



2025

ACO MEMBER HANDBOOK

HEALTH CHOICE

UTAH

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

This information is available for free in alternate formats, including large print, audio, Braille, electronic, and other languages. If you are deaf, blind, have a hard time hearing or speaking, or if you speak a language other than English, interpreter services are available for free. Call Customer Services at 1-877-358-8797. If you are hard of hearing, call Utah Relay Services at TTY:711.

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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.

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

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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

FREE LANGUAGE ASSISTANCE SERVICES ARE AVAILABLE TO YOU.

Appropriate auxiliary aids and services to provide information in accessible formats are also available for free.

Call 1-877-358-8797.

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-358-8797.

CHINESE

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PORTUGUESE

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GERMAN

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VIETNAMESE

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NAVAJO

SHOOH: Diné bee yániłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló . Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoót'i'ígíí éí t'áá jiik'eh hóló . Kohjì 1-877-358-8797.

JAPANESE

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تامدخو ددعاسم لئاسو رفوتت امك . ةينا جملا ةيوغلا ددعاسملا تامدخ لكل رفوتتسف ، ةبيرعلا ةغللا ثدحتت تنك اذا : هيبذ
-9422 م قرلا لىء لصتا . اناجم اهبلل لوصولا نكمي تاقيسنتب تامولعلما ريفوتل ةبسانم
608-866-1-

GREEK

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-877-358-8797.

SERBO-CROATIAN

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RUSSIAN

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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.

KOREAN

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다.
1-877-358-8797. 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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Nurse Advice Line 1-833-757-0706, 24 hours a day, 7 days a week

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TABLE OF CONTENTS

NON-DISCRIMINATION POLICY.....3

INTRODUCTION TO HEALTH CHOICE UTAH.....11

LANGUAGE ASSISTANCE.....11

 How can I get help in other languages?.....11

RIGHTS AND RESPONSIBILITIES.....11

 What are my rights?.....11

 What are my responsibilities?.....12

CONTACTING MY MEDICAID PLAN.....13

 Whom can I call when I need help?.....13

MEDICAID BENEFITS.....13

 How do I use my Medicaid benefits?.....13

 What does my Medicaid Member Card look like?.....14

 Can I view my Medicaid benefits online?.....14

FINDING A PROVIDER.....14

 What is a Primary Care Provider?.....14

 How do I choose a Primary Care Provider?.....15

 How can I change my Primary Care Provider?.....15

UNDERSTANDING YOUR HEALTH CHOICE UTAH NETWORK

 What is a Network?.....15

 When can I get care from Out-Of-Network Providers?.....15

COPAYMENTS, COPAYS AND COST SHARING.....16

 What are copayments, copays and cost sharing?.....16

 Who does not have a copay?.....16

 What services do not have copays?.....16

 When do I pay copays?.....16

 Copay Amount Chart.....16

 What is an out-of-pocket maximum?.....17

 What happens when I reach my out-of-pocket maximum?.....17

 Out-of-pocket maximum copays.....17

 What should I do if I get a medical bill?.....17

 You may have to pay a medical bill if.....18

EMERGENCY CARE AND URGENT CARE.....	18
What is an emergency?.....	18
What is an example of an emergency?.....	18
What should I do if I have an emergency?.....	19
What if I have questions about poison danger?.....	19
Will I have to pay for emergency care?.....	19
What should I do after I get emergency care?.....	19
What is urgent care?.....	19
When should I use an urgent care clinic?.....	20
POST-STABILIZATION CARE.....	20
What is post-stabilization care?.....	20
When is post-stabilization care covered?.....	20
FAMILY PLANNING.....	20
What family planning services are covered?.....	20
What family planning services are not covered?.....	21
SPECIALISTS.....	22
What if I need to see a specialist?.....	22
INDIAN HEALTH SERVICES.....	22
What are Indian Health Services?.....	22
TELEHEALTH OR TELEMEDICINE.....	23
Can I use Telehealth or Telemedicine?.....	23
PRIOR AUTHORIZATION.....	23
What is prior authorization?.....	23
RESTRICTION PROGRAM.....	24
What does it mean to be in the Restriction Program?.....	24
OTHER INSURANCE.....	25
What if I have other health insurance?.....	25
ADVANCE DIRECTIVE.....	25
What is an advance directive?.....	25
APPEALS AND GRIEVANCES.....	26
What is an adverse benefit determination?.....	26
What is an appeal?.....	26
How do I file an appeal request?.....	26

How long does an appeal take?.....27

Can I get a decision on an appeal more quickly?.....27

How do I request a quick appeal?.....27

What happens to my benefits during an appeal?.....28

What is a State Fair Hearing?.....28

How do I request a State Fair Hearing?.....28

What happens to my benefits during the
state fair hearing process?.....28

What is a grievance?.....29

How do I file a grievance?.....29

FRAUD, WASTE, AND ABUSE.....30

What is health care fraud, waste, and abuse?.....30

How can I report fraud, waste, and abuse?.....30

TRANSPORTATION SERVICES.....31

How do I get to the hospital in an emergency?.....31

How do I get to the doctor when it is not an
emergency, and I cannot drive?.....31

What type of transportation is covered under my Medicaid?.....31

Can I get help if I must drive long distances?.....32

AMOUNT, DURATION, AND SCOPE OF BENEFITS.....32

Can I get a service that is not on this list?.....34

What if I change health plans?.....35

CARE MANAGEMENT.....35

What is care management?.....35

WAIVER PROGRAMS.....36

what are waiver programs?.....36

NOTICE OF PRIVACY PRACTICES.....38

How do we protect your privacy?.....38

How do I find out more about privacy practices?.....38

GLOSSARY.....38

RESOURCES.....42

INTRODUCTION TO HEALTH CHOICE UTAH

Welcome to Health Choice Utah. We your medical care plan. We are proud to offer you and your family the quality health care services you need.

The Health Choice Utah Member Handbook and list of providers are available on our website at uhealthplan.utah.edu/medicaid/.

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, 7AM - 7PM.

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 Customer Service 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 Customer Service. 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 Customer Service 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.
- Use any hospital or other medical facility for emergency services.
- Not feel controlled or forced into making medical decisions.
- Know how we pay providers, including your right to request information about physician incentive plans.
- Create an advance directive that tells doctors what kind of treatment you do and do not want in case you become too sick to make your own decisions.
- Be free from any form of restraint or seclusion used as a means of force, discipline, convenience or retaliation. This means you cannot be held against your will. You cannot be forced to do something you do not want to do.
- Use your rights at any time and not be treated badly if you do. This includes treatment by our health plan, your medical providers, or the State Medicaid agency.
- 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 from a qualified network provider, or Health Choice Utah can arrange for one outside the network at no extra cost.
- Get the same services offered under the fee for service Medicaid program.
- Get covered services out-of-network if we cannot provide them.

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 network
- Pay your copayments (copays)

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 7AM – 7PM, 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 32.

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 Customer Service 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 you receive. 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
- Pregnant Women

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, 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, including Medicare.

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 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 co-pay 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 care within 24 hours. If you are not sure a problem is urgent, call your doctor or an urgent care clinic. You may also call our Nurse Advice Line at 1-833-757-0706. To find an urgent care clinic, call Customer Service at 1-877-358-8797 (TTY 711) 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 at 1-877-358-8797 (TTY 711)

*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 primary care provider (PCP), you can see a specialist in the network. You can find a specialist by checking the Provider Directory search tool at www.HealthChoiceUtah.com. You can also call Customer Services at 1-877-358-8797 (TTY 711) for help finding a specialist. Your PCP may also help you choose a specialist in our network.

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

- Within 30 days for non-urgent care
- Within 48 hours for urgent, but not life-threatening care (e.g., care given in a doctor's office)

You do not need a referral to see a specialist. If you have trouble getting in to see a specialist when you need one, call Health Choice Utah at 1-877-358-8797 (TTY 711) for help.

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 by Health Choice Utah before you receive them. This approval 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 our 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
- Certain medical equipment and supplies
- Chest percussive therapy devices
- 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, including Medicare, in addition to Medicaid. Your other insurance or Medicare 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 visit 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 pays less for services that were provided.
2. Denies a service or approves less than you or your provider asked for.
3. Lowers the number of services we had approved or ends 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 your 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 Customer Service 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 fax: 1-801-646-7209, over the phone 1-877-358-8797 (TTY 711), or by mail:

Health Choice Utah

Attn: Member Appeals

PO Box 45900

Salt Lake City, UT 84145

- You, your provider or an authorized representative must 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 1-800-346-4128.

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 quick appeal decision. We can take up to another 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 1-877-358-8797 (TTY 711) or write to us at:

Health Choice Utah
Attn: Member Appeals
PO 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 1-877-358-8797 (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 Customer Service 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 another 14 calendar days to make a decision. If we need more time to make a decision, 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 else 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 (formerly LogistiCare):** 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 Utah Physician's Certificate.
- » www.modivcare.com/facilities/ut

When approved, you can arrange for this service by calling Modivcare at: 1-855-563-4403, or by visiting their website at www.modivcare.com/facilities/ut. 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	COVERAGE
Abortion	Limited Call Customer Service 1-877-358-8797 (TTY 711) for Benefit information
Emergency Transportation Ambulance	Not Covered by Health Choice Utah. Covered by Fee for Service Medicaid
Behavioral Health Care Mental Health/Substance Use Disorder	Not Covered. Covered by Medicaid Fee-for-Service or other Medicaid Prepaid Mental Health Plan (PMHP). Call Medicaid at 800-662-9651.

BENEFIT	COVERAGE
Birth Control & Family Planning	Covered No copay required (See birth control chart on page 21)
Chiropractic	Not Covered by Health Choice Utah. May be covered by Fee for Service Medicaid for EPSDT Members and pregnant women. Call Medicaid 800-662-9651
Dental Benefits	Not Covered by Health Choice Utah 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
Emergency and Urgent Care	Covered No copay (Must use a network provider for urgent care)
Eye Exam	Covered No copay Limited to one exam every 12 months
Eyeglasses	Covered No copay Covered only for pregnant women and those eligible for EPSDT services.
Hospice Care	Covered No copay (see page 16 for additional information)
Inpatient Hospital Care	Covered (See page 17 for copay chart)
Lab and X-Ray Services	Covered No copay
Maternity Care	Covered No Copay

BENEFIT	COVERAGE
Medical Supplies	Covered No copay
Nursing Home	Covered by Health Choice Utah for up to 30 days or until then end of the month of admission whichever comes first. Stays then covered by Medicaid Fee for Service Call Medicaid 800-608-9422
Personal Care Services	Covered Requires Prior Authorization
Pharmacy	Covered (See page 17 for copay chart)
Physical and Occupational Therapy	Covered (See page 17 for copay chart)
Podiatry	Covered (See page 17 for copay chart) (Limited benefit for adults)
Outpatient Care	Covered (See page 17 for copay chart)
Over-The-Counter Drugs	Covered (See page 17 for copay chart) Contact Health Choice Utah for Over the Counter PDL
Speech and Hearing Services	Covered (Limited) No copay Audiology and hearing services including hearing aids and batteries are covered only for pregnant women and those eligible for EPSDT services.
Non- Emergent Medical Transportation Services	Not Covered by Health Choice Utah. Covered by Fee For Service Call Medicaid 800-662-9651

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 a 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.

WAIVER PROGRAMS

WHAT ARE WAIVER PROGRAMS?

People with special needs can get Medicaid through waiver programs. You can only join a waiver program if you need care that is similar to the care provided in a hospital, nursing home, or care facility for the mentally challenged. Waivers let Medicaid pay for support and care that help people live safely at home or in the community. Each program has set rules and benefits

For more information about how to apply for a waiver program through the state, call the numbers below:

Community Supports, Acquired Brain Injury, Physical Disabilities Waivers

Department of Human Services, Division of Services for People with Disabilities

- Website: <https://dspd.utah.gov/>
- Phone: 844-ASK-DSPD or 844-275-3773
- Email: dspd@utah.gov

New Choices Waiver

Department of Health, Bureau of Authorization and Community Based Services

- Website: <https://dhhs.utah.gov/>
- Phone: 800-662-9651
- Email: newchoiceswaiver@utah.gov

Waiver for Individuals Age 65 or Older (Aging Waiver)

Department of Human Services, Division of Aging and Adult Services

- Website: <https://daas.utah.gov/>
- Phone: 801-538-4171
- Email: dhsinfo@utah.gov

Technology Dependent or Medically Complex Children's Waivers

Department of Health, Bureau of Authorization and Community Based Services

- Website: <https://dhhs.utah.gov/>
- Phone: 800-662-9651
- Email: techdependent@utah.gov or mccw@utah.gov

Employment-related Personal Assistant Services (EPAS)

- Website: <https://dhhs.utah.gov/>
- Phone: 801-538-6955

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 Customer Service 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 Customer Service 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. Copayments can vary for different services. Also called a copay.

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 address prevention, diagnosis, and treatment of an enrollee's disease, condition, and/or disorder that results in health impairments and/or disability.

- The ability for an enrollee to achieve age-appropriate growth and development
- The ability for an enrollee to attain, maintain, or regain functional capacity
- The opportunity for an enrollee receiving long-term services and supports to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice.

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.

RESOURCES

AGENCY	PHONE NUMBER
Adult Protective Services	1-800-371-7897
	Salt Lake City: 385-468-3200
Aging Services	Weber County, Ogden: 801-625-3868
	Davis County, Farmington: 801-525-5050
	Utah, Summit & Wasatch County: 801-229-3804
Baby Your Baby Hotline	1-800-826-9662
Child and Family Services	1-801-538-6105
Child Protective Services	1-855-323-3237
	https://dcfs.utah.gov/contact-us/
CHIP (Child Health Insurance Program)—Toll-Free	1-877-543-7669
CSHCS (Children's Special Health Care Services)—Toll-Free	1-800-829-8200
	Governor's Office—Toll-Free: 1-800-705-2464
	Medicaid: 801-538-6417
	Medicaid Toll-Free: 1-877-291-5583
Constituent Services	DWS: 801-526-4390
	DWS Toll-Free: 1-800-331-4341
	Deaf, Utah Association for the, Inc. (TTY): 801-263-4860
CRISIS Hotline	988
DSPD (Division of Services to People with Disabilities)	1-844-275-3773
Dental Plans	MCNA Dental: 1-800-904-6262
	Premier Access: 1-877-541-5415
DWS (Department of Workforce Services)	1-866-435-7414
Family Dental Plans	Ogden: 801-395-7090
	Salt Lake City: 801-715-3400

AGENCY	PHONE NUMBER
EPSDT (Early and Periodic Screening, Diagnostic, and Treatment)	See Local Health Department
National Sexual Assault Hotline (24/7)	1-800-656-HOPE (4673)
	<p>Bear Lake Community Health Center: 435-946-3660</p> <p>Cache Valley Community Health Center: 435-755-6061</p> <p>Carbon Medical Services: 435-888-4411</p> <p>Central City Community Health Center: 801-539-8617</p> <p>Community Health Center (CHC): 801-566-5494</p> <p>Ellis R. Shipp Public Health: 385-468-3700</p> <p>Enterprise Valley Medical Center: 435-878-2281</p> <p>Green River Medical Center: 435-564-3434</p>
FQHC (Federally Qualified Health Centers) (income based fees)	<p>Midtown Community Health Center: 801-393-5355</p> <p>Mountainlands Community Health Center: 801-429-2000</p> <p>Oquirrh View Community Health Center: 801-964-6214</p> <p>South Main Public Health: 385-468-4000</p> <p>Southeast Public Health: 385-468-4330</p> <p>Southwest Utah Family Health Care: 435-986-2565</p> <p>Stephen D. Ratcliffe Community Health Center: 801-328-5750</p> <p>Fourth Street Clinic: 801-364-0058</p> <p>Wayne Community Health Center: 435-425-3744</p>

AGENCY	PHONE NUMBER
IHS – Utah Navajo Health System	Blanding Family Practice: 435-678-0710 Montezuma Creek: 435-651-3291
Health Clinics of Utah	Salt Lake City: 801-715-3500
HPR (Health Program Representatives) – Toll-Free	1-866-608-9422
Information & Referral	211 or 1-888-826-9790 or https://211utah.org/ Bear River District Health: 435-792-6500 Central Utah Health Department: 435-896-5451 Davis County <ul style="list-style-type: none"> • Clearfield: 801-525-5000 • Woods Cross: 801-525-5020 Rose Park (WIC): 385-468-3660 Salt Lake City/County Health: 385-468-4100 <ul style="list-style-type: none"> • Southeast Clinic, Sandy: 385-468-4330 • South Main Public Health: 385-468-4000 • West Jordan (WIC services only): 385-468-4365 • Southeastern Utah District Health: 435-637-3671 Southwest Utah Public Health: 435-673-3528 Summit City/County Health: 435-336-4451 Tooele County Health: 435-843-2310 Tri County Health Department <ul style="list-style-type: none"> • Vernal: 435-247-1177 • Roosevelt: 435-722-6300 Utah City/County Health: 801-851-7000 Wasatch City/County Health: 435-654-2700 Weber/Morgan District Health: 801-399-7250
Local Health Department	1-800-662-9651
Medicaid Information Line	Toll-Free: 1-800-662-9651

AGENCY	PHONE NUMBER
Medicare Information Toll-Free	1-800-633-4227
Mental Health Centers	Bear River Mental Health <ul style="list-style-type: none"> Box Elder, Cache, Rich: 435-752-0750
	Central Utah Counseling Center <ul style="list-style-type: none"> Piute, Sevier, Juab, Wayne, Millard, Sanpete: 435-283-8400
	Davis Behavioral Health <ul style="list-style-type: none"> Davis: 801-773-7060
	Four Corners Community Behavioral Health <ul style="list-style-type: none"> Carbon, Emery, Grand: 1-866-216-0017
	Northeastern Counseling Center Duchesne, Uintah, Daggett: 435-789-6300
OptumHealth Mental Health	Salt Lake: 1-877-370-8953
San Juan Counseling Center	San Juan: 1-888-833-2992
Southwest Behavioral Health	Beaver, Garfield, Iron, Kane, Washington: 1-800-574-6763
HealthyU Behavioral	Summit: 1-833-981-0212
Optum Tooele County	Tooele: 1-800-640-5349
Wasatch Mental Health	Utah: 1-866-366-7987
Weber Human Services	Morgan, Weber: 801-625-3700
Mental Health Centers - Other	Wasatch County Family Clinic Heber: 435-654-3003
ORS TPL Unit	801-536-8798
Planned Parenthood Clinics – Toll-Free	1-800-230-7526
Utah Poison Control – Toll-Free	1-800-222-1222
Restriction Program	801-538-9045
	Toll-Free: 1-800-662-9651 ext. 900

AGENCY	PHONE NUMBER
RHC (Rural Health Centers) (income-based fees)	Beaver Medical Clinic: 435-438-7280
	Blanding Medical Center: 435-678-2254
	Bryce Valley Family Clinic: 435-679-8545
	Circleville Clinic: 435-577-2958
	Coalville & Kamas Health Center: 435-336-4403
	Emery Medical Center: 435-381-2305
	Garfield Memorial Clinic: 435-676-8842
	Intermountain Hurricane Valley Clinic: 435-635-6400
	Kanab Clinic: 435-644-4100
	Kazan, Ivan W. Memorial Clinic: 435-826-4374
	Moab Family Medicine: 435-259-7121
Salt Lake Donated Dental (SLDDS)	801-983-0345
Social Security Administration	Salt Lake City: 1-866-851-5275
	Toll-Free (US): 1-800-772-1213 (US)
Tobacco Quit Line—Toll-Free	1-800-QUIT-NOW
Urban Indian	Sacred Circle Clinic: 801-359-2256
	Urban Indian Center (Indian Walk-in Center): 801-486-4877
Utah Domestic Violence LINKline (24/7)	1-800-897-LINK (5465)
Veterans Affairs Medical Center	Salt Lake City: 801-582-1565
	Toll-Free: 1-800-613-4012
WIC (Women, Infants, and Children)	Toll-Free: 1-877-942-5437

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