

Utah CHIP Children's Health Insurance Program 2020-2021 Member Handbook

MolinaHealthcare.com



Your Extended Family.



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

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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.

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 दनुहोस्: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-483-0760 (टटिविडि: 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 1-88-483-0760 (رقم هاتف الصم والبكم: 711).
Mon-Khmer, Cambodian	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ 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 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.

You may also ask for our documents in your preferred written language by calling our Member Services team. 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. They will be sent to you within five business days free of charge. We can 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.

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 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
- Receive information about grievances, appeals, and how to file a State Fair Hearing
- Ask for more information about our plan structure and operations
- Get emergency and urgent care 24 hours a day, seven 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. To be given health care services that are the right kind of services based on your needs.
- To get health care services that are close to where you live

What are my Responsibilities?

Your responsibilities are:

- To follow the rules of your plan
- Read your Member Handbook
- Show your CHIP identification (ID) card each time you receive medical care
- Cancel doctor appointments 24 hours ahead of time if needed
- Respect the staff and property at your provider's office
- Use doctors and hospitals in the Molina network
- Pay your co-payments (co-pay)
- Pay your quarterly premium



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?

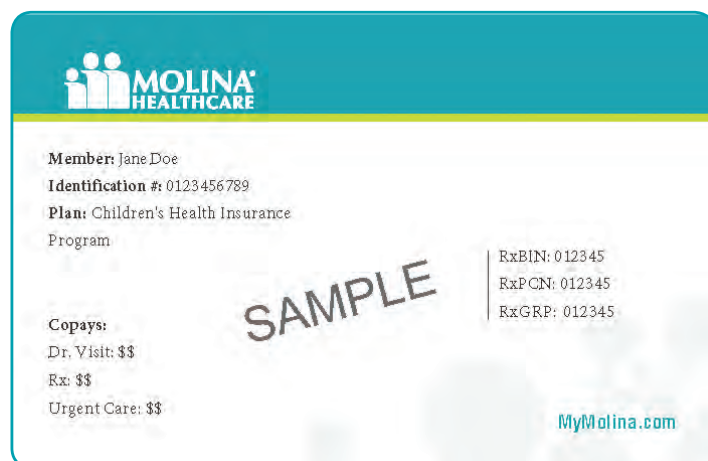
Each CHIP member will get a CHIP ID Card.

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

A list of covered services is found on page 19.

What does my Molina CHIP ID 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:



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.



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, 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.

How can I Change my PCP?

You may change your PCP at any time. You can change your PCP on MyMolina.com, Molina's secure member portal or by calling Member Services. We will be happy to help you.

COST SHARING

Cost sharing is the amount not covered by your insurance that you pay out of your own pocket. 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. Your CHIP co-pay plan (B or C) is based on your income and is determined by a representative from your local eligibility office.

For additional co-pay information, refer to the CHIP Co-pay chart on page 11. The co-pay plan you are assigned will be listed on your CHIP ID card.

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 however, it is usually 20% of the billed amount.

What is a Deductible?

A deductible is the part of a claim that is not covered by CHIP. Plan B and C require that you pay a deductible. 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 every year.

What is a Premium?

Depending on your income, you may need to pay a premium every quarter. The premium is a set amount no matter how many children you have. The Utah State Department of Workforce Services (DWS) will send an invoice when your premiums are due.

What is an Out-of-Pocket Maximum?

CHIP has a limit on how much you must pay in cost sharing. You do not need to pay more than 5% of your household's countable income for out-of-pocket expenses each benefit period. The benefit period is the 12-month period that begins with your first month of eligibility. Out-of-Pocket expenses include deductibles, premiums, coinsurance, and co-pays. Non-covered services do not count towards the Out-of-Pocket Maximum.

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

Once you reach your Out-of-Pocket Maximum, contact the Utah State CHIP office at (888) 222-2542 and they will help you through the process.

Make sure you save your receipts every time you pay your co-pay. Once you have reached 5% of your household's annual income, your household will no longer have to pay co-pays for that benefit period.

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



CHIP 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 VISITSq	\$5	\$40
EMERGENCY ROOM	\$5; \$10 non-emergency	\$300 after deductible
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

BENEFITS (per plan year)	CO-PAY PLAN B*	CO-PAY PLAN C*
PRESCRIPTIONS – Preferred Generic Drugs – Preferred Brand Name Drugs – Non-Preferred Drugs	– \$5 – 5% of approved amount – 5% of approved amount	– \$15 – 25% of approved amount – 50% of approved amount
MENTAL HEALTH – Inpatient – Outpatient & Office Visit	– \$150 after deductible – \$0	– 20% of approved amount after deductible – \$0
RESIDENTIAL TREATMENT	5% of approved amount after deductible	20% of approved amount after deductible
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	Not a covered benefit	Not a covered benefit
CHIROPRACTIC VISITS	Not a covered benefit	Not a covered benefit
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)

*Co-pay plans are based on your income. American Indian/Alaska Natives will not be charged co-pays, premiums, or a deductible.

** The Utah State CHIP office 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 may 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 don't show your Utah CHIP ID Card before you get medical care
- You are not eligible for CHIP
- 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?

Call 911 or go to the closest Emergency Room.

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 your Co-pay Chart for additional information about your Emergency Care co-payments and fees.

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?

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 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

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.

** Sterilization consent forms are required and must be signed 30 days before surgery.



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

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 or call (888) 483-0760

APPEALS, GRIEVANCES, AND STATE FAIR HEARINGS

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.
- Did not decide on an appeal or grievance in a timely manner.

- Did not provide you with a doctor's appointment in a timely manner. Timely manner means 30 days for a routine doctor visit and two days for an urgent care visit.
- Deny a member's request to dispute a financial liability.

You have a right to receive a Notice of Adverse Benefit Determination if one of the above occurs. If you did not receive one, contact Member Services and we will send you a notice.

What is an Appeal?

An appeal is when you, your authorized representative, 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 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 90 days from the notice of adverse benefit determination. If you need help filing 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 if you want to continue to get 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 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 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 hearing you, your authorized representative, or your provider can request with the State Medicaid/CHIP Hearings Unit if you are unhappy with our decision about your appeal.

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 Utah Office of Administrative Hearings.

You will receive a copy of the request form with your Appeal denial letter. You can also find the form on our website at MolinaHealthcare.com.

The hearing request must be within 120 calendar days of Molina's appeal decision.

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 receive medical 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, to help educate
- 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
- ADHD
- Autism Spectrum Disorder (ASD)
- Allergy tests and treatment, selected types
- Anesthesia, general, while in doctor's office
- Biofeedback
- Birth centers and home childbirth
- Cancer therapy, neutron beam
- Certain drugs and medicines (such as weight loss drugs, non-FDA drugs, etc.)
- Certain immunizations (anthrax, BCG, plague, typhoid yellow fever, and others)
- Certain pain services
- Charges/services not for medical purposes
- Chiropractic services
- Claims after one year
- Conditions caused by crime
- 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.

How do I find out more about Privacy Practices?

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.





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