happens to your benefits while you Appeal?

Your benefits will not be stopped because you filed an appeal. If you are appealing because a service you have been receiving is limited or denied, tell your plan if you want to continue to receive that service. You may have to pay for the service if the decision is not in your favor.

### What is a Quick Appeal?

If waiting 30 days will harm your health, life or ability to maintain or regain maximum function, you can ask for a Quick Appeal. A Quick Appeal will be accepted over the phone or in writing. We will make a decision within 72 hours or sooner. If we cannot do a Quick Appeal we will send you a letter and explain why we cannot do a Quick Appeal.

### How do I request a Quick Appeal?

Call us at (888) 483-0760 or write to us at:  
Molina Healthcare of Utah  
Appeals & Grievances  
7050 S. Union Park Center #200  
Midvale, UT 84047

## What is a Grievance?

A grievance is a complaint, other than an Adverse Benefit Determination (see page 15), about the way your health care services were handled by your provider or Molina Healthcare.

## How do you file a Grievance?

If you are not happy with the way services were provided to you, you have the right to file a grievance. This gives you a chance to tell us about your concerns. You can file a grievance about issues related to your health care such as:

- When you don't agree with the amount of time that the plan needs to make an authorization decision
- Whether care or treatment is appropriate
- Access to care
- Quality of care
- Staff attitude
- Rudeness
- Any other kind of problem you may have had with your health care service

You can file a grievance either over the phone or in writing. To file by phone, call Member Services at (888) 483-0760. To file a grievance in writing, please send your letter to:

Molina Healthcare of Utah  
Appeals & Grievances  
7050 S. Union Park Center #200  
Midvale, UT 84047

## What is a State Fair Hearing?

A State Fair Hearing is a hearing with the State Medicaid Agency about your appeal. You, your authorized representative, or your provider, can ask for a State Fair Hearing. When we tell you about our decision on your appeal we will also tell you how to request the State Fair Hearing if you do not agree with our decision. We will also give you the State Fair Hearing Request Form to send to Medicaid.

## How Do I request a State Fair Hearing?

If you or your provider are unhappy with an action taken by Molina Healthcare, you may file a hearing request with the Office of Administrative Hearings. The hearing request must be made within 120 calendar days of the Notice of Appealed Decision.

## FRAUD, WASTE AND ABUSE

### What is Health Care Fraud, Waste and Abuse?

Doing something wrong related to Medicaid could be fraud, waste or abuse. We want to make sure your health care dollars are used the right way. Fraud, waste and abuse can make health care more expensive for everyone.

Let us know if you think a health care provider or a person getting Medicaid is doing something wrong.

Some examples of Fraud, Waste and Abuse are:

#### By a Member

- Lending a Medicaid ID card to someone
- Changing the amount or number of refills on a Prescription
- Lying to receive medical or pharmacy services

#### By a Provider

- Billing for services or supplies that have not been provided
- Overcharging a Medicaid or CHIP member for covered services
- Not reporting a patient's misuse of a Medicaid ID Card

### How can I report Fraud, Waste and Abuse?

If you suspect fraud, waste or abuse, you may contact:

- **Internal ACO compliance**
  - Molina Healthcare Compliance Alertline:
    - Phone Toll-Free: (866) 606-3889
    - Online: <https://molinahealthcare.AlertLine.com>
    - Molina Healthcare Compliance Office:  
Attn: Compliance Officer  
Molina Healthcare of Utah  
7050 Union Park Center # 200  
Midvale, UT 84047
- **Provider Fraud**
  - The Office of Inspector General (OIG)  
Email: [mpi@utah.gov](mailto:mpi@utah.gov)  
Toll-Free Hotline: (855) 403-7283
- **Member Fraud**
  - Department of Workforce Services Fraud Hotline  
Email: [wsinv@utah.gov](mailto:wsinv@utah.gov)  
Telephone: (800) 955-2210

You will not need to give your name to file a report. Your benefits will not be affected if you file a report.

## TRANSPORTATION SERVICES

### How do I get to the hospital in an emergency?

If you have a serious medical problem and it's not safe to drive to the Emergency Room, call 911. Utah Medicaid covers Emergency Medical Transportation.

### How do I get to the doctor when it's not an emergency and I can't drive?

Utah Medicaid can help you get to the doctor when it is not an emergency. To get this kind of help you must:

- Have Traditional Medicaid on the date the transportation is needed
- Have a medical reason for the transportation
- Call the Department of Workforce Services (DWS) (800) 662-9651 to find out if you can get help with transportation

### What type of transportation is covered under my Medicaid?

- **UTA Bus Pass, including Trax** (Front Runner and Express Bus Routes are not included): If you are able to ride a bus, call DWS to ask if your Medicaid program covers a bus pass. The pass will come in the mail. Show your Medicaid card and bus pass to the driver
- **UTA Flex Trans:** special bus services for Medicaid clients who live in Davis, Salt Lake, Utah and Weber Counties. You may use Flex Trans if:
  - You are not physically or mentally able to use a regular bus
  - You have filled out a UTA application form to let them know you have a disability that makes it so you cannot ride a regular bus. You can get the form by calling:
    - Salt Lake and Davis Counties: (801) 287-7433
    - Davis, Weber and Box Elder Counties: (877) 882-7272
  - You have been approved to use special bus services and have Special Medical Transportation Card
- **Dial-A-Ride:** Special bus service available for members who live in Iron County
  - Call CATS at: (435) 865-4510

- **LogistiCare:** non-emergency door-to-door service for medical appointments and Urgent Care. You may be eligible for LogistiCare if:
  - You have Traditional Medicaid
  - There is not a working vehicle in your household
  - Your physical disabilities make it so you are not able to ride a UTA bus or Flex Trans
  - Your doctor has completed a LogistiCare form

When approved by Utah Medicaid, you can arrange for this service by calling LogistiCare at: (855) 563-4403. You must make reservations with LogistiCare three business days before your appointment. Urgent Care does not require a three (3) day reservation. (LogistiCare will call your doctor to make sure the problem was urgent). Eligible clients will be able to receive services from LogistiCare statewide.

### Can I get help if I have to drive long distances?

- **Mileage Refund:** Talk to a Utah State Department of Workforce Services (DWS) worker if you have questions about a mileage refund. You will only be refunded if there is NOT a cheaper way for you to get to your doctor.

Families with a child should check with a DWS worker to see about mileage refund for CHEC well-child medical and dental visits.

- **Overnight Costs:** In some cases, when overnight stays are needed to get medical treatment, Utah Medicaid may pay for overnight costs. The cost includes lodging and food. Overnight costs are rarely paid in advance. Contact a DWS worker to find out what overnight costs may be covered by your Medicaid program.

## AMOUNT, DURATION AND SCOPE OF BENEFITS

Benefit	Traditional	Non-Traditional
Abortion	Limited – Call Member Services (888) 483-0760 for Benefit information	Limited – Call Member Services (888) 483-0760 for Benefit information
Ambulance	Not Covered by Molina Healthcare – Covered by Fee-for-Service Medicaid	Not Covered by Molina Healthcare – Covered by Fee-for-Service Medicaid
Birth control & Family Planning	Covered No co-pay required (See birth control chart on page 12)	Covered No co-pay required (See birth control chart on page 12)
Chiropractic	Not Covered by Molina Healthcare – May be covered by Fee-for-Service Medicaid for Members receiving CHEC/EPSTD services and Pregnant Women. Call Medicaid (800) 662-9651	Not Covered
Dental Benefits	Not Covered by Molina Healthcare – May be covered by Fee-for-Service Medicaid or Medicaid Dental plan. Call Medicaid (800) 662-9651	Not Covered by Molina Healthcare – May be covered by Fee-for-Service Medicaid or Medicaid Dental plan. Call Medicaid Hotline (800) 662-9651
Doctor Visits	Covered See co-pay chart on page 10	Covered See co-pay chart on page 10
Emergency and Urgent Care	Covered – (Must use a network provider for urgent care)	Covered – (Must use a network provider for urgent care)
Eye Exam	Covered No co-pay Limited to one exam every 12 months	Covered No co-pay Limited to one exam every 12 months
Eye Glasses	Covered No co-pay – Covered only for pregnant women and those eligible for CHEC/EPSTD services.	Not Covered
Hospice Care	Covered No co-pay (see page 9 for additional information)	Covered No co-pay (see page 9 for additional information)
Inpatient Hospital Care	Covered (See page 10 for co-pay chart)	Covered (see page 10 for additional information)
Lab and X-Ray Services	Covered No co-pay	Covered No co-pay

Benefit	Traditional	Non-Traditional
Maternity Care	Covered No co-pay (See page 12 for details)	Not Covered
Medical Supplies	Covered No co-pay	Covered No co-pay
Mental Health Care	Not Covered by Molina Healthcare – Covered by Fee-for-Service or other Medicaid plan. Call Medicaid (800) 662-9651	Not Covered by Molina Healthcare – Covered by Fee-for-Service or other Medicaid plan. Call Medicaid (800) 662-9651
Nursing Home	Not Covered by Molina Healthcare – Covered by Fee-for-Service Medicaid program. Call Medicaid (800) 608-9422	Not Covered by Molina Healthcare or by Medicaid Fee-for-Service – Call Medicaid (800) 608-9422
Personal Care Services	Covered Requires Prior Authorization	Covered Requires Prior Authorization
Pharmacy	Covered (See page 10 for copay chart)	Covered (See page 10 for copay chart)
Physical and Occupational Therapy	Covered (See page 10 for copay chart) (See page 13 for details)	Covered (See page 10 for copay chart) (See page 13 for Details)
Podiatry	Covered (See page 10 for copay chart) (Limited benefit for adults)	Covered (See page 10 for copay chart) (Limited benefit for adults)
Outpatient Care	Covered (See page 10 for copay chart)	Covered (See page 10 for copay chart)
Over-the-Counter Drugs	Covered (See page 10 for copay chart) Contact Molina Healthcare – for Over-the-counter PDL	Covered (See page 10 for copay chart) Contact Molina Healthcare – for Over-the-counter PDL
Speech and Hearing Services	Covered (Limited ) No co-pay – Audiology and hearing services including hearing aids and batteries are covered only for pregnant women and those eligible for CHEC/EPST services.	Not Covered
Non Emergent Medical Transportation Services	Not Covered by Molina Healthcare – Covered by Fee-For-Service Call Utah Medicaid (800) 662-9651	Not Covered by Molina Healthcare – Call Utah Medicaid (800) 662-9651

## Can I get a service that is not on this list?

Generally, Utah Medicaid does not reimburse non-covered services. However, there are some exceptions:

- Members who qualify for CHEC/EPSTDT may obtain services which are medically necessary but are not typically covered
- Reconstructive procedures following disfigurement caused by trauma or medically necessary surgery
- Reconstructive procedures to correct serious functional impairments (for example, inability to swallow)
- When performing the procedure is more cost effective for the Medicaid program than other alternatives

If you would like to request an exception for a non-covered service, you can make that request by working with your provider.

## NOTICE OF PRIVACY PRACTICES

### We Protect Your Privacy

We strive to protect the privacy of your Personal Health Information (PHI).

- We have strict policies and rules to protect PHI
- We only use or give out your PHI with your consent
- We only give out PHI without your approval when allowed by law
- You have the right to look at your PHI
- We protect PHI by limiting access to this information to those who need it to do given tasks, and through physical safeguards

### Contact our Privacy Office

Contact Member Services if you have questions about the privacy of your health records. They can help with privacy concerns you may have about your health information. They can also help you fill out the forms you need to use your privacy rights.

The complete notice of Privacy Practices is available at [MolinaHealthcare.com](http://MolinaHealthcare.com). You can also ask for a hard copy of this information by contacting Member Services at (888) 483-0760.







[MolinaHealthcare.com](http://MolinaHealthcare.com)