**Fair Treatment Notice**

SelectHealth obeys Federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

We provide free:

- Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at 1-800-538-5038 or SelectHealth Advantage Member Services at 1-855-442-9900 (TTY Users: 711).

If you feel you’ve been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at 1-844-208-9012 (TTY Users: 711) or the Compliance Hotline at 1-800-442-4845 (TTY Users: 711).

You may also call the Office for Civil Rights at 1-800-368-1019 (TTY Users: 1-800-537-7697).

**Language Access Services**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 SelectHealth。

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth。まで、お電話にてご連絡ください。

Language Access Services

Language Access Services

Language Access Services

Language Access Services

Language Access Services

Language Access Services

Language Access Services

Language Access Services
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SelectHealth
P.O. Box 30192 • Salt Lake City, Utah 84130-0192
selecthealth.org • 855-442-3234
# Phone Numbers and Contact Information

## SELECTHEALTH NUMBERS

<table>
<thead>
<tr>
<th>NAME</th>
<th>HELP OFFERED</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SelectHealth Member Services</strong></td>
<td>Help with understanding:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Your insurance plan</td>
<td>855-442-3234</td>
</tr>
<tr>
<td></td>
<td>&gt; Prescription drugs and pharmacies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Benefits and coverage</td>
<td>Hours: Weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. TTY/TDD users, please call 711</td>
</tr>
<tr>
<td></td>
<td>&gt; Claims payments</td>
<td></td>
</tr>
<tr>
<td><strong>SelectHealth Member Advocates®</strong></td>
<td>&gt; Help finding the right doctor</td>
<td>800-515-2220</td>
</tr>
<tr>
<td></td>
<td>&gt; Help making an appointment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Facts about a doctor</td>
<td>Hours: Weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.</td>
</tr>
<tr>
<td><strong>Behavioral Health Advocates®</strong></td>
<td>&gt; Help finding a mental health doctor</td>
<td>800-876-1989</td>
</tr>
<tr>
<td></td>
<td>&gt; Help making an appointment</td>
<td></td>
</tr>
<tr>
<td><strong>Care Management</strong></td>
<td>&gt; Help with chronic conditions like asthma, diabetes, and more</td>
<td>800-442-5305, option 2</td>
</tr>
<tr>
<td></td>
<td>&gt; Facts about a doctor</td>
<td>Hours: Weekdays, from 8:00 am. to 5:00 p.m</td>
</tr>
<tr>
<td><strong>SelectHealth Healthy Beginnings®</strong></td>
<td>&gt; Help with a safe and healthy pregnancy</td>
<td>866-442-5052, option 1</td>
</tr>
<tr>
<td></td>
<td>&gt; Help with the restriction program</td>
<td>Hours: Weekdays, from 8:00 a.m. to 5:00 p.m</td>
</tr>
<tr>
<td><strong>Restriction Program</strong></td>
<td>&gt; Help with the restriction program</td>
<td>800-442-5305, option 2</td>
</tr>
<tr>
<td><strong>Pharmacy Services</strong></td>
<td>&gt; Prescription drugs and pharmacies</td>
<td>855-442-3234</td>
</tr>
<tr>
<td></td>
<td>&gt; Benefits and coverage</td>
<td>Hours: Weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.</td>
</tr>
<tr>
<td><strong>Appeals</strong></td>
<td>&gt; Help to review an Adverse Benefit Determination to see if the right decision was made to deny your request for service</td>
<td>844-208-9012</td>
</tr>
<tr>
<td></td>
<td>&gt; Facts about a doctor</td>
<td>Weekdays, from 8:00 a.m. to 5:00 pm</td>
</tr>
<tr>
<td><strong>SelectHealth Website</strong></td>
<td>&gt; Member Handbook</td>
<td>selecthealth.org</td>
</tr>
<tr>
<td></td>
<td>&gt; Community resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Wellness</td>
<td></td>
</tr>
</tbody>
</table>

## STATE MEDICAID NUMBERS

<table>
<thead>
<tr>
<th>NAME</th>
<th>HELP OFFERED</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DWS</strong> (Workforce Services)</td>
<td>&gt; Eligibility for Medicaid or CHIP</td>
<td>801-526-0950</td>
</tr>
<tr>
<td></td>
<td>&gt; Lost or stolen cards</td>
<td>866-435-7414</td>
</tr>
<tr>
<td></td>
<td>&gt; Food stamps</td>
<td>jobs.utah.gov/assistance</td>
</tr>
<tr>
<td></td>
<td>&gt; Other programs</td>
<td></td>
</tr>
<tr>
<td><strong>HPR (Health Program Representative)</strong></td>
<td>&gt; Medicaid</td>
<td>866-608-9422</td>
</tr>
<tr>
<td></td>
<td>&gt; CHIP</td>
<td>health.utah.gov/umb</td>
</tr>
<tr>
<td></td>
<td>&gt; Health plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Rights &amp; Responsibilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Providers</td>
<td></td>
</tr>
<tr>
<td><strong>Medicaid Benefits Constituent Services</strong></td>
<td>&gt; Medicaid and CHIP questions and concerns</td>
<td>877-291-5583</td>
</tr>
<tr>
<td><strong>Medicaid Information Line</strong></td>
<td>&gt; Claims</td>
<td>800-662-9651</td>
</tr>
<tr>
<td></td>
<td>&gt; Billing questions</td>
<td>medicaid.utah.gov</td>
</tr>
<tr>
<td>NAME</td>
<td>HELP OFFERED</td>
<td>CONTACT INFORMATION</td>
</tr>
<tr>
<td>------</td>
<td>--------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
| Medicaid Member Information | > Enrollment eligibility  
> Plan Information | 844-238-3091 |
| MyBenefits | > Check your Medicaid coverage and plan information | 844-238-3091  
mybenefits.utah.gov |
| Pregnancy Risk Line | > Information for women who are pregnant, thinking of becoming pregnant, or breastfeeding | 800-822-2229  
Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.  
All phone calls are free and confidential |
| Utah Medicaid | > Medicaid  
> CHIP | medicaid.utah.gov |

**OTHER NUMBERS**

<table>
<thead>
<tr>
<th>NAME</th>
<th>HELP OFFERED</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
</table>
| Utah Poison Control | > Resource for poison information and help | 800-222-1222  
Hours: 24 hours a day; 7 days a week |
| Behavioral Health CrisisLine (UNI) | > Free help for a mental health crisis | 801-587-3000  
Hours: 24 hours a day; 7 days a week |

**Glossary of Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP</td>
<td>Children's Health Insurance Program</td>
</tr>
<tr>
<td>DAAS</td>
<td>Division of Aging and Adult Services</td>
</tr>
<tr>
<td>DWS</td>
<td>Department of Workforce Services</td>
</tr>
<tr>
<td>EOB</td>
<td>Explanation of Benefits</td>
</tr>
<tr>
<td>EPSDT</td>
<td>Early and Periodic Screening, Diagnostic, and Treatment Program</td>
</tr>
<tr>
<td>HPR</td>
<td>Medicaid Health Program Representative</td>
</tr>
<tr>
<td>MBS</td>
<td>Medicaid Benefit Summary</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider/Doctor</td>
</tr>
<tr>
<td>PHI</td>
<td>Protected Health Information</td>
</tr>
<tr>
<td>PMHP</td>
<td>Prepaid Mental Health Plan</td>
</tr>
<tr>
<td>OTC</td>
<td>Over-the-Counter</td>
</tr>
</tbody>
</table>
Introduction

Welcome and thank you for choosing SelectHealth Community Care®. Your health is important to us, and we will do all we can to help you with your healthcare needs. We are an integrated care plan. This means we cover physical health, mental health, and substance use disorder (SUD) services if you need them.

This handbook and the list of providers are available on our website at selecthealth.org/plans/medicaid.

This handbook explains the Medicaid services 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 801-442-3234 or toll-free at 855-442-3234.
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 801-442-3234 or toll-free at 855-442-3234. We will find someone who speaks your language, free of charge.

If you are hard of hearing, call Utah Relay Services at 711, 801-715-3470 or toll-free at 800-346-4128. Utah Relay Services is a free public telephone relay service or TTY/TTD. If you need Spanish relay services, call 888-346-3162.

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 options
- Make decisions about your healthcare, including agreeing to treatment
- Take part in decisions about your medical care, including refusing service
- Ask for and receive a copy of your medical record
- Have your medical record corrected, if needed
- Receive medical care regardless of race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability
- Obtain information about grievances, appeals, and hearing requests
- Ask for more information about our plan structure and operations
- Get emergency and urgent care 24 hours a day, seven days a week
- Not feel controlled or forced into making medical decisions
- Know how we pay providers
- Create an advance directive that tells doctors what kind of treatment you do and do not want in case you become too sick to make your own decisions
- Be free from any form of restraint or seclusion used as a means of force, discipline, convenience or retaliation. This means you cannot be held against your will. You cannot be forced to do something you do not want to do
- Use your rights at any time and not be treated badly if you do
- To be given healthcare services that are the right kind of services based on your needs
- To 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.
- To get a second opinion at no charge
- To get the same services offered under the fee for service Medicaid program
- To 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 SelectHealth Community Care network
- Pay your copayments (copays)
Medical Policies

When we make a decision on coverage for care, we do not randomly deny or reduce coverage only because of a diagnosis, type of illness, or a condition you have. We make decisions based on the Utah Medicaid Coverage and Reimbursement Code Lookup.

NOTE: Utah Medicaid’s decision on costs for care may change at times. The Department of Health decides on how new technology is covered and how much they will cost. We use these things to make sure our decisions are fair, consistent, and correct.

Contacting My Medicaid Plan

WHOM CAN I CALL WHEN I NEED HELP?

Our Member Services team is here to help you. We are here to help answer your questions. You can call us at 801-442-3234 or toll-free at 855-442-3234 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturday, from 9:00 a.m. to 2:00 p.m.

We can help you:
> Find a provider
> Change providers
> With questions about bills
> Understand your benefits
> Find a specialist
> With a complaint (also called a grievance) or an appeal
> With other questions

You can also find us on the internet at selecthealth.org/plans/medicaid.

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 24.

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 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 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 844-238-3091.

You may also look at your plan benefits online at selecthealth.org/plans/medicaid.
Finding a Provider

**WHAT IS A PRIMARY CARE PROVIDER?**
A Primary Care Provider (PCP) is a doctor that you see for most of your healthcare needs and provides your day-to-day healthcare. 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, selecthealth.org/find-a-doctor. Once you have chosen a PCP, you will need to contact Member Services and let them know. Call Member Services if you need help choosing a PCP. If you have a special healthcare need, one of our care managers will help you choose a PCP. To talk to a care manager about choosing a PCP, call 801-442-3234 or toll-free at 855-442-3234.

**HOW CAN I CHANGE MY PRIMARY CARE PROVIDER?**
Call Member Services at 801-442-4993 or toll-free at 800-515-2220 if you want to change your PCP.

**Selecthealth Member Advocates**
Member Advocates can help you find the right care for your needs. They can also help with:

- Scheduling a visit, as well as care for urgent health issues
- Finding the closest office, doctor (including mental health doctors), or hospital services with the earliest available appointment
- Giving facts about a doctor such as age, training certifications, medical school and languages spoken
- Helping you know and get the most out of your benefits

**Online Doctor And Facility Search**
We have a list of approved doctors and information about each doctor on our website. Visit selecthealth.org/findadoctor and choose the “Community Care” network. This is where you will find the most up-to-date list of doctors (Primary Care, Secondary Care, and Ancillary Care). You can also use the “Facility Search” to find in-network facilities.

It is important to choose a doctor and facility that is on this list. This means the doctor/facility is in-network. Seeing in-network providers protects you from paying more in out-of-pocket costs.

Call Member Services if you would like a copy of the doctor list, free of charge.

Here are a few ways you can filter your search to find the best doctor or office for your needs:

**Doctor Information:**
- Gender
- Languages spoken
- Office hours

**Facility Information:**
- Facility type
- Plans accepted
- Location

**SelectHealth Mobile App**
If you’ve got a smartphone, we’ve got you covered. With the SelectHealth mobile app, you have access to your health plan when you need it.

Use your insurance plan on the go. Log in to our secure app and find out how easy it is to:

**Search for doctors and hospitals**
- Look up pharmacies and medications
- See Intermountain InstaCare® wait times and locations, even reserve your place in line

Find us on Google Play® and the Apple® App Store℠.
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

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
- Outpatient behavioral health (mental health and substance use disorder) 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.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>COPAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room (ER)</td>
<td>$8 copay for non-emergency use of the ER</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$75 copay per inpatient hospital stay (started July 1, 2017)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$4 copay per prescription, up to $20 per month</td>
</tr>
<tr>
<td>Physician Visits, Podiatrist &amp; Outpatient Hospital Services</td>
<td>$4 copay, up to $100 per year combined (including ophthalmologists)</td>
</tr>
<tr>
<td>Vision Services</td>
<td>$4 copay for ophthalmologists</td>
</tr>
</tbody>
</table>
WHAT IS AN OUT-OF-POCKET MAXIMUM?
Medicaid has a limit on how much you have to 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. Once you reach your out-of-pocket maximum, contact Medicaid at 866-608-9422 to help you through the process.

Out-of-pocket maximum copays:
- Pharmacy - $20 copay per month
- Physician, podiatry and outpatient hospital services - $100 copay per year* combined

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

PLEASE NOTE: You might not have a copay if you have other insurance.

For more information, please refer to the Medicaid Member Guide. To request a guide, call 866-608-9422. Information is also online at Utah Medicaid 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 SelectHealth Member Services for assistance. Do not pay a bill until you talk to SelectHealth 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).
Choosing the Right Care

If you can, it’s best to see your doctor for all non-urgent health issues. But there may be times when you need care right away and can’t get in to visit your doctor. When this happens, use one of these:

**Intermountain Health Answers**

If you are not sure where to start, Intermountain Health Answers can help. A team of caring and experienced registered nurses are available 24 hours a day to listen to your concerns, answer questions, and help you decide what you need to do to feel better.

The nurses can offer home-based remedies, tell you when to see a doctor, and/or refer you to the most appropriate care. To reach Health Answers, call 844-501-6600.

**Intermountain Connect Care**

This online tool gives you access to care 24 hours a day, 7 days a week by letting you talk to a doctor using a mobile phone, tablet, or PC.

The $49 cost is covered by Community Care Medicaid. Make sure to enter in your Medicaid information so you will not be charged for the visit.

This tool is best for health problems that are not urgent such as sinus pain, stuffy and runny nose, sore throats, eye infections, and more.

If the doctor feels that your health problem cannot be taken care of using this tool, they will suggest you see a doctor in person. To find out more, visit intermountainhealthcare.org/services/urgent-care/connect-care.

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.

**WHAT IF I HAVE QUESTIONS ABOUT POISON DANGER?**

For poison, medication, or drug overdose emergencies or questions, call the Poison Control Center at 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 SelectHealth. SelectHealth 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 us as soon as you can after getting emergency care. Notify your PCP to tell them about your emergency visit.

WHAT IS URGENT CARE?
Urgent problems usually need treatment within 24 hours. If you are not sure a problem is urgent, call your doctor or an urgent care clinic. You may also call our nurse phone line (Intermountain Health Answers) at 844-501-6600. To find an urgent care clinic, call Member Services at 801-442-3234 or toll-free at 855-442-3234 or see our website or provider list.

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 to the hospital from the emergency room. This care is covered. This care includes all tests and treatment until you are stable.

WHEN IS POST-STABILIZATION CARE COVERED?
SelectHealth 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.

DO I NEED PRIOR APPROVAL FOR POST-STABILIZATION CARE?
Prior approval is not required for post-stabilization care when services are done at an in-network facility.
Prior approval is required if services are done at an out-of-network facility—please notify us to obtain prior approval.

CAN I GET EMERGENCY CARE OUTSIDE OF UTAH?
When you are outside of Utah, you are covered only for emergency care. If you have an emergency outside Utah, go to the closest ER. Show your State Medicaid ID Card.
If you need to get a prescription for your emergency, ask the drugstore if they will talk with your health plan or call the Utah Medicaid Information Line at 800-662-9651 before you get the medicine. Medicaid will not pay members back for a prescription they paid for themselves.

Call Member Services at 801-442-3234 or toll-free at 855-442-3234 about your emergency within 48 hours. An ER staff person can call for you. Make sure to see your PCP if you need follow-up care when you return.

CAN I GET EMERGENCY OR URGENT CARE OUTSIDE OF THE UNITED STATES?
No, emergency and urgent care services are not covered outside of the United States.
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 copay 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 SelectHealth Community Care:

<table>
<thead>
<tr>
<th>TYPE OF BIRTH CONTROL</th>
<th>Yes</th>
<th>*OTC</th>
<th>Yes **Consent form required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms</td>
<td></td>
<td>*OTC</td>
<td></td>
</tr>
<tr>
<td>Contraceptive Implants</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creams</td>
<td></td>
<td>*OTC</td>
<td></td>
</tr>
<tr>
<td>Depo-Provera</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaphragm</td>
<td></td>
<td>*OTC</td>
<td></td>
</tr>
<tr>
<td>Foams</td>
<td>Yes</td>
<td>*OTC</td>
<td></td>
</tr>
<tr>
<td>IUD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning After Pill</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patches</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Pills</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rings</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilization (Tubes tied or Vasectomy)</td>
<td>Yes</td>
<td>**Consent form required</td>
<td></td>
</tr>
<tr>
<td>Non-surgical Sterilization (like Essure*)</td>
<td>Yes</td>
<td>**Consent form required</td>
<td></td>
</tr>
</tbody>
</table>

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 Member Services at 801-442-3234 or toll-free at 855-442-3234

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

There are limits on abortion coverage. SelectHealth will cover the cost of an abortion only in cases of rape, incest, or if the mother’s life is in danger. Specific documentation is required for abortions.

Specialists

WHAT IF I NEED TO SEE A SPECIALIST?

If you need a service that is not provided by your PCP, you can see a specialist in the SelectHealth Community Care network. Specialists include behavioral health providers.

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

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

If you have trouble getting in to see a specialist when you need one, call Member Advocates at 801-442-4993 or toll-free at 800-515-2220 for help.
Care Management

DO YOU HAVE CARE PROGRAMS FOR MEMBERS WITH HEALTH PROBLEMS?

We have trained nurses and social workers to help members with health problems like asthma, heart failure, depression, substance use disorder, diabetes, and more.

If you have a health problem and would like to sign up for a care program, call Care Management at 801-442-5305 or toll-free at 800-442-5305, weekdays, from 8:00 a.m. to 5:00 p.m.

Nurse care managers can:

> Help you get access to the care you need
> Work with your doctors to manage your care
> Help you continue getting care if you change health plans
> Connect you with available social and community resources

We also offer wellness classes and materials to help you live healthy if you have a chronic health problem.

Eye Care (Vision)

DO YOU COVER EYE CARE?

Nineteen and 20 year olds with EPSDT benefits can get eye tests and glasses at no cost. They can also get contact lenses at no cost with prior approval. If you have a Traditional or Nontraditional plan, you get one eyeglass test per year with no dollar limit (no glasses). Both plans pay for tests for eye problems if needed.

Healthcare Supplies

DOES SELECTHEALTH COVER HEALTHCARE SUPPLIES?

Yes. Your doctor will need to write an order for any supplies you need. You can then have the order filled by any healthcare supplier listed on the approved provider list. Covered healthcare supplies include:

> Wheelchairs
> Prosthetic devices
> Bandages or wound care supplies
> Home healthcare
> Oxygen
> Other medically necessary supplies
**What is Home Healthcare?**

Home healthcare is for people who are ill, but the care needed is given at home instead of a hospital or nursing home. Your doctor needs to get prior approval for this care.

Some types of care you might get in your home are:

- IV drugs
- Physical therapy
- Health supplies such as oxygen
- Nursing
- Care from a home health aide

If you need home healthcare services, talk to your doctor. If approved, you will be able to choose a home healthcare doctor from the SelectHealth approved provider list.

**Hospice Care**

**WHAT IS HOSPICE CARE?**

Hospice is end-of-life care. It is supportive care in the final stages of a terminal illness. Hospice care can be covered if prior approval is given. Once approved, a hospice care agency can be chosen from the Approved Provider List to give end-of-life care.

**Lab and X-ray Services**

**ARE X-RAYS AND BLOOD TESTS COVERED?**

We cover lab and X-ray services that are covered by Medicaid. You get these services in your doctor’s office, or you can go to an approved clinic, lab, or hospital for these services.

**Nursing Home Care**

**WHAT IS SHORT-TERM NURSING HOME CARE?**

Short-term care is when someone goes from a hospital to a nursing home for recovery. SelectHealth pays for short-term nursing home care for 30 days or fewer. Medicaid Long-term Care pays for care needed over 30 days.

A doctor must order short-term care, and you must use a nursing home on the Approved Provider List.

**Over-the-Counter (OTC) Drugs**

We cover some OTC drugs. Though OTC drugs can be purchased without a prescription, you need a prescription from your doctor for SelectHealth to pay for OTC drugs. If you have a copay, the amount you pay for an OTC drug will count toward your monthly out-of-pocket maximum.

**Personal Care Services**

**WHAT ARE PERSONAL CARE SERVICES?**

Personal care services help with things like bathing, eating, and dressing. These services are given by a home healthcare aide if you can’t do these things alone.

Your doctor needs prior approval for these services. If approved, you can choose a home healthcare agency from the Approved Provider List to help you with your care needs.

**Physical Therapy (PT) and Occupational Therapy (OT)**

These types of care need to be ordered by a doctor. You need to see a licensed therapist from the Approved Provider List. Depending on your Medicaid plan, there may be limitations on the number of OT and/or PT visits you can have. Call Member Services to ask about your plan benefits.
**Prescription Drugs**

**DOES MY HEALTH PLAN PAY FOR PRESCRIPTION DRUGS?**

We cover select generic and brand-name drugs when prescribed by a doctor from our approved provider list. Some prescriptions need prior approval. If your doctor writes a prescription for a brand-name drug, it will be replaced with its generic equal unless prior approval is received.

If you do not get prior approval for a drug that needs prior approval, you will have to pay the full retail price of the drug. For more information, please see the preferred drug list found on our website.

- You must use a drugstore from the Approved Provider List
- You must show your state Medicaid ID Card
- We will not replace lost, stolen, or ruined drugs before the refill date
- We will only cover up to 30 days of medication

Drugs that call for step therapy are covered only after you have tried the other treatment(s) and it didn’t work. Step therapy may apply to either brand-name or generic drugs.

Some drugs will be covered by state Medicaid. They will decide which drugs are covered and what guidelines will be met before they cover them. Drugs covered by the state Medicaid agency most often fall into these categories:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Antidepressant
- Antianxiety
- Anticonvulsant
- Antipsychotic
- Hemophilia factor
- Immunosuppressive
- Substance use disorder (opioid or alcohol)

If you have questions about your drug benefits, call Member Services at 801-442-3234 or toll-free at 855-442-3234.

**Behavioral Health Services**

**WHAT BEHAVIORAL HEALTH SERVICES ARE COVERED?**

Behavioral health services are services for mental health and substance use disorders. Inpatient hospital care for mental health problems and inpatient medical detoxification services for substance use disorders (SUDs) are also covered.

Outpatient behavioral health services include:

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

Services 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 801-442-3234 or toll-free at 855-442-3234.

**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.
Prior Authorization

**WHAT IS PRIOR AUTHORIZATION?**

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

If you need a service that requires prior authorization, your doctor will ask SelectHealth for it. If approval is not given for payment of a service, you may request an appeal from SelectHealth. Please call our Member Services at 801-442-3234 or toll-free at 855-442-3234 if you have any questions.

Restriction Program

**WHAT DOES IT MEAN TO BE IN THE RESTRICTION PROGRAM?**

Medicaid members who need help in properly using healthcare 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 healthcare 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 not using healthcare services the right way.

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 your copay at the time of service.

Please tell your doctor and us 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 Medicaid and your doctors know who should pay your bills. This information will not change the services you receive.
Advance Directive

WHAT IS AN ADVANCE DIRECTIVE?

An advance directive is a legal document that allows you to make choices about your healthcare 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 healthcare 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 doctors if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital emergency room. It might also include care provided by other emergency response providers, such as firefighters or police officers. You must complete a special orange form. You should keep the completed orange form where it can be seen.

To find out more information on how to create one of the Advance Directives, please go to: intermountainhealthcare.org/advanceplanning or call 801-442-3234 or toll-free at 855-442-3234.

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.
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. Deny a member’s request to dispute a financial liability.

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

WHAT IS AN APPEAL?

An appeal is when you ask us to review the denial of a prior approval or payment of a service.

How do I file an appeal?

> You, your provider, or any authorized representative may request an appeal.
> An appeal form can be found on our website at selecthealth.org/member-care/forms
> A request for an appeal will be accepted by mail SelectHealth Appeals Department P.O. Box 30192 Salt Lake City, Utah 84130-0192 by fax at 801-442-0762 or over the phone at 801-442-9950 or toll-free at 844-208-9012
> 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 801-442-3234 or toll-free at 855-442-3234. If you are deaf or hard of hearing, you can call Utah Relay Services at 711 or 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 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.

Sometimes we might need more time to make a 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.

**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 may have to pay for the service if the appeal decision is not in your favor.
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 your doctor, 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 801-442-3234 or toll-free at 855-442-3234. If you are deaf or hard of hearing, you can call Utah Relay Services at 711 or 800-346-4128, and they can help you file your grievance with us.

To file a grievance in writing, please send your letter to:

SelectHealth Appeals Department
P.O. Box 30192
Salt Lake City, Utah 84130-0192

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 HEALTHCARE FRAUD, WASTE, AND ABUSE?
Doing something wrong related to Medicaid could be fraud, waste, or abuse. We want to make sure that your healthcare dollars are used the right way. Fraud, waste, and abuse can make healthcare more expensive for everyone.

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

Some examples of fraud, waste, and abuse are:

**By a Member**

> Letting someone use your Medicaid Member Card
> Changing the amount or number of refills on a prescription
> Lying to receive medical or pharmacy services

**By a Provider**

> Billing for services or supplies that have not been provided
> Overcharging a Medicaid member for covered services
> Not reporting a patient’s misuse of a Medicaid Member Card
HOW CAN I REPORT FRAUD, WASTE, AND ABUSE?
If you suspect fraud, waste, or abuse, you may contact:

**Internal SelectHealth Compliance department**
- 801-442-4845 or our 24-hour hotline at 800-442-4845

**Provider Fraud**
- The Office of Inspector General (OIG) Email: mpi@utah.gov Toll-Free Hotline: 855-403-7283

**Member Fraud**
- Department of Workforce Services Fraud Hotline Email: wsinv@utah.gov Telephone: 800-955-2210

You will not need to give your name to file a report. Your benefits will not be affected if you file a report.

Transportation Services

HOW DO I GET TO THE HOSPITAL IN AN EMERGENCY?
If you have a serious medical problem and it 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 Traditional Medicaid on the date the transportation is needed
- Have a medical reason for the transportation
- Call the Department of Workforce Services (DWS) 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: 877-882-7272
- You have been approved to use special bus services and have a Special Medical Transportation Card

**LogistiCare:** Non-emergency door-to-door service for medical appointments and urgent care. You may be eligible for LogistiCare 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 LogistiCare form

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

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

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

- Reconstructive procedures following disfigurement caused by trauma or medically necessary surgery
- Reconstructive procedures to correct serious functional impairments (for example, inability to swallow)
- When performing the procedure is more cost effective for the Medicaid program than other alternatives
- Members who qualify for EPSDT may obtain services which are medically necessary but are not typically covered

If you would like to request an exception for a non-covered service, you can make that request by calling Member Services at 801-442-3234 or toll-free at 855-442-3234.

**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/.

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**Notice of Privacy Practices**

**HOW DO WE PROTECT YOUR PRIVACY?**

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

- We have strict policies and rules to protect PHI
- We only use or give out your PHI with your consent
- We only give out PHI without your approval when allowed by law
- We protect PHI by limiting access to this information to those who need it to do given tasks and through physical safeguards
- You have the right to look at your PHI

**HOW DO I FIND OUT MORE ABOUT PRIVACY PRACTICES?**

Contact Member Services if you have questions about the privacy of your health records. They can help with privacy concerns you may have about your health information. They can also help you fill out the forms you need to use your privacy rights.

The complete notice of privacy practices is available at intermountainhealthcare.org/website-information/privacy-notices/patients/. You can also ask for a hard copy of this information by contacting Member Services at 801-442-3234 or toll-free at 855-442-3234.
## Amount, Duration, and Scope of Benefits

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>TRADITIONAL</th>
<th>NONTRADITIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
<td>Limited</td>
<td>Limited</td>
</tr>
<tr>
<td></td>
<td>Call Member Services <strong>801-442-3234</strong></td>
<td>Call Member Services <strong>801-442-3234</strong></td>
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<tr>
<td></td>
<td>or toll-free at <strong>855-442-3234</strong> for Benefit information</td>
<td>or toll-free at <strong>855-442-3234</strong> for Benefit information</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Not Covered by SelectHealth</td>
<td>Not Covered by SelectHealth</td>
</tr>
<tr>
<td></td>
<td>Covered by Fee-for-Service Medicaid</td>
<td>Covered by Fee-for-Service Medicaid</td>
</tr>
<tr>
<td>Birth control &amp; Family Planning</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>No copay required</td>
<td>No copay required</td>
</tr>
<tr>
<td></td>
<td>(See birth control chart on page 14)</td>
<td>(See birth control chart on page 14)</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>Not Covered by SelectHealth</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>May be covered by Fee for Service Medicaid for EPSDT Members. Call Medicaid <strong>800-662-9651</strong></td>
<td>May be covered by Fee-for-Service Medicaid or Medicaid Dental plan. Call Medicaid <strong>800-662-9651</strong></td>
</tr>
<tr>
<td>Dental Benefits</td>
<td>Not Covered by SelectHealth</td>
<td>Not Covered by SelectHealth</td>
</tr>
<tr>
<td></td>
<td>May be covered by Fee-for-Service Medicaid</td>
<td>May be covered by Fee-for-Service Medicaid or Medicaid Dental plan. Call Medicaid <strong>800-662-9651</strong></td>
</tr>
<tr>
<td></td>
<td>Medicaid 800-662-9651</td>
<td>Call Medicaid 800-662-9651</td>
</tr>
<tr>
<td>Doctor Visits</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See copay chart on page 10)</td>
<td>(See copay chart on page 10)</td>
</tr>
<tr>
<td>Emergency and Urgent Care</td>
<td>Covered No copay</td>
<td>Covered No copay</td>
</tr>
<tr>
<td></td>
<td>(Must use a network provider for urgent care)</td>
<td>(Must use a network provider for urgent care)</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>Covered No copay</td>
<td>Covered No copay</td>
</tr>
<tr>
<td></td>
<td>Limited to one exam every 12 months</td>
<td>Limited to one exam every 12 months</td>
</tr>
<tr>
<td>Eye Glasses</td>
<td>Covered No copay</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Covered only for those eligible for EPSDT services</td>
<td>No copay</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>Covered No copay</td>
<td>Covered No copay</td>
</tr>
<tr>
<td></td>
<td>(see page 16 for additional information)</td>
<td>(see page 16 for additional information)</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 10 for copay chart)</td>
<td>(See page 10 for copay chart)</td>
</tr>
<tr>
<td>Lab and X-Ray Services</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td>BENEFIT</td>
<td>TRADITIONAL</td>
<td>NONTRADITIONAL</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td><strong>Outpatient Behavioral Health Care</strong></td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>(mental health and substance use disorder)</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td><strong>Nursing Home</strong></td>
<td>Covered by SelectHealth for up to 30 days. Stays</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>over 30 days covered by Medicaid Fee for Service</td>
<td></td>
</tr>
<tr>
<td><strong>Personal Care Services</strong></td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td><strong>OutpatientCare</strong></td>
<td>Requires prior Authorization</td>
<td>Requires prior Authorization</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 10 for copay chart)</td>
<td>(See page 10 for copay chart)</td>
</tr>
<tr>
<td><strong>Physical and Occupational Therapy</strong></td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 16 for details)</td>
<td>(See page 16 for details)</td>
</tr>
<tr>
<td></td>
<td>(See page 10 for copay chart)</td>
<td>(See page 10 for copay chart)</td>
</tr>
<tr>
<td><strong>Podiatry</strong></td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 10 for copay chart)</td>
<td>(See page 10 for copay chart)</td>
</tr>
<tr>
<td></td>
<td>(Limited benefit for adults)</td>
<td>(Limited benefit for adults)</td>
</tr>
<tr>
<td><strong>Outpatient Care</strong></td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 10 for copay chart)</td>
<td>(See page 10 for copay chart)</td>
</tr>
<tr>
<td><strong>Over-the-Counter Drugs</strong></td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 10 for copay chart)</td>
<td>(See page 10 for copay chart)</td>
</tr>
<tr>
<td></td>
<td>Contact SelectHealth Community Care for Over the</td>
<td>Call Medicaid 800-662-9651</td>
</tr>
<tr>
<td></td>
<td>Counter PDL</td>
<td></td>
</tr>
<tr>
<td><strong>Speech and Hearing Services</strong></td>
<td>Covered (Limited) No copay</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Audiology and hearing services including hearing</td>
<td></td>
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<tr>
<td></td>
<td>aids and batteries are covered only for those</td>
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<td></td>
<td>eligible for EPSDT services.</td>
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</tr>
<tr>
<td><strong>Non Emergent Medical Transportation</strong></td>
<td>Not Covered by SelectHealth Community Care</td>
<td>Not Covered</td>
</tr>
<tr>
<td>(Services)</td>
<td>Covered by Fee For Service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Call Medicaid 800-662-9651</td>
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