



2025

INTEGRATED MEMBER HANDBOOK

Medicaid Expansion
Behavioral Health

HEALTH CHOICE

UTAH

PO Box 45900
Salt Lake City, UT 84145
HealthChoiceUtah.com
1-877-358-8797 | TTY 711

Health Choice Utah 1-877-358-8797, TTY: 711, Monday - Friday, 8AM-6PM

Nurse Advice Line 1-833-757-0706, 24 hours a day, 7 days a week

www.HealthChoiceUtah.com

NON-DISCRIMINATION POLICY

Health Choice Utah complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide free:

Aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services contact Customer Service at: 1-877-358-8797, TTY 711. If you believe we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator by:

- If you believe that Health Choice Utah has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Health Choice Utah Attn: Grievance Manager/Civil Rights Coordinator,

PO Box 45900,

Salt Lake City, UT 84145,

Phone: 1-877-358-8797, TTY 711,

Fax:801-646-7209,

Email: AppealsandGrievances@healthchoiceutah.com.

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You can file a grievance in person, by mail, fax, email or by calling or Customer Service at 877-358-8787. If you need help filing a grievance, the Grievance Manager/ Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal available at ocrportal.hhs.gov/ocr/smartscreen/main.jsf or by:

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

Phone: 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at hhs.gov/civil-rights/filing-a-complaint/index.html

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GERMAN

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SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áa jiił'eh ná hóló . Bee ahíł hane'go bee nida'anishí t'áa ákodaat'éhígíí dóo bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áa jiił'eh hóló . Kohjí' 1-877-358-8797.

JAPANESE

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-358-8797.

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9422- م قرلا لى لء لصتا .اناجم اهبل لوصولا نكمب تاقيسنتب تامولعملا ريفونل تبسانم
608-866-1-

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SERBO-CROATIAN

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TAGALOG

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-358-8797.

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FRENCH

Des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-358-8797.

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INTRODUCTION

Welcome to Health Choice Utah. We are an integrated care plan. This means we cover physical health, mental health, and substance use disorder (SUD) services if you need them. We are proud to offer you and your family the quality health care services that you need.

The Health Choice Utah Member Integrated Handbook and list of providers are available on our website, www.HealthChoiceUtah.com.

This handbook explains the Medicaid services that we cover. You can get this handbook and other written information in Spanish. You can also get this handbook electronically in either English or Spanish. For help, call us at 1-877-358-8797 (TTY 711). We are available Monday through Friday, 7 am to 7 pm.

LANGUAGE ASSISTANCE

HOW CAN I GET HELP IN OTHER LANGUAGES?

If you are deaf, blind, have a hard time hearing or speaking, or if you speak a language other than English, call Member Services at 1-877-358-8797 (TTY 711). We will find someone who speaks your language, free of charge.

If you are deaf or hard of hearing, call Utah Relay Services at 711 or 1-877-358-8797 (TTY 711). Utah Relay Services is a free public telephone relay service or TTY/TTD. If you need Spanish relay services, call 1-888-346-3162 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 go with you to 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 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 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 alternatives.
- Make decisions about your health care, including agreeing to treatment.
- Take part in decisions about your medical care, including refusing service.
- Ask for and receive a copy of your medical record.
- Have your medical record corrected, if needed.
- Receive medical care regardless of race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability.
- Obtain information about grievances, appeals, and hearing requests.
- Ask for more information about our plan structure and operations.
- Get emergency and urgent care 24 hours a day, seven days a week.
- Not feel controlled or forced into making medical decisions.
- Know how we pay 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.
- Be given health care services that are the right kind of services based on your needs.
- Get covered services that are easy to get to and are available to all members. All members include those who may not speak English very well, or have physical or mental disabilities.
- Get a second opinion at no charge.
- Get the same services offered under the fee for service Medicaid program.
- Get covered services out-of-network if we cannot provide them.
- Make recommendations about Health Choice Utah's member rights and responsibilities policy.
- Be furnished health care services in accordance with 42 CFR §§ 438.206 through 438.210.

WHAT ARE MY RESPONSIBILITIES?

Your responsibilities are to:

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

To understand your health problems and be part of making a care plan that both you and your provider agree on.

CONTACTING MY MEDICAID PLAN

WHO CAN I CALL WHEN I NEED HELP?

Our Customer Service team is here to help you. We are here to help answer your questions. You can call us at 1-877-358-8797 (TTY 711) from 7 am to 7 pm, Monday through Friday.

We can help you:

- Find a provider
- Change providers
- With questions about bills
- Understand your benefits
- Find a specialist
- With a complaint (also called a grievance) or an appeal
- With other questions

You can also find us on the internet at www.HealthChoiceUtah.com.

MEDICAID BENEFITS

HOW DO I USE MY MEDICAID BENEFITS?

Each Medicaid member will get a Medicaid Member Card. You will use this card whenever you are eligible for Medicaid. You should show your Medicaid Member Card before you receive services or get a prescription filled. Always make sure that the provider accepts your Medicaid plan or you may have to pay for the service. A list of covered services is found on page 33.

WHAT DOES MY MEDICAID MEMBER CARD LOOK LIKE?

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



DO NOT lose or damage your card or give it to anyone else to use. If you lose or damage your card, call the Department of Workforce Services (DWS) at 1-866-435-7414 to get a new card. You may also call HPRs at 1-866-608-9422 to request a new Medicaid card.

CAN I VIEW MY MEDICAID BENEFITS ONLINE?

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

Primary individuals can look at coverage and plan information for everyone on their case. Adults and children 18 and older can view their own coverage and plan information. Access to this information may also be given to medical representatives.

For more information on accessing or looking at benefit information, please visit mybenefits.utah.gov or call 1-844-238-3091.

You may also look at your plan benefits online at www.HealthChoiceUtah.com.

FINDING A PROVIDER

WHAT IS A PRIMARY CARE PROVIDER?

A Primary Care Provider (PCP) is a doctor that you see for most of your health care needs and provides your day-to-day health care. Your PCP knows you and your

medical history. With a PCP, your medical needs will be managed from one place. It is a good idea to have a PCP because they will work with us to make sure that you get the care that you need.

HOW DO I CHOOSE A PRIMARY CARE PROVIDER?

You will need to choose a PCP from our Provider Directory. You can find a provider online at <https://healthchoiceutah.com>. Once you have chosen a PCP, you will need to contact Customer Service and let them know. If you need help finding a PCP, call Customer Service and someone will help you. If you have a special health care need, one of our care managers will help you choose a PCP. To talk to a care manager about choosing a PCP, call 1-877-358-8797 (TTY 711).

HOW CAN I CHANGE MY PRIMARY CARE PROVIDER?

Call Member Services at 1-877-358-8797 (TTY 711) if you want to change your PCP.

UNDERSTANDING YOUR HEALTH CHOICE UTAH NETWORK

WHAT IS A NETWORK?

A provider network is a group of doctors that accepts your health plan. It is best to see a provider that is in your HEALTH CHOICE UTAH network to make sure your care is covered. Some out-of-network providers may not be covered for certain services.

WHEN CAN I GET CARE FROM OUT-OF-NETWORK PROVIDERS?

You can get care from out-of-network providers in the following situations:

- In an emergency
- If your plan does not have an in-network provider available near you AND the plan approves an out-of-network provider to meet your care needs
- When receiving services from a provider that is in network with your primary insurance provider

If you have a question about your Health Choice Utah network or how to make sure your care is covered, contact Customer Services at 1-877-358-8797 (TTY 711).

*Primary insurance is other insurance you have in addition to Medicaid. See the section on Other Insurance for more information.

COPAYMENTS, COPAYS AND COST SHARING

WHAT ARE COPAYMENTS, COPAYS AND COST SHARING?

You may have to pay an amount for some services. This is called a copayment, copay or cost sharing.

WHO DOES NOT HAVE A COPAY?

These members never have a copay:

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

WHAT SERVICES DO NOT HAVE COPAYS?

Some services that do not have copays are:

- Lab and radiology
- Family planning services
- Immunizations (shots)
- Preventive services
- Tobacco cessation services

WHEN DO I PAY COPAYS?

You may have to pay a copay if you:

- See a doctor
- Go to the hospital for outpatient care
- Have a planned hospital stay
- Use the emergency room when it is not an emergency
- Get a prescription drug

COPAY AMOUNT CHART

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

Your copay amounts are listed in the chart below.

SERVICE	CO-PAY
Emergency Room (ER)	\$8 co-pay for non-emergency use of the ER
Inpatient Hospital	\$75 co-pay per inpatient hospital stay
Pharmacy	\$4 co-pay per prescription, up to \$20 per month
Physician Visits, Urgent Care, Podiatrist & Outpatient Hospital Services	\$4 co-pay, up to \$100 per year combined (including ophthalmologists)
Vision Services	\$4 co-pay for ophthalmologists

WHAT IS AN OUT-OF-POCKET MAXIMUM?

Medicaid has a limit on how much you must pay in copays. This is called an out-of-pocket maximum and applies to specific types of service and for specific time periods.

WHAT HAPPENS WHEN I REACH MY OUT-OF-POCKET MAXIMUM?

Make sure you save your receipts every time you pay your copay. We will receive information from Utah Medicaid once you reach your out-of-pocket maximum. However, if you have any questions contact Medicaid at 1-866-608-9422 to help you through the process.

OUT-OF-POCKET MAXIMUM COPAYS:

Pharmacy - \$20 copay per month.

Physician, podiatry and outpatient hospital services - \$100 copay per year* combined.

*A copay year starts in January and goes through December.

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

For more information, please refer to the Medicaid Member Guide. To request a guide, call 1-866-608-9422. Information is also online at Utah Medicaid www.medicaid.utah.gov

WHAT SHOULD I DO IF I GET A MEDICAL BILL?

If you get a bill for services that you believe should be covered by Medicaid, call Health Choice Utah Customer Service for assistance at 1-877-358-8797 (TTY 711). Do not pay a bill until you talk to Health Choice Utah Customer Service. You might not be reimbursed if you pay a bill on your own.

YOU MAY HAVE TO PAY A MEDICAL BILL IF:

1. You agree (in writing) to get specific care or services not covered by Medicaid before you get the service.
2. You ask for and get services that are not covered during an appeal or Medicaid State Fair Hearing. You only pay for the services if the decision is not in your favor.
3. You do not show your Medicaid Member Card before you get services.
4. You are not eligible for Medicaid.
5. You get care from a doctor who is not with your Medicaid plan, or is not enrolled with Utah Medicaid (except for emergency services).

EMERGENCY CARE AND URGENT CARE

WHAT IS AN EMERGENCY?

An emergency is a medical condition that needs 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
- Chest pain
- Pregnant with bleeding and/or pain
- Bleeding will not stop
- Heavy bleeding
- Loss of consciousness
- Suddenly not being able to move or speak
- Broken bones
- Problems breathing
- Other symptoms where you feel that your life is at risk

WHAT SHOULD I DO IF I HAVE AN EMERGENCY?

Call 911 or go to the closest emergency room.

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.
- You may use any hospital or other medical facility to obtain emergency care. It does not have to be a hospital or medical facility in the Health Choice Utah network.

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 no copay for use of the emergency room in an emergency. A hospital that is not on your plan may ask you to pay at the time of service. If so, submit your emergency service claim to Health Choice Utah. Health Choice Utah will pay the claim. You do not need prior approval.

If you use an emergency room when it is NOT an emergency, you will be charged a copay.

WHAT SHOULD I DO AFTER I GET EMERGENCY CARE?

Call Customer Service as soon as you can after getting emergency care. Notify your primary care provider about your emergency visit.

WHAT IS URGENT CARE?

Urgent problems usually need treatment 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 Phone Line at 1-833-757-0706. To find an urgent care clinic, call Member Services at 1-877-358-8797 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 to the hospital from the emergency room. This care includes all tests and treatment until you are stable.

WHEN IS POST-STABILIZATION CARE COVERED?

Health Choice Utah covers this type of care in all hospitals. Once your condition is stable, you may be asked to transfer to an in-network hospital on your 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
- Access to birth control (see table below)

You do not have to pay a copayment for family planning and birth control treatments. You can see any provider for family planning and birth control as long as the provider accepts Medicaid. This means you can get these services from in-network or out-of-network providers. You can see the provider without a referral.

You can get the following birth control with a prescription from any provider who takes Medicaid or Health Choice Utah:

TYPES OF BIRTH CONTROL	
Condoms	Yes *OTC
Contraceptive Implants	Yes
Creams	Yes *OTC
Depo-Provera	Yes
Diaphragm	Yes *OTC
Foams	Yes *OTC
IUD	Yes
Morning After Pill	Yes
Patches	Yes
Pills	Yes
Rings	Yes
Sterilization (Tubes tied or Vasectomy)	Yes **Consent form required
Non-surgical Sterilization (like Essure®)	Yes **Consent form required

WHAT FAMILY PLANNING SERVICES ARE NOT COVERED?

Non-covered family planning services include:

- Infertility drugs
- Invitro fertilization
- Genetic counseling

For more information about family planning services, call Customer Service Services at 1-877-358-8797 (TTY711).

- *OTC means Over the Counter
- **Sterilization consent forms must be signed 30 days before surgery.

There are limits on abortion coverage. Health Choice Utah 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 PCP, you can see a specialist in the network. Specialists include behavioral health providers. You do not need a referral to see a specialist.

You can find a specialist by checking the Provider Directory search tool at www.HealthChoiceUtah.com.

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

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

If you have trouble getting in to see a specialist when you need one, call us at 1-877-358-8797 (TTY 711) for help.

BEHAVIORAL HEALTH SERVICES

WHAT BEHAVIORAL HEALTH SERVICES ARE COVERED?

Outpatient behavioral health services are services for mental health and substance use disorders are covered. Residential treatment for mental health and or substance use disorder are covered with limits. Inpatient hospital care for mental health problems and inpatient medical detoxification services for substance use disorders (SUDs) are also covered.

Outpatient behavioral health services include:

- Evaluations
- Psychological testing
- Individual, family, and group therapy
- Individual and group therapeutic behavioral services
- Medication management
- Individual skills training and development
- Psychosocial rehabilitation services (day treatment)
- Peer support services
- Targeted case management services

Services may be provided by licensed mental health and SUD professionals, including doctors, nurses, psychologists, licensed clinical social workers, clinical mental health counselors, SUD counselors, targeted case managers, and others.

If you want more information on any of these services, call us toll-free at 1-877-358-8797 (TTY 711).

ARE ANY OTHER BEHAVIORAL HEALTH SERVICES COVERED?

Yes, other covered services are:

- Electroconvulsive therapy (ECT)
- Respite care
- Psycho-educational services
- Personal services
- Supportive living

If you have questions, your provider will talk with you about these services.

INDIAN HEALTH SERVICES

Indian members may obtain covered services directly from an Indian health care provider, without any restrictions and freedom of choice among network providers.

WHAT ARE INDIAN HEALTH SERVICES?

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

If you are an American Indian or Alaska Native, make sure your status is confirmed by DWS. To contact DWS, call 1-866-435-7414. American Indians/Alaska Natives do not have copays.

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

TELEHEALTH OR TELEMEDICINE

CAN I USE TELEHEALTH OR TELEMEDICINE?

Telemedicine is using technology to deliver medical care from a distance, usually by phone, internet, or video. Some services can be done through telehealth or telemedicine.

If you want more information about which services can be provided through telehealth or telemedicine, or which providers offer telehealth visits, call Health Choice Utah at 1-877-385-8797 (TTY 711). You can also find a provider who offers telemedicine by using the “Find a Provider” online provider directory. The online provider directory allows you to filter for practices offering telemedicine services.

PRIOR AUTHORIZATION

WHAT IS PRIOR AUTHORIZATION?

Some services must be approved for payment before Health Choice Utah you receive them. Approval from Health Choice Utah is called prior authorization. It is important to get prior authorization before you receive the service.

If you need a service that requires prior authorization, your provider will ask Health Choice Utah for it. If approval is not given for payment of a service, you may request an appeal from Health Choice Utah. Please call Customer Service at 1-877-358-8797 (TTY 711) if you have any questions.

The following services require Prior Authorization:

- All non-emergency services from out of network providers
- All non-emergency inpatient stays
- Certain cardiac tests, procedures, and surgery
- Bariatric/gastric consultations and surgery
- Cosmetic procedures
- Experimental and investigational procedures, tests, and treatments
- Pain management procedures
- Certain podiatry services
- Nerve conduction studies
- Neurologic stimulation devices
- Developmental pediatric counseling and testing

- Some office procedures (e.g. capsule endoscopy)
- Some imaging tests (e.g. CT, MRI, MRA, and PET scans)
- Some lab tests including certain genetic tests
- Home health care and home infusion
- Hospice care
- Sleep studies
- Wound therapy
- Transplant evaluation and services
- Medical equipment and supplies over \$500
- Chest percussive therapy devices
- Residential Treatment for MH and/or SUD
- Prosthetics and orthotics
- Long-term care (such as skilled nursing facility or acute rehab facility)
- Physical, occupational, and speech therapy
- Certain prescription drugs
- Nutritional supplements

Please note emergency services never require prior authorization.

RESTRICTION PROGRAM

WHAT DOES IT MEAN TO BE IN THE RESTRICTION PROGRAM?

Medicaid members who need help to properly using health care services may be enrolled in the Restriction Program. Members in the Restriction Program are assigned to a doctor and one main pharmacy. All medical services and prescriptions must be approved by or coordinated with the member's assigned doctor. All prescriptions must be filled by the member's main pharmacy. Ongoing use of health care services is reviewed often.

Examples of improper use of services include:

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

We will contact you if we notice you are improperly using services.

OTHER INSURANCE

WHAT IF I HAVE OTHER HEALTH INSURANCE?

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

If you have other insurance, your primary insurance will pay first. Please bring all of your health insurance cards with you to your provider visits.

Other health insurance may affect the amount you need to pay. You may need to pay your copay at the time of service.

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

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 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 Power of Attorney: A Mental Health 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 care provided by other emergency response providers, such as firefighters 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: www.HealthChoiceUtah.com or call 1-877-358-8797 (TTY 711).

APPEALS AND GRIEVANCES

WHAT IS AN ADVERSE BENEFIT DETERMINATION?

An adverse benefit determination is when Health Choice Utah:

1. Denies payment or pay less for services that were provided.
2. Denies a service or approve less than you or your provider asked for.
3. Lowers the number of services we had approved or end a service that we had approved.
4. Denies payment for a covered service.
5. Denies payment for a service that you may be responsible to pay for.
6. Did not make a decision on an appeal or grievance when we should have.
See appeal and grievance time frames below.
7. Did not provide you with a doctor's appointment or a service within 30 days for a routine doctor visit or 2 days for an urgent care visit.
8. Denies 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 our review of an adverse benefit determination to see if the right decision was made.

HOW DO I FILE AN APPEAL REQUEST?

- You, your provider, or any authorized representative may request an appeal.
- An appeal form can be found on our website at www.HealthChoiceUtah.com.

- A request for an appeal will be accepted by mail, by fax: 1-801-646-7209 or over the phone: 1-877-358-8797 (TTY 711).

Health Choice Utah

Attn: Member Appeals

PO Box 45900

Salt Lake City, UT 84145

- Submit the appeal request within 60 days from the notice of adverse benefit determination.
- If you need help filing an appeal request, call us at 1-877-358-8797 (TTY 711).
- If you are deaf or hard of hearing, you can call Utah Relay Services at 711 or 1-800-3464128.

HOW LONG DOES AN APPEAL TAKE?

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

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

CAN I GET A DECISION ON AN APPEAL MORE QUICKLY?

If waiting 30 days for our decision will harm your health, life, or ability to maintain or regain maximum function, you can ask for a quick appeal. This means we will make a decision within 72 hours.

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

If we deny your request for quick appeal, we will also let you know in person or through a phone call as soon as possible, or in writing within two days.

HOW DO I REQUEST A QUICK APPEAL?

You can ask for a quick appeal over the phone or in writing. Call us at Call us at 1-877-358-8797 (TTY 711) or write to us at:

Health Choice Utah

Attn: Member Appeals, P.O. Box 45900,

Salt Lake City, UT 84145.

WHAT HAPPENS TO MY BENEFITS DURING AN APPEAL?

Your benefits will not be stopped because you asked for an appeal. If your request for an appeal is because we reduced, suspended or stopped a service you have been getting, tell us if you want to keep getting that service. You must let us know if you want to keep getting the service by one of the timeframes below (whichever is later):

- Within 10 calendar days of the date on the notice of adverse benefit determination; or
- Before the date your benefits will be reduced, suspended, or stopped.

You may have to pay for the service if the appeal decision is not in your favor.

A request to keep getting benefits does not impact the time you have to file an appeal. You have 60 days from the date on the notice of adverse benefit determination to file an appeal.

WHAT IS A STATE FAIR HEARING?

A State Fair Hearing is a hearing with the State Medicaid agency about your appeal. You, your authorized representative, or your provider, can ask for a State Fair Hearing. When we tell you about our decision on your appeal 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.

HOW DO I REQUEST A STATE FAIR HEARING?

If you or your provider are unhappy with our appeal decision, you may submit to Medicaid the Form to Request a State Fair Hearing. The form must be sent to Medicaid within 120 calendar days of our appeal decision.

WHAT HAPPENS TO MY BENEFITS DURING THE STATE FAIR HEARING PROCESS?

If your benefits are continued during the appeal, they will continue if you file a request for a State Fair Hearing within the time frames specified for filing.

The State Fair Hearing form and the member's signed request to have services continued must be sent within 10 calendar days after Health Choice Utah's notice of appeal decision. If the State Fair Hearing decision is the same as Health Choice Utah,

you may be required to repay the cost of services received during the hearing process.

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. This gives you a chance to tell us about your concerns.

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

- When you do not 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 us, your health care provider or services

HOW DO I FILE A GRIEVANCE?

You can file a grievance at any time. If you need help filing a grievance, call us at 1-877-3588797 (TTY 711). If you are deaf or hard of hearing, you can call Utah Relay Services at 711 or 1-800-346-4128, and they can help you file your grievance with us.

You can file a grievance either over the phone or in writing. To file by phone, call Member Services at 1-877-358-8797 (TTY 711). To file a grievance in writing, please send your letter to:

Health Choice Utah

Attn: Member Grievances

PO Box 45900

Salt Lake City, UT 84145

Online Grievance Form: <https://apps.healthchoiceutah.com/Forms/Complaints/Create>

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

soon as possible, or in writing within two days.

FRAUD, WASTE, AND ABUSE

WHAT IS HEALTH CARE FRAUD, WASTE, AND ABUSE?

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

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

Some examples of fraud, waste, and abuse are:

By a Member

- Letting someone use your Medicaid Member 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 Medicaid member for covered services
- Not reporting a patient's misuse of a Medicaid Member Card

HOW CAN I REPORT FRAUD, WASTE, AND ABUSE?

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

- Health Choice Utah compliance department
 - » Toll-Free Hotline: 1-888-206-6025
- 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
 - ◇ Toll-Free Hotline: 1-800-955-2210

You do 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 is not safe to drive to the emergency room, call 911.

Utah Medicaid covers emergency medical transportation.

HOW DO I GET TO THE DOCTOR WHEN IT IS NOT AN EMERGENCY, AND I CANNOT DRIVE?

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

- Have Medicaid on the date the transportation is needed
- Have a medical reason for the transportation
- Call the Department of Workforce Services (DWS) 1-800-662-9651 to find out if you can get help with transportation

WHAT TYPE OF TRANSPORTATION IS COVERED UNDER MY MEDICAID?

- **UTA Bus Pass, including Trax** (Front Runner and Express Bus Routes are not included): If you are able to ride a bus, call DWS to ask if your Medicaid program covers a bus pass. The pass will come in the mail. Show your Medicaid Member Card and bus pass to the driver.
- **UTA Flextrans:** Special bus services for Medicaid clients who live in Davis, Salt Lake, Utah, and Weber counties. You may use Flextrans if:
 - » You are not physically or mentally able to use a regular bus
 - » You have filled out a UTA application form to let them know you have a disability that makes it so you cannot ride a regular bus. You can get the form by calling:
 - ◇ Salt Lake and Davis counties: (801) 287-7433
 - ◇ Davis, Weber, and Box Elder counties: 1-877-882-7272
 - » You have been approved to use special bus services and have a Special Medical Transportation Card.
- **ModivCare:** Non-emergency door-to-door service for medical appointments and urgent care. You may be eligible for ModivCare if:
 - » There is not a working vehicle in your household

- » Your physical disabilities make it so you are not able to ride a UTA bus or Flextrans
- » Your doctor has completed a ModivCare form.
- » www.modivcare.com/facilities/ut

When approved, you can arrange for this service by calling ModivCare at: 1-855-563-4403. You must make reservations with ModivCare three business days before your appointment. Urgent care does not require a three-day reservation. ModivCare will call your doctor to make sure the problem was urgent. Eligible members will be able to receive services from ModivCare statewide.

CAN I GET HELP IF I MUST DRIVE LONG DISTANCES?

- **Mileage Refund:** Talk to a DWS worker if you have questions about a mileage refund. You will only be refunded if there is NOT a cheaper way for you to get to your doctor. Check with a DWS worker to see about mileage refund for EPSDT well-child medical and dental visits.
- **Overnight Costs:** In some cases, when overnight stays are needed to get medical treatment, Medicaid may pay for overnight costs. The cost includes lodging and food. Overnight costs are rarely paid in advance. Contact a DWS worker to find out what overnight costs may be covered by your Medicaid program.

AMOUNT, DURATION, AND SCOPE OF BENEFITS

BENEFIT	TRADITIONAL	NON-TRADITIONAL
Abortion	Limited Call Member Services 1- 877-358-8797 (TTY 711) for Benefit information	Limited Call Member Services 1-877-358-8797 (TTY 711) for Benefit information
Ambulance	Not Covered by Health Choice Utah <ul style="list-style-type: none"> • Covered by Fee for Service Medicaid 	Not Covered by Health Choice Utah <ul style="list-style-type: none"> • Covered by Fee for Service Medicaid

BENEFIT	TRADITIONAL	NON-TRADITIONAL
Birth Control & Family Planning	Covered No copay required (See birth control chart on page 20-21)	Covered No copay required (See birth control chart on page 20-21)
Chiropractic	Not Covered by Health Choice Utah <ul style="list-style-type: none"> May be covered by Fee for Service Medicaid for EPSDT Members. Call Medicaid 1-800-662-9651	Not Covered
Dental Benefits	Not Covered by Health Choice Utah <ul style="list-style-type: none"> May be covered by Fee for Service Medicaid or Medicaid Dental plan. Call Medicaid 1-800-662-9651	Not Covered by Health Choice Utah <ul style="list-style-type: none"> May be covered by Fee for Service Medicaid or Medicaid Dental plan. Call Medicaid 1-800-662-9651
Doctor Visits	Covered See copay chart on page 17	Covered See copay chart on page 17
Emergency Care	Covered No copay	Covered No copay
Eye Exam	Covered No copay Limited to one exam every 12 months	Covered No copay Limited to one exam every 12 months

BENEFIT	TRADITIONAL	NON-TRADITIONAL
Eyeglasses	Covered No copay <ul style="list-style-type: none"> Covered only for those eligible for EPSDT services. 	Not Covered
Hospice Care	Covered No copay	Covered No copay
Inpatient Hospital Care	Covered (See page 17 for copay chart)	Covered (See page 17 for copay Chart)
Lab and X-Ray Services	Covered No copay	Covered No copay
Medical Supplies	Covered No copay	Covered No copay
Outpatient Behavioral Health Care (mental health and substance use disorder)	Covered No copay	Covered No copay
Nursing Home	Covered by Health Choice Utah for up to 30 days. Stays over 30 days covered by Medicaid Fee for Service Call Medicaid 1-800-608-9422	Not Covered
Personal Care Services	Covered Requires prior Authorization	Covered Requires prior Authorization
Pharmacy	Covered (See page 17 for copay chart)	Covered (See page 17 for copay chart)
Physical and Occupational Therapy	Covered (See page 17 for copay chart)	Covered (See page 17 for copay chart)
Podiatry	Covered (See page 17 for copay chart) (Limited benefit for adults)	Covered (See page 17 for copay chart) (Limited benefit for adults)

BENEFIT	TRADITIONAL	NON-TRADITIONAL
Outpatient Care	Covered (See page 17 for copay chart)	Covered (See page 17 for copay chart)
Over-the-Counter Drugs	Covered (See page 17 for copay chart) <ul style="list-style-type: none"> Contact Health Choice Utah for Over the Counter PDL 	Covered (See page 17 for copay chart) <ul style="list-style-type: none"> Contact Health Choice Utah for Over the Counter PDL
Speech and Hearing Services	Covered (Limited) No copay <ul style="list-style-type: none"> Audiology and hearing services including hearing aids and batteries are covered only for those eligible for EPSDT services. 	Not Covered
Non-Emergent Medical Transportation Services	Not Covered by Health Choice Utah <ul style="list-style-type: none"> Covered by Fee for Service Call Medicaid 1-800-662-9651	Not Covered Call Medicaid 1-800-662-9651
Urgent Care	Covered (See page 17 for copay chart)	Covered (See page 17 for copay chart)

CAN I GET A SERVICE THAT IS NOT ON THIS LIST?

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

- Reconstructive procedures following disfigurement caused by trauma or medically necessary surgery
- Reconstructive procedures to correct serious functional impairments (for example, inability to swallow)
- When performing the procedure is more cost effective for the Medicaid program than other alternatives

- Members who qualify for EPSDT may obtain services which are medically necessary but are not typically covered

If you would like to request a benefit exception for a non-covered service, you or your doctor may contact Customer Service at 1-877-358-8797 (TTY 711).

Decisions regarding a benefit consideration request are based on medical necessity if the service:

- Reduces risks or acute setting needs
- Improves your quality of health
- Has a more immediate impact on your health needs
- Addresses unusual or unique circumstances for you
- Is more cost-effective in comparison to denying the service
 - » Health Choice Utah uses appropriate professionals (pharmacists or provider specialists) to consider a benefit consideration.

WHAT IF I CHANGE HEALTH PLANS?

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

CARE MANAGEMENT

WHAT IS CARE MANAGEMENT?

Care management is provided by a team of nurses and social workers who help you with your health care and social needs. They help members find the right care, in the right place, and for the best value. Care managers work hard to get to know you and your health care goals. To speak with a Care Manager, call our Care Management team at 801-587-2851 or toll-free 888-981-0212 Option 3.

Health Choice Utah Care Management programs include:

- **Adult and Pediatric Complex Care Management:**

This program focuses on people who have multiple chronic conditions. Our care managers help you navigate the health care system, find providers, and provide health education to keep you as healthy as possible.

- **Chronic Condition Care Management:**

If you have a diagnosis of asthma, diabetes, or heart failure, our nurses can

help you. They will provide education, coordinate care, and help find community resources to best fit your needs.

- **Acute Care Management:**

If you are in the hospital, our nurses can help you make sure you have a safe discharge and that all of your questions are answered.

- **Behavioral Health Care Management:**

If you need assistance with mental health and/or substance use treatment, our behavioral health team is here to help you get the care you need. We have an integrated approach for your medical needs as well. We will coordinate with your behavioral health plan (mental health plan) to help you get the care you need.

- **U Baby Care Management:**

If you are pregnant, we have a team of nurses to help you have a healthy baby. Our U Baby Team provides support every step of the way. Services include free screening for high-risk delivery, assistance in finding the right provider to meet your needs, referrals to community resources, and family planning information.

- **Tele-Prenatal Program:**

If your pregnancy is low risk, your provider may recommend prenatal telehealth visits. This will allow you to get prenatal care without leaving your home. For more information, visit our website at uofuhealth.org/virtualprenatalcare or call us at 801-213-2995.

- **Intensive Outpatient Clinic:**

The Intensive Outpatient Clinic (IOC) provides care for our members who have multiple health care needs. The clinic is staffed with primary care providers, social workers, nurses, pharmacists, and a psychiatrist. The IOC provides a welcoming environment and care that meets our members where they are in their health care journey.

NOTICE OF PRIVACY PRACTICES

HOW DO WE PROTECT YOUR PRIVACY?

We strive to protect the privacy of your Personal Health Information (PHI) in the following ways:

- 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
- We protect PHI by limiting access to this information to those who need it to do

given tasks and through physical safeguards

You have the right to look at your PHI.

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 www.HealthChoiceUtah.com. You can also ask for a hard copy of this information by contacting Member Services at 1-877-358-8797 (TTY 711).

GLOSSARY

Appeal – You or your provider contacts Health Choice Utah to review an Adverse Benefit Determination to see if the right decision was made to deny a request for service.

Co-Payment – A fixed amount you pay for a covered health care service after you've paid your deductible. Co-payments can vary for different services. Also called a co-pay.

Durable Medical Equipment (DME) – Medical equipment that your doctor prescribes for use in your home. Example of DMEs are blood sugar monitors, blood sugar test strips, crutches, hospital beds, CPAP machines, walkers, and more.

Emergency Medical Condition – An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation – Ambulance services for an emergency medical condition.

Emergency Room Care – Emergency services you get in an emergency room.

Emergency Services – Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services – Health care services that your health insurance or plan doesn't pay for or cover.

Grievance – A complaint about the way your health care services were handled by your provider or Health Choice Utah.

Habilitation Services and Devices – Services that help you learn, keep, or improve skills needed for daily living. Examples include physical and occupational therapy, speech-language pathology, and more.

Health Insurance – A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care – Health care services a person receives at home.

Hospice Services – Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization – Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care – Care in a hospital that usually doesn't require an overnight stay.

Medically Necessary – Medically Necessary means that: (a) it is reasonably calculated to prevent, diagnose, or cure conditions in the recipient that endanger life, cause suffering or pain, cause physical deformity or malfunction, or threaten to cause a handicap; and (b) there is no other equally effective course of treatment available or suitable for the recipient requesting the service that is more conservative or substantially less costly. Health Choice Utah applies objective and evidence-based criteria and takes the individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services.

Network – The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Participating Provider – A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-participating provider.

Physician Services – Health care services a licensed medical physician (M.D. or D.O.) provides or coordinates.

Plan – A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization – A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Health Choice Utah refers to this as Prior Authorization.

Participating Provider – A provider who has a contract with your health insurer or

plan to provide services to you at a discount.

Premium – The amount you pay for your health insurance every month.

Prescription Drug Coverage – Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs – Drugs and medications that, by law, require a prescription.

Primary Care Physician – A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider – A physician (M.D. or D.O.), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

Provider – A health care professional that is allowed under state law to provide health care services to patients.

Rehabilitation Services and Devices – Health care services that help you keep, get back, or improve skills and functioning for daily living that have been lost or impaired because you were sick, hurt, or disabled. These services can include physical therapy, occupational therapy, speech-language pathology, and more.

Skilled Nursing Care – Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist – A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

Urgent Care – Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

FREQUENTLY USED NUMBERS

AGENCY	PHONE NUMBER	WEBSITE
Adult Abuse Hotline (Aging and Adult Services)	1-800-371-7897	
Baby Watch Early Intervention Program	1-801-584-8226 1-800-961-4226	http://www.utahbabywatch.org
Bear River Health Department	1-435-793-2445 (Randolph) 1-435-881-3383 (Garden City)	https://brhd.org/
Birth, Adoption and Death	1-801-538-6105	https://vitalrecords.utah.gov/
Central Utah Public Health Department	1-435-864-3612 (Delta) 1-435-743-5723 (Fillmore) 1-435-835-2231 (Manti) 1-435-462-2449 (Mt Pleasant) 1-435-623-0696 (Nephi) 1-435-577-2521 (Richfield) 1-435-836-1317 (Loa)	http://www.centralutahpublichealth.com/
Child Abuse and Neglect Hotline (24/7)	1-855-323-3237	https://dcfs.utah.gov/contact-us/
Children's Health Insurance Program (CHIP)	1-877-543-7669	https://chip.health.utah.gov/
Community Information and Referral (Salt Lake)	211 1-888-826-9790	https://211utah.org/
Crisis Hotline	Varies by county. See page 39 for your county's number	https://dsamh.utah.gov/
Davis County Health Department	1-801-444-2300	https://www.daviscountyutah.gov/health/
Maternal & Child Health Bureau	1-801-273-2871	http://health.utah.gov/mch/

AGENCY	PHONE NUMBER	WEBSITE
Medicaid	Salt Lake City: 1-801-538-6155	https://medicaid.utah.gov/
	All other counties: 1-800-662-9651	
National Alliance on Mental Illness	1-800-950-6264	https://nami.org/
National Suicide Prevention Lifeline	1-800-273-8255	http://suicidepreventionlifeline.org
National Sexual Assault Hotline (24/7)	1-800-656-HOPE (4673)	https://www.rainn.org/
Poison Control	1-800-222-1222	https://www.poison.org/
Prevent Child Abuse Utah	1-855-323-3237	https://pcautah.org/
Rape Recovery Center (24/7)	1-801-467-7273	https://www.raperecoverycenter.org/
Salt Lake County Health Department, Family Health Services	1-385-468-4100	https://slco.org/health/
Salt Lake County 24-Hour Crisis Hotline	1-801-587-3000	https://healthcare.utah.edu/uni/programs/crisis-diversion.php
Salt Lake County 24-Hour Warmline	1-801-587-1055	
Southwest Utah Public Health Department	1-435-673-3528 (Wash Co)	https://swuhealth.org/
	1-435-586-2437 (Iron Co)	
	1-435-644-2537 (Kane Co)	
	1-435-438-2482 (Beaver Co)	
	1-435-676-8800 (Garfield Co)	
Summit County Health Department	1-435-333-1500 (Park City)	http://www.summitcountyhealth.org
	1-435-336-3234 (Coalville)	
	1-435-783-3161 (Kamas)	

AGENCY	PHONE NUMBER	WEBSITE
Tooele County Health Department	1-435-277-2300	http://tooelehealth.org/
Unemployment Insurance	1-801-526-4400	https://jobs.utah.gov/ui/home
Utah County Department of Health Department	1-801-851-8000 (Provo)	http://utahcountyonline.org/
	1-801-851-7331 (AF)	
	1-801-851-7351 (Payson)	
Utah Department of Health, CHEC EPSDT and Medicaid Office	1-866-608-9422	http://health.utah.gov
Utah Department of Human Services, Division of Substance Abuse and Mental Health	1-801-538-3939	https://sumh.utah.gov/
Utah Department of Workforce Services (DWS)	1-866-435-7414	http://jobs.utah.gov/
Utah Domestic Violence LINKline (24/7)	1-800-897-LINK (5465)	https://dcfs.utah.gov/services/domestic-violence-services/
Utah Tobacco Quit Line	1-800-784-8669	https://medicaid.utah.gov/tobacco-cessation-program/
Weber-Morgan Health Department	1-801-399-7100	http://webermorganhealth.org/
Women, Infants & Children (WIC)	1-877-WIC-KIDS	https://wic.utah.gov/
	1-8777-942-5437	

CRISIS HOTLINES BY COUNTY

COUNTY	PHONE NUMBER
Beaver	1-800-574-6763
Box Elder	1-435-452-8612
Cache	Mental Health: 1-435-752-0750 Substance Abuse: 1-800-574-6763 After Hours: 1- 435-757-3240
Davis	1-801-773-7060
Iron	1-800-574-6763 1-800-523-7412
Juab	After Hours: 1-877-469-2822
Millard	1-800-523-7412 After Hours: 1-877-469-2822
Morgan	1-801-851-8000
Rich	Mental Health: 1-435-752-0750 Substance Abuse: 1-800-574-6763 After Hours: 1-435-757-3240
Salt Lake	1-801-587-3000
Sanpete	1-800-523-7412 After Hours: 1-877-469-2822
Sevier	1-800-523-7412 After Hours: 1-877-469-2822
Summit	1-435-649-9079
Tooele	1-435-882-5600
Utah	1-801-373-7393
Wasatch	1-801-318-4016
Washington	1-435-634-5600
Weber	1-801-625-3700

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