Welcome to Molina Healthcare.

Your Extended Family.

Utah Molina Medicaid

2022–2023 Member Handbook

MolinaHealthcare.com

MOLINA® HEALTHCARE

Your Extended Family.

CONTENTS

Molina Healthcare of Utah
7050 Union Park Center, Suite 200
Midvale, Utah 84047
MolinaHealthcare.com
Member Services Telephone Number: (888) 483-0760 (TTY/TDD: 711)

Molina Healthcare of Utah (Molina) complies with all Federal civil rights laws that relate to health care services. Molina offers health care 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. 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.

Molina Healthcare of Utah (Molina) cumple con todas las leyes federales de derechos civiles relacionadas a los servicios de atención médica. Molina ofrece servicios de atención médica a todo miembro, sin discriminar basándose en la raza, color, origen nacional, edad, discapacidad o género. Molina no excluye personas ni las trata de manera diferente debido a la raza, color, origen nacional, edad, discapacidad o género. Esto incluye identidad de género, embarazo y estereotipo de sexo.

Para ayudarle a hablar con nosotros, Molina proporciona los siguientes servicios sin costo alguno:

- Ayuda y servicios para personas con discapacidades
    - intérpretes capacitados en el lenguaje de señas
    - material escrito en otros formatos (letra grande, audio, formatos accesibles electrónicamente y braille)
- Servicios lingüísticos para personas que hablan otro idioma o tienen entendimiento limitado del inglés
    - intérpretes capacitados
    - material escrito traducido a su idioma
    - material escrito de manera sencilla con lenguaje fácil de entender

Si usted necesita estos servicios, comuníquese con el Departamento de Servicios para Miembros al (888) 483-0760, TTY: (800) 346-4128.

Si usted cree que Molina no ha cumplido en proporcionar estos servicios o lo ha tratado de forma diferente basándose en su raza, color, origen nacional, edad, discapacidad o género, usted puede presentar una queja. Puede presentar su queja en persona, por correo, fax o correo electrónico. Si usted necesita ayuda para escribir su queja, le podemos ayudar. Llame a nuestro Coordinador de Derechos Civiles al (866) 606-3889 o TTY al 711. Envíe su queja por correo al:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

También puede enviar su queja por correo electrónico al civil.rights@molinahealthcare.com. O envíe su queja por fax al (801) 858-0409.

También puede entablar una queja sobre derechos civiles con el Departamento de Salud y Servicios Humanos de los EE. UU. Los formularios para quejas están disponibles en http://www.hhs.gov/ocr/office/file/index.html. Puede enviarlo por correo a:

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

También puede enviarlo usando el portal de la página web de la Oficina para Quejas sobre Derechos Civiles en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

Si usted necesita ayuda, llame al 1-800-368-1019; TTY al 800-537-7697.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-483-0760 (TTY: 711).
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 yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-888-483-0760 (TTY: 711).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-483-0760 (दिदिवार्ड: 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៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល 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。

INTRODUCTION

Welcome to Molina Healthcare. We are your Medicaid plan. This handbook explains the Medicaid services we cover.

The Molina Medicaid Member Handbook and list of providers are available on our website MolinaProviderDirectory.com/UT.

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 help you with 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:

- Have information presented to you in a way that you will understand, including help with language needs, visual needs, and hearing needs
- Be treated fairly and with respect
- Have your health information kept private
- Receive information on all treatment alternative options
- Make decisions about your health care, including agreeing to treatment
- Take part in decisions about your medical care, including refusing service
- Ask for and receive a copy of your medical record
- Have your medical record corrected, if needed
- Receive medical care regardless of race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability
- Obtain information about grievances, appeals, and hearing requests
- Ask for more information about our plan structure and operations
- Get emergency and urgent care 24 hours a day, seven days a week
- To use any hospital or other medical facility for emergency services
- Not feel controlled or forced into making medical decisions
- Know how we pay providers, including your right to request information about physician incentive plans
- Create an advance directive that tells doctors what kind of treatment you do and do not want in case you become too sick to make your own decisions
- Be free from any form of restraint or seclusion used as a means of force, discipline, convenience or retaliation. This means you cannot be held against your will. You cannot be forced to do something you do not want to do
- Use your rights at any time and not be treated badly if you do. This includes treatment by our health plan, your medical providers, or the State Medicaid agency

- To be given health care services that are the right kind of services based on your needs
- To get covered services that are easy to get to and are available to all members. All members include those who may not speak English very well, or have physical or mental disabilities
- To get a second opinion at no charge
- To get the same services offered under the fee for service Medicaid program
- To get covered services out-of-network if we cannot provide them

What are my responsibilities?

Your responsibilities are:

- Follow the rules of this Medicaid care plan
- Read this Member Handbook
- Show your Medicaid Member Card each time you get services
- Cancel doctor appointments 24 hours ahead of time if needed
- Respect the staff and property at your provider's office
- Use providers (doctors, hospitals, etc.) in the Molina network
- Pay your copayments (copays)

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 a.m.-5 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.

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 21.

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.

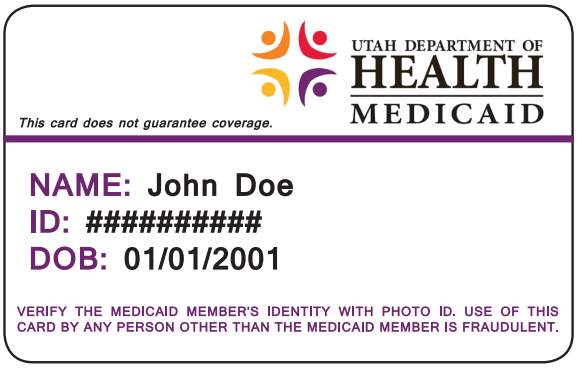
Can I view my Medicaid benefits online?

You can check your Medicaid coverage and plan information online at mybenefits.utah.gov.

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 or call (844) 238-3091.

You may also view your plan benefits online at 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 member portal.

COPAYMENTS, COPAYS AND COST SHARING

What are copayments, copays and cost sharing?

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

Who does not have a copay?

These members never have a copay:

- Alaska Natives
- American Indians
- Members on hospice care
- Members who qualify for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits
- Pregnant women

When do I pay copays?

You may have to pay a copay 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 copays?

Some services that do not have copays are:

- Labs and radiology
- Family planning services
- Immunizations (shots)
- Preventive services
- Tobacco cessation (quitting) 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 copay. The out-of-pocket maximum 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 copay. 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.

COPAY CHART

Copayments (copays) are the same for Traditional and Non-Traditional Medicaid.

All other Medicaid members have the following copays:

Service	Copay
Emergency room (ER)	$8 copay for non-emergency use of the ER
Inpatient hospital	$75 copay per inpatient hospital stay
Pharmacy	$4 copay per prescription, up to $20 per month
Physician visits, podiatrist and outpatient hospital services	$4 copay, up to $100 per year combined *(including ophthalmologists)*
Vision services	$4 copay for ophthalmologists

Out-of-pocket maximum copays:

Pharmacy - $20 copay per month
Physician, podiatry and outpatient hospital services - $100 copay per year* combined
**A copay year starts in January and goes through December.*

Please note: You might not have a copay if you have other insurance.

You will not have a copay for:

- Family planning
- Immunizations (shots)
- Preventive services
- Outpatient mental health/substance use disorder treatment
- Lab services
- Radiology
- Tobacco cessation (quitting) 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.

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
- Problems breathing
- Other symptoms where you feel that your life is at risk

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
- You may use any hospital or other medical facility to obtain 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 copay 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 copay.

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 copay. 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	Yes	Yes
Creams	Yes *OTC	Yes *OTC

Type of Birth Control	Traditional Medicaid	Non-Traditional Medicaid
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
- Invitro 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 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.

INDIAN HEALTH SERVICES (IHS)

What is Indian Health Services?

The Indian Health Service is an agency with the Department of Health and Human Services, responsible for providing federal health services to American Indians and Alaska Natives.

If you are an American Indian or Alaska Native, make sure your status is confirmed by the Utah Department of Workforce Services (DWS). To contact DWS, call (866) 435-7414. American Indians/Alaska Natives do not have copays.

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

TELEHEALTH OR TELEMEDICINE

Can I use telehealth or telemedicine?

Telemedicine is using technology to deliver medical care from a distance, usually by phone, internet, or video. Some services can be done through telehealth or telemedicine. Contact your provider to see if they offer telehealth or telemedicine.

If you want more information about services that can be provided through telehealth or telemedicine, call Member Services at (888) 483-0760.

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. 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 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 they have has gotten authorization from Molina.

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 or call Member Services.

RESTRICTION PROGRAM

What does it mean to be in the Restriction Program?

Medicaid members who do not use health care 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 copay 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 health care 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 health care power of attorney: A mental health care 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 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
- 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 (TTY/TDD: 711)
- Submit the appeal within 60 days from the Notice of Action
- Help will be provided to members, upon request, in carrying out the required steps to file an appeal (e.g., interpreter services, TTY)

How long does an appeal take?

We will give you a written appeal decision within 30 calendar days from the date we get your written appeal.

Sometimes we might need more time to make our decision. We can take up to another 14 calendar days to make a decision. If we need more time, we will let you know through a phone call as quickly as possible, or in writing within two days.

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 us within 10 calendar days from getting your adverse benefit determination, if you want to continue getting 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 and 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 17), about the way your health care services were handled by your provider or Molina.

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, your provider or any authorized representative 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 and Grievances
7050 S. Union Park Center #200
Midvale, UT 84047

We will let you know our decision about your grievance within 90 calendar days from the day we get your grievance. Sometimes we might need more time to make our decision. We can take up to another 14 calendar days to make a decision. If we need more time to make a decision, we will let you know through a phone call as soon as possible, or in writing within two days.

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, you may file a hearing request with the Utah State 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:

- **Molina compliance**
  - Molina Healthcare Compliance Alertline:
    - Phone: (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 Utah State Office of Inspector General (OIG)
    Email: mpi@utah.gov
    Toll-Free Hotline: (855) 403-7283
- **Member fraud**
  - Utah Department of Workforce Services Fraud Hotline Email:
    wsinv@utah.gov
    Phone:: (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 Utah 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
- **Modivcare (formerly LogistiCare):** non-emergency door-to-door service for medical appointments and urgent care. You may be eligible for Modivcare (formerly 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 Modivcare Utah Physician's Certificate. www.modivcare.com/facilities/ut

  When approved by Utah Medicaid, you can arrange for this service by calling Modivcare (formerly LogistiCare) at: (855) 563-4403. You must make reservations with Modivcare three business days before your appointment. Urgent care does not require a three day reservation. (Modvicare will call your doctor to make sure the problem was urgent). Eligible clients will be able to receive services from Modvicare 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 – Covered by Fee-for-Service Medicaid	Not covered by Molina – Covered by Fee-for-Service Medicaid
Birth control & family planning	Covered No copay required (See birth control chart on page 13)	Covered No copay required (See birth control chart on page 13)
Chiropractic	Not covered by Molina – May be covered by Fee-for-Service Medicaid for Members receiving CHEC/EPSDT services and Pregnant women. Call Medicaid (800) 662-9651	Not covered
Dental benefits	Not covered by Molina – May be covered by Fee-for-Service Medicaid or Medicaid dental plan. Call Medicaid (800) 662-9651	Not covered by Molina – May be covered by Fee-for-Service Medicaid or Medicaid dental plan. Call Medicaid Hotline (800) 662-9651
Doctor visits	Covered No copay See copay chart on page 11	Covered No copay See copay chart on page 11
Emergency and urgent care	Covered No copay – (Must use a network provider for urgent care)	Covered No copay – (Must use a network provider for urgent care)
Eye exam	Covered No copay Limited to one exam every 12 months	Covered No copay Limited to one exam every 12 months
Eyeglasses	Covered No copay – Covered only for pregnant women and those eligible for CHEC/EPSDT services.	Not covered
Hospice care	Covered No copay (see page 10 for additional information)	Covered No copay (see page 10 for additional information)
Inpatient hospital care	Covered (See page 11 for copay chart)	Covered (see page 11 for additional information)
Lab and x-ray services	Covered No copay	Covered No copay

Benefit	Traditional	Non-Traditional
Maternity care	Covered No copay (See page 13 for details)	Not covered
Medical supplies	Covered No copay	Covered No copay
Mental health care	Not covered by Molina – Covered by Fee-for-Service or other Medicaid plan. Call Medicaid (800) 662-9651	Not covered by Molina – Covered by Fee-for-Service or other Medicaid plan. Call Medicaid (800) 662-9651
Nursing home	Not covered by Molina – Covered by Fee-for-Service Medicaid program. Call Medicaid (800) 608-9422	Not covered by Molina 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 11 for copay chart)	Covered (See page 11 for copay chart)
Physical and occupational therapy	Covered (See page 11 for copay chart) (See page 15 for details)	Covered (See page 11 for copay chart) (See page 15 for details)
Podiatry	Covered (See page 11 for copay chart) (Limited benefit for adults)	Covered (See page 11 for copay chart) (Limited benefit for adults)
Outpatient care	Covered (See page 11 for copay chart)	Covered (See page 11 for copay chart)
Over-the-counter drugs	Covered (See page 11 for copay chart) Contact Molina – for over-the-counter PDL	Covered (See page 11 for copay chart) Contact Molina – for over-the-counter PDL
Speech and hearing services	Covered (Limited) No copay – Audiology and hearing services including hearing aids and batteries are covered only for pregnant women and those eligible for CHEC/EPSDT services.	Not covered
Non emergent medical transportation services	Not covered by Molina – Covered by Fee-For-Service call Utah Medicaid (800) 662-9651	Not covered by Molina – 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/EPSDT 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.

WHAT IF I CHANGE HEALTH PLANS?

We will work with your new health plan to make sure you get the services that you need. We follow Medicaid's guidelines on how to do this. These guidelines are called transition of care guidelines. They can be found at https://medicaid.utah.gov/managed-care/

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. You can also ask for a hard copy of this information by contacting Member Services at (888) 483-0760.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