

Utah CHIP Member Handbook

Who knew you had **so many doctors in your family?**



MolinaHealthcare.com



Your Extended Family.

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IMPORTANT PHONE NUMBERS

Member Services	888-483-0760 Weekdays, from 9:00 a.m. to 5:00 p.m. Hearing impaired: TTY 800-346-4128 or 7-1-1
Case Management Services	Call Member Services: 888-483-0760
Prescription Services	Call Member Services: 888-483-0760
Vision Services	Call Vision Service Plan (VSP): 844-350-4089 Hearing impaired: TTY 7-1-1 www.VSP.com
Dental Services	Call the dental plan you signed up for. Premier Access: 877-541-5415 Delta Dental: 866-467-4219
Molina Healthcare Nurse Advice Line	24 hours a day 7 days a week 888-275-8750 (English) 866-648-3537 (Spanish) Hearing Impaired: TTY 866-735-2929 Personas con impedimento de audicion llame al TTY 866-833-4703
Molina Healthcare Compliance Hotline	866-606-3889
Appeals Department	Call Member Services: 888-483-0760

Contact Information for the Utah Department of Health

Health Program Representative (HPR)	866-608-9422 Weekdays from 8:00 a.m. to 5:00 p.m.
Medicaid Hotline	801-538-6155 or 800-662-9651 Weekdays from 8:00 a.m. to 5:00 p.m.
Pregnancy Risk Line	801-328-2229 (Salt Lake City area) or 800-822-2229. All calls are free and confidential.
Utah Department of Health CHIP Website	https://chip.health.utah.gov

Glossary of Abbreviations

CHIP Children’s Health Insurance Program	PCP Primary Care Provider/Doctor
DWS Department of Workforce Services	PHI Protected Health Information
EOB Explanation of Benefits	OTC Over The Counter
HPR Health Program Representative	

WELCOME

Molina Healthcare of Utah welcomes you. Thank you for choosing us. CHIP stands for Children's Health Insurance Program. This Member Handbook explains your benefits. It lists who to call when you need help.

Please call the Utah Department of Workforce Services about premiums or eligibility. They are open Monday through Friday from 8:00 a.m. to 5:00 p.m. Their number is 866-435-7414.

If you have any questions about Molina Healthcare and our CHIP program, you may call our Member Services team toll-free at 888-483-0760 from 9:00 a.m. to 5:00 p.m., Monday through Friday. Once again, thank you for joining the Molina Healthcare family of members and caring providers. We look forward to serving you.

WHEN YOU MOVE

It's important that we are able to contact you. If you change your name, move or, get a new phone number, call the Department of Workforce Services to update your information 866-435-7414.

MEMBER MATERIALS

CHIP Handbook

Keep your Member Handbook in a safe place. It has a table showing co-pays. This handbook may change from time to time. If so, we will let you know at least 30 days in advance. You have the right to ask for a new handbook at any time.

CHIP ID Card

We will send you your CHIP ID Card within 21 days of being enrolled. Remember to show your card when you go to the doctor or pharmacy. Your CHIP ID Card tells your provider how to bill us and gives our Member Services phone number. If you lose your card, please call us at 888-483-0760.

Provider List

The most current list of providers is at www.molinahealthcare.com. You can search by male or female, spoken language, those taking new patients, and more. A list of providers is included at the end of this booklet. We will mail you a new printed copy if you ask. It is written in both English and Spanish.

TRANSLATION SERVICES

Many people do not speak English or are not comfortable speaking English. Please tell your doctor's office or call Member Services if you prefer to speak a language other than English. Molina Healthcare can help you find a doctor that speaks your language or have an interpreter go with you to the doctor.

Molina Healthcare offers both telephonic and face to face interpreter services at no cost to help you with:

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- Making an appointment.
- Talking with your doctor or nurse.
- Getting emergency care in a timely manner.
- Filing a complaint or grievance.
- Getting health education services.
- Getting information from the pharmacist about how to take your medicine (drugs).

Tell your doctor or anyone who works in his or her office if you need an interpreter.

Note: If you choose to ask a family member, friend, or bring your own interpreter, doctors have the right to request one from a contracted agency to make sure that the correct health information is being told to you.

MEMBER MATERIALS IN ALTERNATIVE FORMATS

You may ask for any of the documents that Molina Healthcare sends you in your preferred written language. If you have a special need, you may also ask for materials in an alternative format, such as Braille, large print, and audio or video recordings. To request materials in your preferred written language or in one of these formats, call Member Services at 888-483-0760. If you are deaf or hard of hearing, dial 7-1-1 for the Utah Relay Service.

MEMBER MATERIALS IN SPANISH

You can ask for this handbook, a provider list and many other forms and tips in Spanish. Tenemos este folleto e importante información adicional disponible en Español. Llame al departamento de servicio al cliente al 888-483-0760 y pida una copia.

MEMBER SERVICES

Our Member Services team is here to help you and answer your questions. Our goal is to answer your question and resolve your need on the first call. To talk with Member Services, call 888-483-0760 weekdays from 9:00 a.m. to 5:00 p.m. TTY/TDD users should call 7-1-1.

Member Services can help you:

- Learn what to do if you have a complaint.
- Find a new primary care doctor (PCP).
- Find a specialist (example: cardiologist for the heart).
- Find health care providers that are part of your network.
- Get in to see a doctor quickly for urgent problems.
- Schedule a visit for preventive care (care to keep you well).
- Learn about a doctor's special training.
- Find services covered on your plan.

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- Find where to get covered services.
- Know which services need to be approved ahead of time (prior authorization).
- Know what is not covered on your plan.
- Find care when you are outside of Utah.
- Find care after hours.
- Know what to do if you need help right away.
- Find doctors who speak your language.
- Find someone to interpret for you.
- Find help if you have special needs.
- Find help if you have trouble seeing or hearing.
- Know how much you have to pay (copay).
- Know what to do if you are sent a bill.
- Know why you should see your doctor for regular checkups.
- Know where you can learn about staying healthy.

TO ACCESS CARE THAT YOU NEED

Some services have limited benefits. Except for a few exceptions described in this booklet, all services must be provided directly by a doctor that is part of the Molina Healthcare Network. See the co-pay information on page 20 of this booklet.

What is a Health Care Provider?

A health care provider finds, treats, or helps prevent an illness or disability. You can find a list of providers on our website or by calling Member Services. Here are some different provider types:

- A Primary Care Provider (PCP), such as a family practice doctor or pediatrician.
- A Secondary Care Provider (SCP), such as a surgeon or heart doctor.
- Other providers, such as therapists, physician assistants, psychiatrist and nurses.
- Indian Health Providers (for Native American enrollees).

Types of health care facilities include the following:

- Hospitals.
- Rehab.
- Urgent care (often open weekends and evenings and walk-ins accepted at most locations).
- Skilled nursing.
- Sleep centers.
- IV therapy.

Primary Care Provider (PCP)/ Doctor

For help choosing or changing a PCP, call Member Services at 888-483-0760. Having a PCP for most of your needs is a very good idea. A PCP will get to know you. Your PCP will help you get care from other

doctors or specialists. There are a lot of good reasons to have a PCP who sees you for most of your medical care. Some of these reasons include:

- Your PCP knows you and your medical history the best.
- You and your PCP manage your medical needs from one place.
- Your PCP will help you get the care you need when you need it. If you need to see a specialist, your PCP will send you to the right doctor.
- Your medical information from the specialist will be given to your personal physician.

Having a personal physician is especially helpful for people with special health care needs.

Other benefits include:

- Better care of chronic problems.
- Better access to needed care.
- Better care coordination.
- Better prevention of diseases.

We can also help you find a doctor to get a second opinion. Second opinion doctors may be in or outside of the network.

Referrals

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. For help choosing a Molina specialist, call Member Services at 888-483-0760.

How to Get Vision Care

Eye exams are important. Exams let your Vision Service Plan (VSP) doctor treat eye problems early. This can happen before you notice any prob

These vision services are covered by Molina Healthcare:

- Routine eye exams by a physician or an optometrist.
- Contact lenses when medically necessary.

Molina Healthcare partners with Vision Service Plan (VSP) to provide you with covered vision services. To find a provider for covered eye care services, visit www.VSP.com or call (844) 350-4089.

- Please be sure to review your CHIP benefits so you understand which services CHIP will pay for.

HOW TO GET ROUTINE CARE

Once you have chosen a Molina doctor:

- Call your Molina doctor when you need to see him or her.
- If you cannot keep your appointment, call and schedule another time.
- Call and cancel your appointment, if you feel better. This will allow someone else to use your appointment time.

Your Molina doctor will:

- See you for routine care.
- Recommend a specialist when needed.
- Call Molina Healthcare for services that need approval before you can get them.

Making an Appointment

You should be able to get an appointment with your:

Molina Doctor:

- Within 30 days for routine, non-urgent appointments.
- Within 30 days for school physicals.
- Within 2 days for urgent, but not life threatening care (care that can be done in a doctor's office).

Molina Specialist:

- Within 30 days for non-urgent appointments.
- Within 2 days for urgent, but not life threatening care (care that can be done in a doctor's office).

If you have trouble getting an appointment when you need one, call us at 888-483-0760 for help. Remember to bring your Molina Healthcare CHIP ID Card with you to all of your appointments. Please be on time so that you can be seen as scheduled.

When Your Doctor Leaves Your Plan

Molina Healthcare will notify you within 15 days of learning that your doctor is no longer on your plan or a part of Molina Healthcare.

Direct Access to Care (Special Needs)

Let us know if you have special health needs. We can help you get direct access to a specialist. Call Member Services at 888-483-0760. We can ask nurse case managers to help you.

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You can also visit www.molinahealthcare.com. There you can find a specialist close to your home or a specialist who speaks your language.

If you need routine women's health care, you can visit a participating women's health specialist.

Note: Molina Healthcare does not set rules to keep you from getting the care you need.

Out of Area Care

For urgent or emergency care, go to the nearest doctor or hospital. Call us as soon as you can. A hospital not on your plan may ask you to pay at the time of service. If so, submit your claim to Molina Healthcare. (See "How to Submit a Claim" in this Handbook.) You do not need prior approval. You can call our Member Services team for advice. When you are outside of Utah or the country, you can call

COVERED SERVICES

Some of the services covered are:

- 24 hour emergency care.
- Abortion services (subject to state and federal law).
- Ambulance.
- Case manager services.
- Diabetes self-management education.
- Dialysis.
- Doctor visits.
- Eye exams.
- Family planning and birth control.
- Hospital (inpatient and outpatient).
- Health education services (diabetes, asthma, etc.).
- Home health care/ hospice.
- Immunizations (shots).
- Laboratory and x ray services.
- Maternity care (before, during, and after pregnancy).
- Medical equipment and supplies.
- Mental health.
- Physical therapy and occupational therapy.
- Podiatry.
- Prescription drugs.
- Quit smoking plan (age 18 or over).
- Specialty care doctor office visits.
- Speech and hearing.
- Substance abuse treatment.

- Surgery.
- Well child care.

All services listed above, except family planning services, must be provided directly by a doctor or provider that is part of the Molina Healthcare Network. To find out if something is covered or to see if you need prior approval, call Member Services at 888-483-0760.

New Technology as a Covered Benefit

We have a process to review new treatments. Our Medical Director will review the medical need. We look at a lot of information. We look at medical studies. We look at government documents. We may ask a specialist to give an opinion. If we decide that a new treatment is needed, we ask the State for approval. It could then become a covered benefit.

NON-COVERED SERVICES

Services that are not covered by CHIP or Molina include:

- Abortions, except to save mother's life or result of rape or incest, with required forms.
- Acupressure.
- Acupuncture.
- AD/HD - cognitive or behavioral therapies.
- Allergy tests and treatment, selected types.
- Biofeedback.
- Birthing centers and home childbirth.
- Cancer therapy - neutron beam/proton 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, terrorism, or nuclear release.
- Dental anesthesia unless criteria is met.
- Dry needling.
- Experimental services.
- Eye surgery for vision (LASIK, etc.).
- Family planning (specifically Norplant, infertility, invitro fertilization, genetic counseling).
- Fitness training - exercise equipment, fee for gym, etc.
- Food based treatment.
- Gene therapy.
- Hearing aids, unless following cochlear implants.
- Methadone therapy.

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- Non FDA approved drugs.
- Non FDA approved services.
- Pervasive development disorder.
- Phone/ e-mail consult.
- Respite care.
- Same service repeated.
- Service related to a non-covered service.
- Services provided by someone who lives in the same house as the member.
- Service to improve how you look.
- Sexual-related treatment.
- Therapy services not meeting criteria.
- Travel-related expense.
- War-related expense.
- Weight-loss related services (surgery, medication, etc.).

PRIOR AUTHORIZATION

You or your doctor must let Molina Healthcare know before you get certain types of care. Otherwise, your benefits may be reduced or denied. Prior authorization is needed for:

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

It is your doctor's job to call for these approvals before you get any of these services. It is your job to ask your doctor if he or she has gotten authorization from Molina Healthcare. Usually, we make a decision about approving a service in 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 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.

UTILIZATION MANAGEMENT

Molina helps to deliver appropriate care. We make sure you get the correct services you need. Management of care decisions are based only on appropriateness of care, service and existence of coverage.

- Molina does not reward doctors, employees, or other people to deny or limit your care.
- No financial incentives are given to encourage decisions that result in incorrect services or treatment.

Nurses to Manage Your Care

Case managers are nurses who can help you get care and stay healthy. They work with your doctors when needed. They can also help if you are in the middle of care while changing to a new doctor. Sometimes health records need to be given to your new plan or doctor. They will explain to you how to get this done. Call us at 888-483-0760 if you want help from one of our nurses to coordinate your needs.

Disease Management

We can help manage your care and keep you healthy. We have programs for these conditions:

- Asthma.
- Chronic obstructive lung disease (COPD).
- Diabetes.
- Heart disease.
- Pregnancy programs (all pregnant members).
- Immunizations (18 months, and 13 years old).
- Quitting smoking.

To find out more about health education programs, you may call Molina Healthcare at 866-891-2320.

AFTER HOURS CARE

Your Molina doctor's office has a doctor "on-call" in the evenings, at night, on weekends, and on holidays. If you have a problem after regular office hours, call your Molina doctor's office and talk with the doctor on-call. Tell the doctor about your problem, and follow the doctor's instructions. The Molina doctor may ask you to come to the office or may refer you to an Urgent Care Clinic or emergency room. Be sure to tell the doctor that you are a Molina Healthcare member.

Remember: Do not use the emergency room for routine care or after hours care that is not an emergency.

URGENT AND EMERGENT CARE

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 24 hour Nurse Advice Line at 888-275-8750. To find an urgent care center, call Member Services at 888-483-0760 or visit www.molinahealthcare.com to find one near you.

Here are some examples of things that require urgent care:

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- Vomiting a lot.
- Cuts that may need stitches.
- Ear pain.
- Sprain or broken bone.
- Bad cough.
- High fever.

Note: If you get urgent or emergency care from someone other than your doctor, it is a good idea to call your doctor as soon as you can. He or she may want to see you.

Emergency Care (Call 911)

An emergency is when you think your life is in danger, a body part is hurt badly, or you are in great pain. Emergency services are services needed to treat an emergency medical condition. With an emergency medical condition, a person could reasonably expect that without immediate treatment:

- The person's health (or in the case of a pregnant women, her unborn child's health) would be in serious jeopardy.
- The person would have serious impairment to bodily functions.
- The person would have serious dysfunction of any bodily organ or part.

Here are some examples of things that require emergency care:

- Bad burns.
- Broken bones.
- Chest pain.
- Heavy bleeding.
- Drug overdose.
- Trouble breathing.

If you think you have an emergency condition, call 911 or go to the closest hospital. The same benefits apply to emergency room (ER) services. The hospital you go to for emergencies does not need to be on your plan. They may admit you to a hospital not on the plan. Contact us within two days or as soon as you can.

Post-Stabilization

Post-stabilization care happens when they admit you into the hospital from the ER. This care is covered. If they admit you from the ER, there is no copay. This care includes tests and treatment until you are stable or they find out what is wrong with you.

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 a hospital on the plan. This way you get the most benefits your plan has to offer. The doctor will treat you at a hospital not on the plan until a doctor who is on your plan can take over your care.

Remember: You have the right to use any hospital or other setting for emergency care. Prior approval is not required. Emergency benefits are not limited based on your symptoms or what they say is wrong. Also, benefits are not reduced because the hospital did not get in touch with your PCP.

HOSPITALS ON THE PLAN

- Ashley Regional Medical Center.
- Bear Lake County Memorial Hospital.
- Bear River Valley Hospital.
- Beaver Valley Hospital.
- Blue Mountain Hospital.
- Brigham City Community Hospital.
- Cache Valley Hospital.
- Cassia Regional Medical Center.
- Castleview Hospital.
- Central Valley Medical Center.
- Davis Hospital and Medical Center.
- Delta Community Medical Center.
- Dixie Regional Medical Center.
- Fillmore Community Medical Center.
- Garfield Memorial Hospital.
- Gunnison Valley Hospital.
- Heber Valley Medical Center.
- Highland Ridge Hospital.
- Huntsman Cancer Institute.
- Jordan Valley Medical Center.
- Kane County Hospital.
- Lakeview Hospital.
- LDS Hospital.
- Logan Regional Hospital.
- Lone Peak Hospital.
- Milford Valley Memorial Hospital.
- Moab Regional Hospital.
- Mountain View Hospital.
- Mountain West Medical Center.
- Ogden Regional Medical Center.
- Park City Medical Center.
- Jordan Valley Medical Center West Valley Campus.
- Primary Children's Hospital.
- Primary Children's Outpatient Services at Riverton.

- Promise Hospital.
- Provo Canyon Behavioral Hospital.
- Salt Lake Regional Medical Center.
- San Juan Hospital.
- Sanpete Valley Hospital.
- Sevier Valley Medical Center.
- Shriners Hospital for Children.
- South Davis Community Hospital.
- St. Mark's Hospital.
- Timpanogas Regional Hospital.
- Uintah Basin Healthcare.
- University Hospital.
- University Neuropsychiatric Institute.
- University Orthopedic Center.
- Utah Valley Regional Medical Center.
- Valley View Medical Center.

FAMILY PLANNING SERVICES

These services help you plan when to have a baby or prevent pregnancy. Family planning services include: information, treatment, and counseling about birth control. Services are approved by or given by a doctor, certified nurse-midwife, or nurse practitioner. They must keep to guidelines under the law.

Not covered: Norplant, infertility drugs, invitro fertilization, and genetic counseling.

For more information about family planning, call Member Services at 888-483-0760.

You can get the following forms of birth control from either Molina Healthcare or any doctor even if they are not participating on Molina's plan:

- Birth control pills.
- Foams.
- Creams.
- Sponges.
- Condoms.
- Diaphragms.
- IUDs.
- Birth control shots.
- Emergency birth control.

Pre-Natal and Maternity Care

Early visits to your doctor are very important when you are pregnant. If you think you are pregnant, or when you know you are pregnant, please call your doctor. Call us and we will help you choose a doctor who will be your Molina doctor while you are pregnant.

As soon as you are pregnant, it is very important to:

- Get an appointment with your doctor.
- Keep getting care the whole time you are pregnant.

There are special classes that will teach you how to eat right, exercise, and give you help during your pregnancy. Call Member Services at 888-483-0760 for information on these classes.

Pregnancy Rewards

Molina Healthcare of Utah has a rewards program to help you and your baby stay healthy. Rewards may include:

- Up to \$60 in incentives for prenatal care.
- \$40 incentive for postpartum care.
- Up to \$80 in incentives for your baby's well child exams and needed shots completion.

Please call Member services at 888-483-0760 for more details and to enroll.

Well-Child Visits

We recommend and cover well-child exams to keep your child healthy. We cover medical tests and shots. Please ask if the exam can be done if you are already at the doctor and well-child exam is due.

Well child exams are due:

- 3 to 5 days.
- 1 month.
- 2 months.
- 4 months.
- 6 months.
- 9 months.
- 1 year.
- 15 months.
- 18 months.
- 2 years.
- Once every year thereafter.

Abortions and Terminations of Pregnancy

Abortions are covered when federal criteria are met, including to save the mother's life or if the pregnancy was caused by rape or incest. This must be proven with medical records, a police report, or charges for a crime must be filed. Abortions without prior written approval from an unmarried minor's

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parent or legal guardian are not covered. Termination of pregnancy may be covered if the mother has certain health problems. Care for miscarriage/spontaneous abortion (which happened from natural causes) is covered.

PRESCRIPTION DRUGS

Prescription drugs are covered if ordered by a Molina provider. You must get them from a pharmacy. The pharmacy must be part of the Molina network. Prescription drugs are covered if they are given while you are in an emergency room or hospital.

Molina covers drugs listed on the Molina Drug List. This is a list of drugs approved for your use. It is created by doctors and pharmacists who meet every three (3) months to talk about new drugs. Drugs are regularly added or taken off the list. This happens because of many changes happening in medicine. Generic drugs must be used when possible.

Certain drugs may have a limit on how much you get at one time. Certain drugs require that you try other drugs first. If they don't work, then you can use a different one. Some drugs are never covered, such as drugs for weight loss.

Doctors who work with Molina know about:

- The drugs on the Molina Drug List.
- The drugs that require prior approval.
- Things to do for special requests.

Your doctor will get prior approval for the drugs that require it. Your doctor may want to give you a drug not on the Molina Drug List. If this happens, your doctor will ask Molina Pharmacy for approval. If the request is approved, we will tell your doctor. If the request is denied, letters will be sent to you and your doctor with the reason for the denial. You will also get information about the appeal process. You may be taking a drug that is no longer on our list. Your doctor can ask us to keep paying for this drug. The drug must be safe and it must help your medical problem.

Your doctor must give you the usual amount of the drug. Your doctor decides what drugs are best for you. Even if it is on the list, it may not be right for you. Your doctor will make this decision.

For help, call Member Services, at 888-483-0760 Monday through Friday from 9:00 a.m. to 5:00 p.m. You can:

- Get a copy of the Molina drug list.
- Get more information about your drugs.
- Find out if a drug is covered.
- Find out how to appeal a decision.

MEMBER RIGHTS AND RESPONSIBILITIES

You Have the Right To:

- Ask for and get information about:
 - Your doctor and how referrals are made to specialists and other providers.
 - How Molina Healthcare pays your providers for your medical care.
 - Our organizational structure including policies and procedures, practice guidelines, physician incentives and how to recommend changes.
- Have privacy and be treated with respect
- Discuss your treatment options with your doctor, no matter how much the service costs or if it is a covered service.
- Be free from restraint or seclusion if it is used to discipline, to retaliate or for convenience.
- Get a copy of your medical records and if appropriate, ask that they be amended or corrected.
- Have access to emergency and urgent care 24 hours a day, seven days a week.
- Choose or change your doctor.
- Go to a second provider and get another opinion on what the first provider told you about your health problem.
- Get information on available treatment choices and alternatives, given in a manner appropriate to your condition and ability to understand.
- Decide about your medical care.
- Say no to treatment.
- Have a Living Will (also called Advance Directive).
- Get a handbook that describes your benefits, explains how to get the care you need, and lists any rules you must follow.
- Know about treatments you can give yourself.
- Know the risks, benefits, and the result of treatment or non-treatment.
- Write your complaints and get a reply.
- Decide to leave Molina Healthcare.
- Be free to exercise all rights and by exercising those rights you shall not be adversely treated by the Utah Department of Health, Molina Healthcare, or our doctors.
- Get medical care according to Molina's access and quality standards.

We will tell you if any changes are made to the above list.

You Are Responsible To:

- Follow the rules of your plan.
- Carry your CHIP ID Card at all times.
- Read the CHIP Member Handbook and ask questions.
- Choose a CHIP primary care doctor.
- Use Molina providers when you can.
- Have your PCP and Molina help you with your care.
- Work with your doctor so he or she can give you the best care.
- Be open and frank when you talk with your doctor.
- Know what will happen if you turn down treatment.

- Treat your doctor, office staff, other patients, and Molina staff with respect.
- Show up for scheduled visits.
- Arrive on time for visits.
- Call ahead of time if you cannot make a visit.
- Give your complaints to Member Services.

FAIR TREATMENT

Molina Healthcare does not discriminate in hiring or in providing healthcare on the basis of existing health, race, color, national origin, disability, sex, religion, veteran status, sexual choice, or age, in admission, treatment or participation in its programs, services, and activities. If you have questions or want to file a complaint or grievance about how you were treated, please call the Molina Healthcare's Civil Rights Coordinator at 888-483-0760.

PAYMENT FOR SERVICES

Co-Pay /Co-Insurance

Some covered services have a co-payment or co-insurance due at the time you receive medical care. Please review the co-pay summary chart on the [Utah Department of Health Website](#). Please take your co-payment with you when you go to the doctor or he or she may not see you. If you are admitted to the hospital and have a co-insurance, the hospital will help you to make a plan to pay for it. You do not have a co-payment if you are an American Indian or Alaska Nati

You may have to pay for a service you received if:

- You get a service that is not covered by Molina Healthcare.
- You get a service that is not pre-approved by Molina Healthcare.
- You get a non-emergency service from a doctor or hospital that is not a provider with Molina Healthcare.
- You ask for and get services during an appeal that are related to your appeal with Molina Healthcare or during a State Fair Hearing. You would only have to pay for the care if the appeal or State Fair hearing decision is not in your favor.
- You are not covered under CHIP when you get the care.

You can also find the co-pay summary chart on the CHIP website at <https://chip.health.utah.gov/wp-content/uploads/Documents/2017%20Co-Pay%20Summary%20English.pdf>.

HOW TO SUBMIT A CLAIM

Doctors on your plan will file claims for you. If you need to file a claim from a doctor not on your plan, call Member Services 888-483-0760. We must get all claims within 12 months from the date of your doctor visit. For Davis, Salt Lake, Utah or Weber counties, send claims to:

Molina Healthcare
Attn: Claims Department
PO Box 22630
Long Beach CA 90801-5630

If medical services are performed in rural areas (all areas outside of Davis, Salt Lake, Utah or Weber Counties), claims are to be submitted to:

Molina Healthcare
Attn: Claims Department
PO Box 22633
Long Beach CA 90801-5633

If you have any questions regarding a medical claim, call Member Services at 888-483-0760.

REACHING YOUR MAXIMUM OUT OF POCKET EXPENSE

The out of pocket maximum for each benefit year is 5% of your family's annual gross income. The benefit year starts the month your child became eligible for CHIP. Once you have paid 5% of your family's income to medical and dental expenses, your family will no longer have to pay deductibles, premiums or co-pays for that benefit year.

If this occurs, contact Molina at 888-483-0760 download and submit the [Utah Department of Health out of pocket claim form](#) to:

CHIP
PO Box 143108
Salt Lake City UT 84114-3108

You will get a new ID Card that shows \$0 copay once CHIP decides you have met the 5% out of pocket maximum. You can also find the Utah Department of Health Out of Pocket Maximum Claim Form on the CHIP website at: <https://chip.health.utah.gov/wp-content/uploads/Documents/CHIP%205%20max%20for%202018%20-%20eng.pdf>.

APPEALS AND GRIEVANCES

What is an Action?

An action is when Molina Healthcare:

- Denies care or approves less care than you wanted.
- Denies a covered service you received.
- Lowers the number of services you can get or ends a service we approved.
- Denies payment for care that you may be responsible to pay.
- Does not take care of an appeal or grievance as soon as we need to.
- Is told a provider does not see you in a reasonable amount of time.

Information in this handbook is subject to change. For questions regarding the status of a provider, please look online at www.molinahealthcare.com or contact Member Services at 888-483-0760 or TTY at 7-1-1.

We will send a Notice of Action letter to tell you what action we are taking. If you have a concern with an action we have taken, you can file an appeal.

What is an Appeal?

An appeal is a request to review an action. This happens when you contact us and ask us to review an action we have taken to see if we made the right decision to deny your request for service.

Who Can File an Appeal?

You, your agent, or your doctor can file an appeal. If you need help, please call Member Services at 888-483-0760. Or write to the Appeals and Grievance Inquiry Research and Resolution Team at:

Molina Healthcare of Utah
Attn: Appeals and Grievance Team
7050 S Union Park Center Ste. 200
Midvale UT 84047-4171

How Do I File an Appeal?

You will have 90 days from the date we take action to ask for an appeal. We can help you fill out the appeal if you would like. Call Member Services at 888-483-0760. We have people who can translate documents or read them to you. We also help those with hearing problems.

Appeals Process

You will have the chance to send us any information you want. We will review it. You will also be able to see your file, health care records, and any other papers we look at during the appeals process, if you ask us. Decisions about your appeal will be made by people who have not seen it before. A doctor who has treated patients with conditions like yours may be asked to review your file. You can ask for the titles of any person that looks at your appeal. When your appeal is about services you were receiving but were ended or decreased, your benefit can be continued pending your appeal. The request must be made within 10 days of Molina's notice of action letter. The appeal request form will tell you how to ask for continued benefits.

How Long Does an Appeal Take?

We usually can make a decision within 30 days after we get the appeal. If we need more time to make our decision, we will write you. If you agree, this will take 14 more days.

What is a Quick Appeal?

A quick appeal is given if your doctor feels that you need care right away. This kind of appeal will be done within 72 hours (3 calendar days) or less from the time we hear from you or your doctor.

What if I Don't Agree With the Decision?

If we rule against your appeal or don't make a decision within the required time, you can ask for a state fair hearing.

What is a State Fair Hearing?

You have a right to ask for a state fair hearing after you have exhausted Molina Healthcare's internal appeal process. You, your agent, or doctor may request a state fair hearing within 30 days of the final Molina Healthcare appeal resolution letter. To request a hearing, you may call or write the Office of Administrative Hearings at 801-538-6576, administrativehearings@utah.gov, or

Director's Office/Formal Hearings
Division of Medicaid and Health Financing
PO Box 143105
Salt Lake City UT 84114-3105
By Fax 801-536-0143

Molina's final appeal resolution letter will tell you how to ask for the hearing. We will give you the forms needed. The request must be mailed to the address on the form within 30 days of the appeal resolution letter. If you need help filling out the form, you can call Molina Member Services at 888-483-0760.

Note: When your request for a hearing is about services you were receiving but were ended or decreased, your benefit can be continued pending a hearing. The hearing request must be made within 10 days of Molina's final appeal resolution letter. The state fair hearing request form will tell you how to ask for continued benefits. You may have to pay the medical bill if you ask for and get care during an appeal or state fair hearing, if the end decision is not in your favor.

What is a Grievance?

A grievance is a complaint about anything other than an action. Here are some examples of grievances:

- The quality of care you received.
- A doctor was rude to you.
- You feel a Molina Healthcare staff member did not respect your rights.
- You were not treated fairly, or you feel you were denied your member rights or discriminated against.
- A doctor won't see you in a reasonable amount of time.

How Do I File a Grievance?

You, your approved agent, or your doctor may file a grievance. You can call Member Services at 888-483-0760 and tell them about your grievance. You may also mail your grievance to:

Molina Healthcare of Utah
Attn: Appeals and Grievance Team
7050 S Union Park Center Ste. 200
Midvale UT 84047-4171

We will try to decide about your grievance right away. We can often solve the problem over the phone. If not, we will give you a decision within 45 days after we get your grievance. We will call to let you know

what we decide. If you sent us your grievance in writing, we will send you a letter. Sometimes we won't be able to make a decision within 45 days. In this case, we will ask for 14 more days. We will let you know in writing why we need more time.

ADVANCED DIRECTIVES (Living Wills)

What is an Advance Directive?

An advance directive lets you make choices about your health care ahead of time. You can name someone to make choices for you. This person will help decide about your health care if you cannot do it yourself. Once it is made, a copy should go to your doctor.

If you have given your health care provider a signed advance directive, and you believe your health care provider has not followed your instructions, you may file a complaint:

Bureau of Health Facility Licensing and Certification

Street Address: 3760 S Highland Dr Ste. 200
Salt Lake City UT 84106-4206

Mailing Address: PO Box 144103
Salt Lake City UT 84114-4103

Phone: 801-273-2994

Toll-free: 800-662-4157

How Do I Get an Advanced Directive?

You can request an advanced directive form by calling Member Services at 888-483-0760. This form lets you give instructions about your own health care and/or name someone else (power of attorney) to make health care decisions for you if you become unable to make your own decisions.

Power of Attorney

You may choose a person to make health care choices for you. They may be a family member or a close friend whom you trust to make serious decisions. The person you choose should clearly understand your wishes and be willing to accept the responsibility of making health care decisions for you.

You can appoint a second person as an alternate. The alternate will step in if the first person you chose is unable, unwilling, or unavailable to act for you.

Remember: This will take place only if you can no longer make health care choices for yourself.

Living Will

You may not want to choose someone. Instead, you may write down now what you want to happen in case someday you are not able to decide for yourself.

Discuss with Family

If you do not want a Living Will and you cannot speak for yourself, doctors will talk to your family. They will make health care choices for you. You or your family can call Caring Connections at 800-658-8898. They can answer questions about advance directives. You can also download a free advanced directive with instructions at <http://www.caringinfo.org/files/public/ad/Utah.pdf>

Note: Your care is not based on whether you have an advanced directive or not.

FRAUD, WASTE, AND ABUSE

We want to prevent fraud. Some examples of fraud, waste and abuse are given below.

By a Member

- Lending an 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 Molina ID Card.

If you think there is health care fraud, waste, or abuse, call our compliance officer, or one of the state agencies listed below. You do not have to give your name when you call.

For Confidential Reporting	
Molina Healthcare of Utah Suspected member or provider fraud, waste, or abuse	Compliance Hotline: 866-606-3889 Molina Healthcare of Utah Attn: Compliance Officer 7050 S Union Park Center Ste. 200 Midvale UT 84047-4171
Utah Department of Health Suspected provider fraud, waste, or abuse	The Office of Inspector General (OIG) Email: mpi@utah.gov Toll-Free Hotline: 1-855-403-7283
Utah Department of Workforce Services Suspected Member fraud, waste, or abuse	Department of Workforce Services Fraud Hotline Email: wsinv@utah.gov Telephone: 1-800-955-2210

WE PROTECT YOUR PRIVACY

Molina Healthcare has detailed guidelines to protect the privacy of your personal information, such as:

- Collection of personal information.
- Uses and disclosures with your authorization.
- Uses and disclosures permitted by law without an authorization.
- Your individual privacy rights.
- Right to inspect and copy your personal information.

Call our Privacy Office

Call Member Services at 888-483-0760 to help you with any questions you may have about the privacy of your health information. They can help you fill out forms that are needed to exercise your privacy rights. You can get a copy of this notice on our website at www.molinahealthcare.com.

ENDING YOUR MEMBERSHIP

If you want to change your health plan, you must contact a Health Program Representative (HPR). You can call them at 866-608-9422. We want you to be happy with your health plan. Please tell us why you are not happy with us. This will help us improve. Call Member Services at 888-483-0760 and let them know the reason.

Cancellation

You will no longer be a member if:

- You are abusive or you make threats or act violent towards providers, provider office staff, other patients, or Molina staff.
- You let someone else use your CHIP ID Card.
- You are no longer eligible for CHIP.



7050 Union Park Center, Suite 200
Midvale, UT 84047

MolinaHealthcare.com