



Utah CHIP Children's Health Insurance Program 2022-2023 Member Handbook

The Molina CHIP Member Handbook and list of providers is available on our website MolinaHealthcare.com or by calling Member Services at (888) 483-0760

MolinaHealthcare.com





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NOTICE OF NONDISCRIMINATION

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

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.

NONDISCRIMINATION TAGLINES – SECTION 1557

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	D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go Diné Bizaad, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-888-483-0760 (TTY: 711.)
Nepali	ध्यान दिनुहोस्: तपार्इंले नेपाली बोलनुहुन्छ भने तपार्इंको नमित्ति भाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-483-0760 (टटिविडः 711) ।
Tongan	FAKATOKANGA'I: Kapau 'oku ke Lea-Fakaton-ga, 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	اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم إذا كنت تتحدث انكر: ملحوظة 1-888-483-0760 (رقم هاتف الصم والبكم: 711).
Mon-Khmer, Cambodian	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយ ផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់ប្រើ អ្នក។ ចូរ ទូរស័ព្ទ 1-888-483-0760 (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. We can also provide materials in other formats such as large print, braille, or audio.

If you are hard of hearing, call Utah Relay Services at 711. Utah Relay Services is a free public telephone relay service or TTY/TTD. If you need Spanish relay services, call 711 for Spanish Relay Services.

If you would rather speak 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.

You may also ask for our documents in your preferred written language by calling our Member Services team.

RIGHTS AND RESPONSIBILITIES

What are my Rights?

You have the right to:

- Have information presented to you in a way that is easy to understand, including help with language needs, visual needs, and hearing needs.
- Be treated fairly and with respect.
- Have your health information kept private.
- Get information on all treatment options and alternatives.
- Make decisions about your health care, including agreeing to treatment.
- Take part in decisions about your medical care, including the right to refuse treatment.
- Ask for and get a copy of your medical record.
- Ask that your medical record be corrected or changed, if needed.
- Get medical care regardless of race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability.
- Get information about grievances, appeals, and State fair hearings.
- File a grievance or request an appeal.
- Get emergency care at any hospital or other setting.





- Get emergency care 24 hours a day, 7 days a week.
- Not feel controlled or forced into making medical decisions.
- Ask how we pay your providers.
- 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 Molina, your medical providers, the State Medicaid and CHIP agency.
- To be given health care services that are the right kind of services based on your needs.
- To get health care services that are covered by Molina, fairly easy to get to, and accessible 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 covered health care services within 30 days for routine, non-urgent care, and within 2 days for urgent care that is not life-threatening.
- To get a covered health care service from an out-of-network provider if we cannot provide the service

What are my Responsibilities?

Your responsibilities are:

- Follow the rules of your plan.
- Read your Member Handbook.
- Show your CHIP medical card each time you get medical care.
- If you must cancel an appointment, call the provider 24 hours before the appointment. Respect the staff and property at your provider's office.
- Provide correct information to your providers and your CHIP plans.
- Understand the medical care you need.
- Use providers and facilities in the Molina network.
- Tell us if you get a medical bill that you don't think you should have to pay.



- Pay your copayments, deductibles, and quarterly premiums.
- Call Department of Workforce Services (DWS) if you change your address, family status, or other health care coverage.

CONTACTING MY CHIP 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 Monday through Friday 9:00 a.m. to 5:00 p.m.

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 physician incentive plans
- With any other question

You can also find us on the internet at MolinaHealthcare.com.

CHIP BENEFITS

How do I use my CHIP benefits?

Each CHIP member will get a CHIP medical card.

You should receive your CHIP medical card within 21 days of being enrolled. Always show your CHIP medical card before you receive services or get a prescription filled. Always make sure that the provider accepts your CHIP medical plan before you get services, or you may have to pay for the service.

A list of covered services is found on [page 22](#).

What does my Molina CHIP medical card look like?

The Molina CHIP ID card is wallet-sized and will have the member's name and CHIP ID number on it. Your Molina CHIP ID card will look like this:



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 you and your medical 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, at Find A Doctor on MolinaHealthcare.com. 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 case managers will work with you and your doctor to make sure that you select the right provider for you. To talk to a case manager about selecting a PCP, call (888) 483-0760.

DO NOT lose or damage your card or give it to anyone else to use. If you lose or damage your card, you may get an electronic copy on MyMolina.com (Molina's secure member portal) or you can call Member Services at (888) 483-0760 to get a new card.

Can I view my CHIP benefits online?

You can check your CHIP coverage and plan information online at MolinaHealthcare.com.

For additional information on accessing or viewing benefit information, please call (888) 483-0760.

How can I Change my PCP?

You may change your PCP at any time. You can change your PCP on [MyMolina.com](https://www.myl Molina.com), Molina's secure member portal or by calling Member Services. We will be happy to help you.

COST SHARING

What is cost sharing?

Cost sharing is the amount you must pay for some services. This includes deductibles, co-payments, and coinsurance.

What is a Co-payment (Co-pay)?

A co-pay is a portion of the cost you must pay for some services. Most CHIP families will need to pay a co-pay for medical services.

For additional co-pay information, refer to the CHIP Co-pay chart on [page 13](#). The co-pay plan you are assigned will be listed on your CHIP medical card and on your MyCase account through the Department of Workforce Services.

What is Coinsurance?

Some services have a coinsurance. A coinsurance is a percentage of the total bill that you are responsible to pay. The

coinsurance percentage can be different depending on the service.

What is a Deductible?

A deductible is the part of a claim that is not covered by CHIP. You must pay the deductible first before your CHIP plan can pay the remaining cost of these bills. A deductible is a set amount each year and once that amount has been met, you no longer have a deductible for the remainder of the plan year. The plan year starts on July 1 and ends on June 30 the following year.

What is a Premium?

A premium is an amount you must pay to get CHIP benefits. For information about your CHIP medical premium, call the DWS at (801) 526-0950.

What is an Out-of-Pocket Maximum?

CHIP has a maximum amount you have to pay for cost sharing. This is called your "out-of-maximum". This maximum is based on your household income. DWS will tell you what your out-of-pocket maximum is for each benefit period. The benefit period is the 12-month



period that begins with your first month of CHIP eligibility.

Out-of-pocket cost sharing includes deductibles, premiums, co-insurance, and copays. .

What happens when I reach my Out-of-Pocket Maximum?

Once you reach your out-of-pocket maximum, your household will no longer have to pay cost sharing for your benefit period.

Make sure you save your receipts every time you pay your copay. When you think you have reached your out-of-pocket maximum, contact CHIP at (888) 222-2542.

Who does not have a Co-pay?

- Alaska Natives
- American Indians

When Do I Pay Co-pays?

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
- Get a Prescription Drug

What Services Don't Have Co-pays?

Some services that do not have co-pays are:

- Well-Child-exams
- Immunizations (shots)
- Lab and X-ray for minor diagnostic test and x-rays; (refer to Co-pay Chart for additional information)
- Mental health outpatient and office visit
- Mental Health and Substance Use Disorder Residential Treatment

CHIP MEDICAL CO-PAY CHART

BENEFITS (per plan year)	CO-PAY PLAN B*	CO-PAY PLAN C*
OUT-OF-POCKET MAXIMUM	5% of family's annual gross income, including dental expenses**	5% of family's annual gross income, including dental expenses**
PREMIUM	\$30/family/quarter	\$75/family/quarter
PRE-EXISTING CONDITION	No waiting period	No waiting period
DEDUCTIBLE	\$40/family	\$500/child; \$1,500/family
WELL-CHILD EXAMS	\$0	\$0
IMMUNIZATIONS	\$0	\$0
DOCTOR VISITS	\$5	\$25
SPECIALIST VISITS	\$5	\$40
EMERGENCY ROOM	\$5; \$10 non-emergency	\$300 after deductible

BENEFITS (per plan year)	CO-PAY PLAN B*	CO-PAY PLAN C*
AMBULANCE	5% of approved amount after deductible	20% of approved amount after deductible
URGENT CARE CENTER	\$5	\$40
AMBULATORY SURGICAL & OUTPATIENT HOSPITAL	5% of approved amount after deductible	20% of approved amount after deductible
INPATIENT HOSPITAL SERVICES	\$150 after deductible	20% of approved amount after deductible
LAB & X-RAY	\$0 for minor diagnostic tests and x-rays; 5% of approved amount after deductible for major diagnostic tests and x-rays	\$0 for minor diagnostic tests and x-rays; 20% of approved amount after deductible for major diagnostic tests and x-rays
SURGEON	5% of approved amount	20% of approved amount after deductible
ANESTHESIOLOGIST	5% of approved amount	20% of approved amount after deductible
PRESCRIPTIONS		
– Preferred Generic Drugs	– \$5	– \$15
– Preferred Brand Name Drugs	– 5% of approved amount	– 25% of approved amount
– Non-Preferred Drugs	– 5% of approved amount	– 50% of approved amount
MENTAL HEALTH		
– Inpatient	– \$150 after deductible	– 20% of approved amount after deductible
– Outpatient, Office Visit & Urgent Care	– \$0	– \$0
RESIDENTIAL TREATMENT	\$0	\$0
PHYSICAL THERAPY	\$5 (20 visit limit per year)	\$40 after deductible (20 visit limit per year)
APPLIED BEHAVIOR ANALYSIS (ABA) for the Treatment of Autism Spectrum Disorder	\$0	\$0
CHIROPRACTIC VISITS	Not a covered benefit	Not a covered benefit

BENEFITS (per plan year)	CO-PAY PLAN B*	CO-PAY PLAN C*
HOME HEALTH & HOSPICE CARE	5% of approved amount after deductible	20% of approved amount after deductible
MEDICAL EQUIPMENT & MEDICAL SUPPLIES	5% of approved amount after deductible	20% of approved amount after deductible
DIABETES EDUCATION	\$0	\$0
VISION SCREENING through VSP (vsp.com or (800) 877-7195)	\$5 (1 visit limit per year)	\$25 (1 visit limit per year)
HEARING SCREENING	\$5 (1 visit limit per year)	\$25 (1 visit limit per year)

* Copay amounts are based on your income. American Indians and Alaska Natives will not be charged copays, coinsurance, deductibles, or premiums.

** CHIP will send you an approval letter telling you the approximate out-of-pocket maximum amount for your family.



What should I do if I receive a Medical Bill?

If you receive a bill for services that you believe should be covered by CHIP, call Member Services for assistance (888) 483-0760. 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 will have to pay a medical bill if:

- You agree (in writing) to get specific care or service not covered by CHIP before receiving the service
- You ask for and get services that are not covered during an appeal or CHIP State Fair Hearing. You only pay for medical care if the ruling is not in your favor.
- You are not eligible for CHIP on the day of service
- You get care from a doctor who is not with your CHIP plan, or is not enrolled with Utah CHIP (except for Emergency Services)

EMERGENCY CARE AND URGENT CARE

What is an Emergency?

An emergency is a medical condition that needs to be treated right away. 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?

If you 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 (see below)
- 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 1-800-222-1222.

Will I have to pay for Emergency Care?

There is co-pay for use of the Emergency Room. Refer to the CHIP Medical Copay Chart for additional information about your Emergency Care copayments.

A hospital that is not on your plan may ask you to pay the time of service. If so, submit your emergency service claim to Molina for reimbursement.

What should I do after I get Emergency Care?

Call us as soon as you can after getting emergency care. Notify your Primary Care Provider to tell them about your emergency care 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 at (888) 275-8750 (TTY: 711). 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
- Stomachache
- 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?

Molina 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 co-payment
- The ability to see any provider that accepts CHIP (in or out-of-network)
- The ability to see a provider without a referral
- Some types of sterilization (sterilization consent forms are required and must be signed 30 days before surgery)

Non-Covered Family Planning services:

- Infertility drugs
- In vitro fertilization
- Genetic counseling
- Norplant

For more information about family planning services, call member services at (888) 483-0760.



ABORTION PLANNING SERVICES

There are limits on abortion coverage. Molina will cover the cost of an abortion only in cases of rape, incest, or if the mother'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 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 (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 provider will request permission from Molina. If approval is not given for payment of a service, you may appeal the decision. Please call 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

OTHER INSURANCE/TPL

What if I have other health insurance?

You cannot have other insurance and be covered by CHIP unless the insurance is a limited coverage plan (such as a dental or vision only plan, etc.). You must notify the Utah State Department of Workforce Services (DWS) within ten (10) days of enrollment in other health insurance.

Once DWS is notified, they will review the information to determine if you will continue to qualify for CHIP. If your CHIP case closes, notify your dental providers to bill your other insurance instead of CHIP.

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

ADVERSE BENEFIT DETERMINATION, APPEALS, GRIEVANCES, AND STATE FAIR HEARING

What is an Adverse Benefit Determination?

An adverse benefit determination is when we make a decision that is not in your favor.

Types of adverse benefit determinations are when we:

- Deny or limit approval of a requested service.
- Lower the number of services we had approved, or stop paying for a service that we had approved.
- Deny payment or pay less for services that you received.
- Do not make a decision on an appeal or grievance in a timely manner.

- Do not provide you with a doctor's appointment in a timely manner.
- Said that you have to pay a financial liability and you disagreed. Financial liabilities include copays, coinsurance, deductibles, and premiums.

We will send you a notice of adverse benefit determination if one of the above happens. If you do not receive a notice, contact Member Services and we will send one.

What is an Appeal?

If you disagree with the adverse benefit determination, you, your provider, or your authorized representative can request an appeal. An appeal is the review that Molina does of the adverse benefit determination that we made.

How do I request an Appeal?

You, your provider or any authorized representative can request an appeal. An appeal form can be found on our website at [MolinaHealthcare.com](https://www.MolinaHealthcare.com).

A request for an appeal will be accepted:

By mail:

Molina Healthcare of Utah CHIP Plan
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 calendar days from the notice of adverse benefit determination. If you need help requesting an appeal, call us at (888) 483-0760. If you are deaf or hard of hearing, you can call Utah Relay Services at 711.

How long does an Appeal take?

You will be given written notice within 30 calendar days from the date your appeal is received. You will be notified in writing if more time is needed to decide on your appeal. If you, your authorized representative, or your provider think it's important to decide 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 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 for our decision will harm your health, life or ability to maintain or regain maximum function, you, your authorized representative, or your provider can ask for a quick decision on your appeal request. This means we will decide on your appeal within 72 hours. A quick appeal will be accepted over the phone or in writing. 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 CHIP Plan
Appeals and Grievances
7050 S. Union Park Center #200
Midvale, UT 84047

What is a Grievance?

A grievance is a complaint about anything other than an adverse benefit determination. You have the right to file a grievance and tell us about your concerns.

You can file a grievance about concerns related to your health care such as:

- When you do not agree with the amount of time that the plan took to make a service authorization decision
- Whether care or treatment is appropriate
- Access to care
- Quality of care
- Rudeness by a provider or staff
- Any other kind of problem you may have had with us, your provider, or health care services.

How do you file a Grievance?

You can file a grievance at any time. If help is needed to file a grievance, call us at (888) 483-0760. If you are deaf or hard of hearing, you can call Utah Relay Services at 711.

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 CHIP Plan
Appeals and Grievances
7050 S. Union Park Center #200
Midvale, UT 84047

We will let you know of our decision within 90 calendar days from the day we receive your grievance.

What Is a State Fair Hearing?

A State Fair Hearing is a process with the State Medicaid agency that allows you to explain why you think Molina's appeal decision should be changed. You, your provider, or your authorized representative can request a State Fair Hearing after you get notice of our appeal decision.

How do I request a State Fair Hearing?

When we tell you about our decision on your appeal request, we will tell you how to ask for a State Fair Hearing if you do not agree with our decision. We will also give you the Form to Request a State Fair Hearing to send to Medicaid. The form must be sent to Medicaid no later than 120 calendar days from the date on our appeal decision notice.

If you or your provider do not agree with our appeal decision, you may submit to Medicaid the Form to Request a State Fair Hearing.

FRAUD, WASTE, AND ABUSE

What is Health Care Fraud, Waste, and Abuse?

Doing something wrong related to CHIP could be fraud, waste, or abuse. We want to make sure that 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 CHIP is doing something wrong.

Some examples of Fraud, Waste, and Abuse are:

By a Member

- Letting someone use your CHIP ID card
- Changing the amount or number of refills on a prescription
- Lying to get medical, dental, mental health and substance use disorder, or pharmacy services

By a Provider

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



How can I report fraud, waste, and abuse?

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

Molina CHIP Compliance AlertLine:

Call (866) 606-3889

Online: <https://molinahealthcare.AlertLine.com>

Write to:

Molina CHIP Compliance Office:
Attn: Compliance Officer Molina CHIP
7050 Union Park Center #200
Midvale, UT 84047

Provider Fraud

The Office of Inspector General (OIG)

Email: mpi@utah.gov

Toll-Free Hotline: 1-855-403-7283

Member Fraud

Department of Workforce Services Fraud
Hotline

Email: 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 CHIP covers an ambulance.

LIST OF COVERED SERVICES

These are some of the services covered by your plan:

- Abortions and sterilizations (if criteria is met, with required forms)
- Ambulance, ground and air for medical emergencies
- Approved clinical trials
- Diabetes and diabetes education

- Dialysis for end stage renal disease
- Doctor visits, including specialists
- Drugs prescribed by your doctor
- Eye exams
- Emergency care, seven days a week, 24 hours a day
- Family planning
- Having a baby, including high-risk services
- Hearing exams
- Home health
- Hospice (end-of-life care)
- Hospital services, inpatient and outpatient
- Immunizations
- Labs and X-rays
- Treatment for miscarriage (losing your baby due to natural causes)
- Medical equipment and supplies
- Mental health services
- Occupational therapy
- Organ transplants (bone marrow, heart and lung, pancreas and kidney, cornea, heart, kidney, liver, lung)
- Physical therapy

LIST OF NON-COVERED SERVICES

These are some of the services not covered by your plan:

- Abortions, except to save mother's life or result of rape or incest, with required forms
- Acupressure
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder (ASD)
- Allergy tests and treatment, selected types
- Anesthesia, general, while in doctor's office
- Biofeedback
- Birthing centers and home childbirth
- Cancer therapy, neutron beam
- Certain drugs and medicines (such as weight loss drugs, non-Food and Drug Administration (FDA) drugs, etc.)

Certain immunizations (anthrax, Bacillus Calmette-Guerin (BCG), plague, typhoid yellow fever, and others)
Certain pain services
Charges/services not for medical purposes
Chiropractic services
Claims after one year
Dental anesthesia unless criteria is met
Device to correct or support the foot
Dry needling
Experimental services
Eye surgery for vision (such as LASIK)
Family planning (specifically Norplant, infertility drugs, in-vitro fertilization, genetic counseling)
Fitness training, exercise equipment, fees for gym, etc.

Food-based treatment
Gene therapy
Genetic counseling

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

No, CHIP does not pay for non-covered services.

NOTICE OF PRIVACY PRACTICES

How do 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.

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](https://www.molinahealthcare.com). You can also ask for a hard copy of this information by contacting member services at (888) 483-0760.

How do I find out more about Privacy Practices?

Contact member services if you have questions about the privacy of your health records. They

