



HEALTH PLANS
UNIVERSITY OF UTAH

HEALTHY U INTEGRATED MEMBER HANDBOOK

HEALTHY U INTEGRATED

6053 S. Fashion Square Drive, Murray UT 84107

uhealthplan.utah.edu/healthyu-integrated-plan/

Member Services **(801) 213-4104** or toll-free **(833) 981-0212**

Pharmacy Customer Service **(385) 425-4063** or toll-free **(855) 856-5694**

OTHER LANGUAGES

Free language assistance services are available to you. For help, call **801-213-4104** or toll-free **833-981-0212**.

Spanish (Español)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **801-213-4104** o al **833-981-0212**.



TABLE OF CONTENTS

OTHER LANGUAGES	2
INTRODUCTION	5
LANGUAGE SERVICES	5
HOW CAN I GET HELP IN OTHER LANGUAGES?	5
RIGHTS AND RESPONSIBILITIES	5
WHAT ARE MY RIGHTS?	5
WHAT ARE MY RESPONSIBILITIES?	6
CONTACTING MY HEALTHY U MEDICAID PLAN	7
WHO CAN I CALL WHEN I NEED HELP?	7
WHO CAN I CALL WHEN I NEED HELP WITH MEDICATIONS?	7
MEDICAID BENEFITS	7
HOW DO I USE MY MEDICAID BENEFITS?	7
CAN I VIEW MY MEDICAID BENEFITS ONLINE?	8
YOUR MEMBER PORTAL	8
WHAT IS THE MEMBER PORTAL?	8
HOW TO ACCESS THE PORTAL	9
FINDING A PROVIDER	9
WHAT IS A PRIMARY CARE PROVIDER?	9
HOW DO I CHOOSE A PRIMARY CARE PROVIDER?	9
HOW CAN I CHANGE MY PCP?	9
UNDERSTANDING YOUR NETWORK	10
WHAT IS A NETWORK?	10
WHEN CAN I GET CARE FROM OUT-OF-NETWORK PROVIDERS?	10
COPAYMENTS, COPAYS, AND COST SHARING	10
WHAT ARE COPAYMENTS, COPAYS, AND COST SHARING?	10
WHO DOES NOT HAVE A COPAY?	10
WHAT SERVICES DON'T HAVE COPAYS?	10
WHEN DO I PAY COPAYS?	11
COPAY AMOUNT CHART	11
WHAT IS AN OUT-OF-POCKET MAXIMUM?	11
WHAT HAPPENS WHEN I REACH MY OUT-OF-POCKET MAXIMUM?	11
OUT-OF-POCKET MAXIMUM CO-PAYS	12
WHAT SHOULD I DO IF I RECEIVE A MEDICAL BILL?	12
YOU MAY HAVE TO PAY A MEDICAL BILL IF	12
EMERGENCY CARE AND URGENT CARE	12
WHAT IS AN EMERGENCY?	12
WHAT IS AN EXAMPLE OF AN EMERGENCY?	12
WHAT SHOULD I DO IF I HAVE AN EMERGENCY?	13
WHAT IF I HAVE QUESTIONS ABOUT POISON DANGER?	13
WILL I HAVE TO PAY FOR EMERGENCY CARE?	13
WHAT SHOULD I DO AFTER I GET EMERGENCY CARE?	13
WHAT IS URGENT CARE?	14
WHEN SHOULD I USE AN URGENT CARE CLINIC?	14
POST-STABILIZATION CARE	14
WHAT IS POST-STABILIZATION CARE?	14
WHEN IS POST-STABILIZATION CARE COVERED?	14

FAMILY PLANNING	14
WHAT FAMILY PLANNING SERVICES ARE COVERED?	14
WHAT FAMILY PLANNING SERVICES ARE NOT COVERED?	15
SPECIALISTS	15
WHAT IF I NEED TO SEE A SPECIALIST?	15
BEHAVIORAL HEALTH SERVICES	16
WHAT BEHAVIORAL HEALTH SERVICES ARE COVERED?	16
ARE ANY OTHER BEHAVIORAL HEALTH SERVICES COVERED?	17
INDIAN HEALTH SERVICES (IHS)	17
WHAT IS INDIAN HEALTH SERVICES?	17
TELEHEALTH OR TELEMEDICINE	17
CAN I USE TELEHEALTH OR TELEMEDICINE?	17
PRIOR AUTHORIZATION	18
WHAT IS A PRIOR AUTHORIZATION?	18
RESTRICTION PROGRAM	18
WHAT DOES IT MEAN TO BE IN THE RESTRICTION PROGRAM?	18
OTHER INSURANCE	19
WHAT IF I HAVE OTHER HEALTH INSURANCE?	19
ADVANCE DIRECTIVE	19
WHAT IS AN ADVANCE DIRECTIVE?	19
APPEALS AND GRIEVANCES	20
WHAT IS AN ADVERSE BENEFIT DETERMINATION?	20
WHAT IS AN APPEAL?	20
HOW DO I FILE AN APPEAL?	20
HOW LONG DOES AN APPEAL TAKE?	21
CAN I GET A DECISION ON AN APPEAL MORE QUICKLY?	21
HOW DO I REQUEST A QUICK APPEAL?	21
WHAT HAPPENS TO MY BENEFITS WHILE I APPEAL?	22
WHAT IS A STATE FAIR HEARING?	22
HOW DO I REQUEST A STATE FAIR HEARING?	22
WHAT IS A GRIEVANCE?	22
HOW DO I FILE A GRIEVANCE?	23
FRAUD, WASTE, AND ABUSE	23
WHAT IS HEALTH CARE FRAUD, WASTE, AND ABUSE?	23
HOW CAN I REPORT FRAUD, WASTE, AND ABUSE?	24
TRANSPORTATION SERVICES	24
HOW DO I GET TO THE HOSPITAL IN AN EMERGENCY?	24
HOW TO GET TO THE DOCTOR WHEN IT'S NOT AN EMERGENCY & I CAN'T DRIVE?	24
WHAT TYPE OF TRANSPORTATION IS COVERED UNDER MY MEDICAID?	25
CAN I GET HELP IF I HAVE TO DRIVE LONG DISTANCES?	25
AMOUNT, DURATION, AND SCOPE OF BENEFITS	26
CAN I GET A SERVICE THAT IS NOT ON THIS LIST?	28
WHAT IF I CHANGE HEALTH PLANS?	28
CARE MANAGEMENT	28
WHAT IS CARE MANAGEMENT?	28
WELLNESS SERVICES	29
WHAT WELLNESS SERVICES ARE AVAILABLE?	29
NOTICE OF PRIVACY PRACTICES	30
WE PROTECT YOUR PRIVACY	30
HOW DO I FIND OUT MORE ABOUT PRIVACY PRACTICES?	30
NON-DISCRIMINATION POLICY	30



INTRODUCTION

Welcome to Healthy U Integrated. We are an integrated care plan. This means we cover physical health, mental health, and substance use disorder (SUD) services if you need them.

The Healthy U Integrated Member Handbook and list of providers are available on our website, 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 **801-213-4104** or **833-981-0212**.

LANGUAGE SERVICES

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 **801-213-4104** or toll-free at **833-981-0212**. We will find someone who speaks your language, free of charge.

If you are hard of hearing, call Utah Relay Services at **711** or **801-213-4104** or toll-free at **833-981-0212**. 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 any language you need 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.
- 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 to 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.
- 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:

- 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 Healthy U Integrated network
- Pay your copayments (copays)



CONTACTING MY HEALTHY U MEDICAID PLAN

WHO CAN I CALL WHEN I NEED HELP?

Our Member Services team is here to help you and answer your questions. You may reach us at **801-213-4104** or **833-981-0212**, Monday-Friday from 8:00am-6:00pm.

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 uhealthplan.utah.edu/healthyu-integrated-plan.

WHO CAN I CALL WHEN I NEED HELP WITH MEDICATIONS?

Pharmacy Customer Service is here to help answer your medication questions. You can call us at **385-425-4063** or **855-856-5694**.

We are here 24 hours/7 days a week/365 days a year.

To fill your medication through Healthy U, have your pharmacy bill:

BIN - 610830 / PCN - REALRXHU

We can help you:

- Find a pharmacy
- Help with prior authorizations for your medications
- Answer questions about pharmacy claims
- Understand your pharmacy benefits
- Answer questions about your medications

You can also find us on the internet at uhealthplan.utah.edu/healthyu-integrated-plan.

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 starts on page 26.

What Does My Utah Medicaid 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.

CAN I VIEW MY MEDICAID BENEFITS ONLINE?

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

Primary individuals can view coverage and plan information for everyone on their case.

Adults and children 18 and older can view their own coverage and plan information. Access may also be given to medical representatives.

For additional information on accessing or viewing benefits information, please visit mybenefits.utah.gov or call **1-844-238-3091**.

You may also look at your plan benefits online at uhealthplan.utah.edu/healthyu-integrated-plan or through the member portal.

HEALTHY U MEMBER PORTAL

WHAT IS THE MEMBER PORTAL?

The member portal is a free online tool that lets you access your health plan information 24/7. With a Healthy U portal account, you can:



- View or print plan documents and benefit summaries
- Keep track of your deductible and out-of-pocket expenses
- Select or change your primary care provider
- Search for providers in your network by name, specialty, or location
- Send messages and documents to the customer service team
- Access health and wellness information in the knowledge database
- View your eligibility for service

HOW TO ACCESS THE MEMBER PORTAL

To create your portal account:

1. Visit uuhip.healthtrioconnect.com
2. Click “Register Here” on the main login screen
3. Enter your information and follow the instructions to set up your account

The portal is also available via mobile app for both Android and iOS. To download the app, search “UUHIPMembers” in the App Store or Google Play.

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 in one place. It is a good idea to have a PCP because they will work with your plan to make sure that you receive the care that you need.

HOW DO I CHOOSE A PRIMARY CARE PROVIDER?

You will need to choose a PCP from our provider directory. You can Find a Provider online at uhealthplan.utah.edu/healthyu-integrated-plan or through the member portal. Once you have chosen a PCP, you will need to contact Member Services and let them know. You do not need to notify Member Services if you choose a PCP through the Healthy U member portal. Call Member Services if you need help choosing a PCP. 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 **801-213-4104** or toll-free at **833-981-0212**.

HOW CAN I CHANGE MY PCP?

Call Member Services at **801-213-4104** or **833-981-0212** if you want to change your PC. You can also login to the Healthy U member portal and make a new selection.

UNDERSTANDING YOUR HEALTHY U 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 Healthy U 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 Healthy U network or how to make sure your care is covered, contact Member Services at **801-213-4104**.

*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 a fee for some services. This fee 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 DON'T HAVE COPAYS?

Some services that do not have copays are:

- Labs and radiology



- Family planning services
- Immunizations (shots)
- Preventive services
- Tobacco cessation services
- Outpatient behavioral health (mental health/substance use disorder) services (covered by your behavioral health plan)

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. Your copay amounts are listed in the chart below:

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

WHAT IS AN OUT-OF-POCKET MAXIMUM?

Medicaid has a limit on how much you have to pay in copays. The out-of-pocket maximum can apply to specific types of services or a total yearly amount.

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

Make sure you save your receipts every time you pay your copay. Once you reach your out-of-pocket maximum, contact Medicaid at **1-866-608-9422** and we will help you through the process.

OUT-OF-POCKET MAXIMUM CO-PAYS:

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 medicaid.utah.gov.

WHAT SHOULD I DO IF I RECEIVE A MEDICAL BILL?

If you get a bill for services that you believe should be covered by Medicaid, call Healthy U Integrated Member Services at **801-213-4104** or toll-free at **833-981-0212**. Do not pay a bill until you talk to Healthy U Integrated Member Services. 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.

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 Healthy U Integrated for reimbursement. 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 us as soon as you can after getting emergency care. Notify your primary care provider to tell them 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 phone line at **801-505-3198**. To find an urgent care clinic, call Member Services at **801-213-4104** or **833-981-0212** 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
- Stomach ache
- Cut or scrape

POST-STABILIZATION CARE

WHAT IS POST-STABILIZATION CARE?

Post-stabilization care happens when you are admitted into the hospital from the emergency room. This care includes tests and treatment until you are stable.

WHEN IS POST-STABILIZATION CARE COVERED?

Healthy U Integrated covers this type of care in all hospitals. Once your condition is stable, you may be asked to transfer to a 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

You do not have to pay a copayment for family planning and birth control treatments. You can see any provider that accepts Medicaid 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 Healthy U Integrated:

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

*OTC means over-the-counter.

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

WHAT FAMILY PLANNING SERVICES ARE NOT COVERED?

Non-Covered Family Planning Services:

- Infertility drugs
- In-vitro fertilization
- Genetic counseling

For more information about family planning, call Member Services at **801-213-4104** or **833-981-0212**.

There are limits on abortion coverage. Healthy U Integrated 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 our network. Healthy U specialists can be found at uhealthplan.utah.edu/healthyuintegrated-plan. You can also call Member Services at **801-213-4104** or

833-981-0212 to help you find a specialist in your area. 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 two days for urgent, but not life-threatening care (e.g., care given in a doctor's office)

If you have trouble getting in to see a specialist when you need one, call Healthy U's access assistance line at **801-587-2851** for help.

BEHAVIORAL HEALTH SERVICES

WHAT BEHAVIORAL HEALTH SERVICES ARE COVERED?

Behavioral health services are services for mental health and substance use disorders (SUDs). Inpatient hospital care for mental health problems and inpatient medical detoxification services for 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
- Mobile Crisis Outreach Team (MCOT)
- Behavioral Health Receiving Center

Services are 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 at **801-213-4104** or toll-free at **833-981-0212**.



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 (IHS)

WHAT IS INDIAN HEALTH SERVICES?

The Indian Health Service (IHS) is an agency within the Department of Health and Human Services. IHS is responsible for providing federal 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 Indians and Alaska Natives who have a managed care plan may also receive services directly from an Indian health care program. This means a 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.

Healthy U Integrated covers telemedicine services offered by providers in their provider practices. Many participating provider practices offer either video and/or telephonic visits. To find a provider who offers telemedicine, call Member Services at **801-587-6480** or **1-888-271-5870** or use the “Find a Provider” online provider directory. The online provider directory allows members to filter for practices offering telemedicine services.

Healthy U offers a virtual prenatal care program. The virtual prenatal care program offers prenatal checkups through telemedicine. Link to Prenatal Program: <https://healthcare.utah.edu/virtual-care/virtual-prenatal-care/>. (Let DWS know if you are pregnant. They can make sure you have the correct benefits.)

If you want more information about services that can be provided through telehealth or telemedicine, call Member Services at **801-587-6480** or toll-free at **1-888-271-5870**.

PRIOR AUTHORIZATION

WHAT IS PRIOR AUTHORIZATION?

Some services must be approved before Healthy U Integrated will pay for them. Approval from Healthy U Integrated is called prior authorization.

If you need a service that requires prior authorization, your doctor will ask Healthy U Integrated for it. If approval is not given for payment of a service, you may request an appeal from Healthy U Integrated. Please call Member Services at **801-213-4104** or toll-free at **833-981-0212** if you have any questions.

Healthy U Integrated requires notification of inpatient admissions. Healthy U Integrated will be monitoring all inpatient hospital stays, including skilled nursing facilities and rehabilitation services. Your provider can fax, email, request through UBox, or fill in the online prior authorization forms. It is important that Healthy U is able to determine medical necessity for an inpatient admission to help with any discharge care that you may need. You can look at the utilization management (UM) prior authorization list on our website to see all the services requiring prior authorization.

The link is: uhealthplan.utah.edu/providers/prior-auth-codes.php

RESTRICTION PROGRAM

WHAT DOES IT MEAN TO BE IN THE RESTRICTION PROGRAM?

Medicaid members who need help properly using health care services may be enrolled in the restriction program. Members in the restriction program are limited to one main doctor and one main pharmacy. All medical services and prescriptions must be approved or coordinated by the member's main 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 your routine care
- Seeing too many doctors
- Filling too many prescriptions for pain medications
- Getting controlled substances 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 doctor visits.

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

Please tell Healthy U Integrated and your providers if you have other health insurance. 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 Healthy U Integrated and your providers know who should pay your bills. This information will not change the services you receive from Healthy U Integrated.

ADVANCE DIRECTIVE

WHAT IS AN ADVANCE DIRECTIVE?

An advance directive is a legal document that allows you to make choices about your health care ahead of time. There may be a time when you are too sick to make decisions for yourself. An advance directive will make your wishes known if you cannot do it yourself.

There are four types of advance directives:

- Living Will (End of life care)
- Medical Power of Attorney
- Mental Health Care Power of Attorney
- Pre-Hospital Medical Care Directive (Do Not Resuscitate)

Living Will: A living will is a document that tells doctors what types of service you do or do not want if you become very sick and near death, and cannot make decisions for yourself.

Medical Power of Attorney: A Medical Power of Attorney is a document that lets you choose a person to make decisions about your health care when you cannot do it yourself.

Mental Health Care Power of Attorney: A Mental Health Care Power of Attorney names a person to make decisions about your mental health care in case you cannot make decisions on your own.

Pre-Hospital Medical Care Directive: A Pre-Hospital Medical Care Directive tells providers if

you do not want certain life-saving emergency care that you would get outside a hospital or in a hospital emergency room. It might also include services 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 uhealthplan.utah.edu/healthyu-integrated-plan and select "Education & Resources" or call **801-587-2851**. To file a complaint regarding advance directives, contact the State Survey Agency at **801-538-6158** or **800-662-4157**.

APPEALS AND GRIEVANCES

WHAT IS AN ADVERSE BENEFIT DETERMINATION?

An adverse benefit determination is when we:

1. Deny payment or pay less for services that were provided.
2. Deny a service or approve less than you or your provider asked for.
3. Lower the number of services we had approved or end a service that we had approved.
4. Deny payment for a covered service.
5. Deny 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 two days for an urgent care visit.
8. Deny a member's request to dispute a financial liability.

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

WHAT IS AN APPEAL?

An appeal is our review of an adverse benefit determination to see if the right decision was made.

HOW DO I FILE AN APPEAL?

You, your provider, or any authorized representative may file an appeal.

An appeal form can be found on our website at apps.uhealthplan.utah.edu/UHealthPlansForms/Appeals/Create.



A request for an appeal will be accepted by filling out an appeal form on our website, by fax at 801-281-6121, over the phone at **801-213-4104** or **833-981-0212**, or by mail:

Healthy U Integrated

Appeals Team

6053 Fashion Square Drive, Suite 110 Murray, UT 84107

Submit the appeal within 60 days from the date on the notice of adverse benefit determination.

Help will be provided to enrollees, upon request, in carrying out the required steps to file an appeal (e.g., interpreter services, TTY). If you need help filing an appeal request, call us at **801-213-4104** or **833-981-0212**.

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 another 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.

If we deny your request for a 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 **801-213-4104** or **833-981-0212** or write to us at:

Healthy U Integrated

Appeals Team

6053 Fashion Square Drive, Suite 110 Murray, UT 84107

WHAT HAPPENS TO MY BENEFITS WHILE I APPEAL?

Your benefits will not be stopped because you asked for an appeal.

If your request for an appeal is because we told you that we are going to reduce, suspend, or stop a service, let us know 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 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 **801-213-4104** or **833-981-0212**. 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 **801-213-4104** or **833-981-0212**. To file a grievance in writing, please send your letter to:

Healthy U Integrated

Grievance Team

6053 Fashion Square Drive, Suite 110 Murray, UT 84107

Online Form: apps.uhealthplan.utah.edu/UHealthPlansForms/Complaints/Create

Fax: 801-587-9958

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 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 member's misuse of a Medicaid ID Card

HOW CAN I REPORT FRAUD, WASTE, AND ABUSE?

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

Internal

Healthy U Compliance Department

Email: healthplanscompliance@utah.edu

Telephone: **801-213-4104** or **833-981-0212**

Provider Fraud

The Office of Inspector General (OIG)

Email: mpi@utah.gov

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

Member Fraud

Department of Workforce Services Fraud Hotline

Email: wsinv@utah.gov

Telephone: **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's 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'S NOT AN EMERGENCY AND I CAN'T DRIVE?

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

- Have Traditional Medicaid on the date the transportation is needed
- Have a medical reason for the transportation
- Call the Department of Work Force Services (DWS) at **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 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 Flex Trans
- 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 HAVE TO 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 a 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 at 801-213-4104 for benefit information.	Limited. Call Member Services at 801-213-4104 for benefit information.
Ambulance	Not Covered by Healthy U Integrated. Covered by Fee-for-Service Medicaid.	Not Covered by Healthy U Integrated. Covered by Fee-for-Service Medicaid.
Birth Control & Family Planning	Covered. No copay required (See birth control chart on page 15).	Covered. No copay required (See birth control chart on page 15).
Chiropractic	Not Covered by Healthy U Integrated.	Not Covered.
Dental Benefits	Not Covered by Health U Integrated. May be covered by Fee-for Service Medicaid or Medicaid Dental plan. Call Medicaid at 800-662-9651.	Not Covered by Healthy U Integrated. May be covered by Fee-for Service Medicaid or Medicaid Dental plan. Call Medicaid at 800-662-9651.
Doctor Visits	Covered. See copay chart on page 11.	Covered. See copay chart on page 11.
Emergency and Urgent Care	Covered. No copay. (Must use a network provider for 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.	Covered. No copay. Limited to one exam every 12 months.
Eye Glasses	Covered. No copay. Covered only for pregnant women and those eligible for EPSDT services.	Not Covered
Hospice Care	Covered. No copay.	Covered. No copay.
Inpatient Hospital Care	Covered. (See page 11 for copay chart).	Covered. (See page 11 for copay chart).
Lab and X-Ray Services	Covered. No copay.	Covered. No copay.
Medical Supplies	Covered. No copay.	Covered. No copay.



BENEFIT	TRADITIONAL	NON-TRADITIONAL
Nursing Home	Covered by Healthy U Integrated for up to 30 days. Stays over 30 days are covered by Medicaid Fee-for-Service. Call Medicaid at 800-608-9422.	Not Covered.
Outpatient Behavioral Health Care (mental health and substance use disorder)	Covered. No copay.	Covered. No copay.
Personal Care Services	Covered. Requires prior authorization.	Covered. Requires prior authorization.
Pharmacy	Covered. See copay chart on page 11.	Covered. See copay chart on page 11.
Physical and Occupational Therapy	Covered. See copay chart on page 11.	Covered. See copay chart on page 11.
Podiatry	Covered. See copay chart on page 11. Limited benefit for adults.	Covered. See copay chart on page 11. Limited benefit for adults.
Outpatient Care	Covered. See copay chart on page 11.	Covered. See copay chart on page 11.
Over-the-Counter Drugs	Covered. See copay chart on page 11. Contact Healthy U for Over-the-Counter PDL (drug list).	Covered. See copay chart on page 11. Contact Healthy U for Over-the-Counter PDL (drug list).
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.	Not Covered.
Non-Emergent Medical Transportation Services	Not Covered by Healthy U Integrated. Covered by Fee-For-Service. Call Medicaid at 800-662-9651.	Not Covered. Call Medicaid at 800-662-9651.

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

Generally, Medicaid does not reimburse 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 that are medically necessary but are not typically covered

If you would like to request an exception for a non-covered service, you can make that request by:

- Making a benefit consideration request is 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
- Healthy U Integrated uses appropriate professionals (pharmacists or provider specialists) to consider a benefit consideration. Call Member Services at **801-213-4104** or **833-981-0212** for more information.

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 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 **833-981-0212 Option 3**.



Healthy U 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 Healthy U 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.

WELLNESS SERVICES

WHAT WELLNESS SERVICES ARE AVAILABLE?

Healthy U offers wellness services and programs that can help you stay healthy.

Wellness app that helps with:

- Self-directed health risk assessments
- Health challenges for sleep, exercise, nutrition and more
- Connection support for fitness tracking devices such as Garmin, Fitbit, and GoogleFit.
- Visit <https://app.1bios.co/#login> to download the app and create an account.

Wellness Incentive Programs may be offered. To learn more about current incentive programs, visit <https://uhealthplan.utah.edu/wellchild/>

NOTICE OF PRIVACY PRACTICES

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 personal information by limiting access 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 uhealthplan.utah.edu/pdf/notice-of-privacy.pdf. You can also ask for a hard copy of this information by contacting Member Services at **801-213-4104** or **833-981-0212**.

NON-DISCRIMINATION POLICY

Healthy U 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 Member Services at **1-801-213-4104**.

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:

Mail: 6053 Fashion Square Drive, Suite 110 Murray, UT 84107

Phone: **1-801-587-2835 (TTY 711)**

Fax: 801-281-6121

Email: healthplanscompliance@utah.edu

You can file a grievance in person or by mail, fax, or email. If you need assistance, the 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.



HEALTH PLANS

UNIVERSITY OF UTAH