# Table of Contents

**TABLE OF CONTENTS** .......................... 3  
**PHONE NUMBERS AND CONTACT INFORMATION** .......................... 5  
SelectHealth Numbers .................................. 5  
State Medicaid Numbers .................................. 5  
Other Numbers ........................................ 6  
**GLOSSARY OF ABBREVIATIONS** ................. 6  
**LANGUAGE SERVICES** .............................. 8  
How Can I Get Help in Other Languages? .......... 8  
**RIGHTS AND RESPONSIBILITIES** ................. 9  
What are My Rights? ................................... 9  
What are My Responsibilities? ....................... 9  
Ending Your Membership ................................ 9  
**CONTACTING MY MEDICAID PLAN** ............ 10  
Who Can I Call When I Need Help? ................. 10  
**MEDICAID BENEFITS** ............................. 10  
How Do I Use My Medicaid Benefits? .............. 10  
What Does My Utah Medicaid Card Look Like? ... 10  
Can I View My Medicaid Benefits Online? .......... 10  
**FINDING A PROVIDER** ............................. 11  
What is a Primary Care Provider? ................... 11  
How Do I Choose a Primary Care Provider? ...... 11  
How Can I Change My Primary Care Provider? ... 11  
**SELECTHEALTH MEMBER ADVOCATES** ....... 12  
**ONLINE DOCTOR AND FACILITY SEARCH** .... 12  
SelectHealth Mobile App ................................ 13  
What is a Notice of Doctor Termination? .......... 13  
**COPAYS AND COST-SHARING** .................... 13  
What are Copayments, Copays, and Cost-sharing? .......................................................... 13  
Who Does Not Have a Copay? ....................... 13  
When Do I Pay Copays? .............................. 13  
Other Things You Need to Know: .................... 13  
What Services Don’t Have Copays? ................ 13  
What is an Explanation of Benefits (EOB)? ...... 13  
What Happens When I Reach My Out-of-Pocket Maximum? ........................................ 14  
Copay Chart ........................................... 14  
Out-of-Pocket Maximum Copays ...................... 15  
What Should I Do If I Receive a Medical Bill? .... 15  
**CHOOSING THE RIGHT CARE** .................. 15  
Intermountain Health Answers℠ ........................ 15  
Intermountain Connect Care℠ .......................... 15  
**EMERGENCY CARE AND URGENT CARE** ...... 16  
What is an Emergency? ............................... 16  
What is an Example of an Emergency? .............. 16  
What Should I Do if I Have an Emergency? ....... 16  
What if I Have Questions About Poison Danger? .. 16  
Will I Have to Pay for Emergency Care? .......... 16  
What Should I Do After I Get Emergency Care? ... 16  
What is Urgent Care? .................................. 16  
**POST-STABILIZATION CARE** ...................... 17  
What is Post-Stabilization Care? ...................... 17  
When is Post-Stabilization Care Covered? ......... 17  
Do I Need Prior Approval for Post-Stabilization Care? .................................................. 17  
Can I Get Emergency Care Outside of Utah? ...... 17  
Can I Get Emergency or Urgent Care Outside of the United States? .................................. 17  
**FAMILY PLANNING** ............................... 18  
What Family Planning Services are Covered? .. 18  
Non-Covered Family Planning Services ............. 19  
**BENEFITS AND CARE COVERED BY YOUR MEDICAID PLAN** ................. 19  
Medical Policies ....................................... 19  
Care Management ....................................... 19  
Care Management Programs for Children .......... 19  
Eye Care (Vision) ....................................... 19  
Healthcare Supplies .................................... 20  
Home Healthcare ........................................ 20  
Hospice Care ........................................... 20  
Lab and X-ray Services ................................ 20  
SelectHealth Healthy Beginnings℠ ................ 20  
Midwife Services ....................................... 20  
Newborn Coverage ..................................... 20  
Nursing Home Care ..................................... 21
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-the-Counter (OTC) Drugs</td>
<td>21</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>21</td>
</tr>
<tr>
<td>Physical and Occupational Therapy (OT)</td>
<td>22</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>22</td>
</tr>
<tr>
<td>Preventive Care Services for Adults</td>
<td>22</td>
</tr>
<tr>
<td>Preventive Care Services for Children and Teens (Younger Than 21)</td>
<td>23</td>
</tr>
<tr>
<td>Preventive Care Services for Pregnant Women</td>
<td>23</td>
</tr>
<tr>
<td>Podiatry Services</td>
<td>23</td>
</tr>
<tr>
<td>Speech and Hearing Services</td>
<td>24</td>
</tr>
<tr>
<td>Tobacco Cessation</td>
<td>24</td>
</tr>
<tr>
<td><strong>BENEFITS AND CARE STILL COVERED BY YOUR MEDICAID PLAN</strong></td>
<td>24</td>
</tr>
<tr>
<td>What Benefits are Covered by My Medicaid Plan?</td>
<td>25</td>
</tr>
<tr>
<td>Chiropractic Care (Chiropractic Health Plan)</td>
<td>25</td>
</tr>
<tr>
<td>Dental Care</td>
<td>25</td>
</tr>
<tr>
<td>Behavioral Healthcare</td>
<td>25</td>
</tr>
<tr>
<td>Alcohol and Drug Detox (Outpatient)</td>
<td>25</td>
</tr>
<tr>
<td><strong>WAIVER PROGRAMS</strong></td>
<td>27</td>
</tr>
<tr>
<td>What are Waiver Programs?</td>
<td>27</td>
</tr>
<tr>
<td><strong>SPECIALISTS</strong></td>
<td>28</td>
</tr>
<tr>
<td>What if I Need to See a Specialist?</td>
<td>28</td>
</tr>
<tr>
<td><strong>PRIOR AUTHORIZATION</strong></td>
<td>28</td>
</tr>
<tr>
<td>What is Prior Authorization?</td>
<td>28</td>
</tr>
<tr>
<td><strong>RESTRICTION PROGRAM</strong></td>
<td>28</td>
</tr>
<tr>
<td>What Does it Mean to Be in the Restriction Program?</td>
<td>28</td>
</tr>
<tr>
<td><strong>OTHER INSURANCE</strong></td>
<td>28</td>
</tr>
<tr>
<td>What if I Have Other Health Insurance?</td>
<td>28</td>
</tr>
<tr>
<td><strong>ADVANCE DIRECTIVE</strong></td>
<td>29</td>
</tr>
<tr>
<td>What is an Advance Directive?</td>
<td>29</td>
</tr>
<tr>
<td><strong>APPEALS AND GRIEVANCES</strong></td>
<td>30</td>
</tr>
<tr>
<td>What is an Adverse Benefit Determination?</td>
<td>30</td>
</tr>
<tr>
<td>What is an Appeal?</td>
<td>30</td>
</tr>
<tr>
<td>How Do I File an Appeal?</td>
<td>30</td>
</tr>
<tr>
<td>How Long Does an Appeal Take?</td>
<td>30</td>
</tr>
<tr>
<td>What Happens to Your Benefits While You Appeal?</td>
<td>30</td>
</tr>
<tr>
<td>What is a Quick Appeal?</td>
<td>30</td>
</tr>
<tr>
<td>How Do I Request a Quick Appeal?</td>
<td>31</td>
</tr>
<tr>
<td>What is a Grievance?</td>
<td>31</td>
</tr>
<tr>
<td>How Do You File a Grievance?</td>
<td>31</td>
</tr>
<tr>
<td>What is a State Fair Hearing?</td>
<td>31</td>
</tr>
<tr>
<td>How Do I Request a State Fair Hearing?</td>
<td>31</td>
</tr>
<tr>
<td><strong>FRAUD, WASTE, AND ABUSE</strong></td>
<td>31</td>
</tr>
<tr>
<td>What is Healthcare Fraud, Waste, and Abuse?</td>
<td>31</td>
</tr>
<tr>
<td>How Can I Report Fraud, Waste, and Abuse?</td>
<td>32</td>
</tr>
<tr>
<td><strong>TRANSPORTATION SERVICES</strong></td>
<td>32</td>
</tr>
<tr>
<td>How Do I Get to the Hospital in an Emergency?</td>
<td>32</td>
</tr>
<tr>
<td>How Do I Get to the Doctor When it’s Not an Emergency and I Can’t Drive?</td>
<td>32</td>
</tr>
<tr>
<td>What Type of Transportation is Covered Under My Medicaid?</td>
<td>32</td>
</tr>
<tr>
<td>Can I Get Help if I Have to Drive Long Distances?</td>
<td>33</td>
</tr>
<tr>
<td>Low-Cost Transportation Choices</td>
<td>33</td>
</tr>
<tr>
<td>Public Transportation Rider Tools</td>
<td>34</td>
</tr>
<tr>
<td><strong>AMOUNT, DURATION, AND SCOPE OF BENEFITS</strong></td>
<td>35</td>
</tr>
<tr>
<td>Can I Get a Service That Is Not on This List?</td>
<td>37</td>
</tr>
<tr>
<td><strong>NOTICE OF PRIVACY PRACTICES</strong></td>
<td>37</td>
</tr>
<tr>
<td>We Protect Your Privacy</td>
<td>37</td>
</tr>
<tr>
<td>Contact Our Privacy Office</td>
<td>37</td>
</tr>
<tr>
<td><strong>NOTES</strong></td>
<td>38</td>
</tr>
</tbody>
</table>

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>SelectHealth Member Services</td>
<td>Help with understanding:</td>
<td>855-442-3234</td>
</tr>
<tr>
<td></td>
<td>&gt; Your insurance plan</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></td>
<td>&gt; Prescription drugs and pharmacies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Benefits and coverage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Claims payments</td>
<td></td>
</tr>
<tr>
<td>SelectHealth Member Advocates²</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>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>Behavioral Health Advocates℠</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>Hours: Weekdays from 8:00 a.m. to 6:00 p.m.</td>
</tr>
<tr>
<td>Care Management</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></td>
<td>Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.</td>
</tr>
<tr>
<td>SelectHealth Healthy Beginnings²</td>
<td>&gt; Help with a safe and healthy pregnancy</td>
<td>866-442-5052, option 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.</td>
</tr>
<tr>
<td>Restriction Program</td>
<td>&gt; Help with the restriction program</td>
<td>800-442-5305, option 2</td>
</tr>
<tr>
<td>Pharmacy Services</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>Appeals</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></td>
<td>Weekdays, from 8:00 a.m. to 5:00 pm</td>
</tr>
<tr>
<td>SelectHealth Website</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>DWS (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>HPR (Health Program Representative)</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>Medicaid Benefits Constituent Services</td>
<td>&gt; Medicaid and CHIP questions and concerns</td>
<td>877-291-5583</td>
</tr>
<tr>
<td>Medicaid Information Line</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>
</tbody>
</table>
### Other Numbers

<table>
<thead>
<tr>
<th>NAME</th>
<th>HELP OFFERED</th>
<th>CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utah Poison Control</td>
<td>Resource for poison information and help</td>
<td>800-222-1222</td>
</tr>
<tr>
<td>Behavioral Health CrisisLine (UNI)</td>
<td>Free help for a mental health crisis</td>
<td>801-587-3000</td>
</tr>
</tbody>
</table>

### Glossary of Abbreviations

- **CHIP**: Children’s Health Insurance Program
- **DAAS**: Division of Aging and Adult Services
- **DWS**: Department of Workforce Services
- **EOB**: Explanation of Benefits
- **EPSDT**: Early and Periodic Screening, Diagnostic, and Treatment Program
- **HPR**: Medicaid Health Program Representative
- **MBS**: Medicaid Benefit Summary
- **PCP**: Primary Care Provider/Doctor
- **PHI**: Protected Health Information
- **PMHP**: Prepaid Mental Health Plan
- **OTC**: Over-the-Counter
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. This handbook explains the Medicaid services we cover. If you would like a hard copy of this handbook or Provider and Pharmacy Directory, please call Member Services. You can also find these resources and more on our website at selecthealth.org/plans/medicaid. For help, call us toll-free at 855-442-3234.

Please note: the benefits in this guide may change. If so, we will let you know at least 30 days before any big changes are made to your benefits.
Language Services

HOW CAN I GET HELP IN OTHER LANGUAGES?

Call Member Services at 855-442-3234 if you speak a language other than English, are deaf, blind, or have a hard time hearing or speaking. We will find someone who speaks your language, free of charge.

If you are hard of hearing, call Utah Relay Services at 711 or 855-442-3234. 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 your preferred written language by calling our Member Services team. If you need an audio version of the Medicaid Member Handbook, we will send you a CD.
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
> Ask how we pay your 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 healthcare services that are close to where you live
> The right to be furnished healthcare services in accordance with §§ 438.206 through 438.210

WHAT ARE MY RESPONSIBILITIES?

Your responsibilities are:

> To follow the rules of your plan
> Read your Member Handbook
> Show your State Medicaid ID card each time you receive medical care
> Cancel doctor appointments 24 hours ahead of time if needed
> Respect the staff and property at your provider’s office
> Use doctors and hospitals in the SelectHealth Community Care network
> Pay your copayments (copay)

ENDING YOUR MEMBERSHIP

If you want to change your health plan, you must call or see a Medicaid Health Program Representative (HPR) and ask for the change to be made. To speak with an HPR, call 866-608-9422.

SelectHealth can cancel your membership if you do anything on the list below:

> You are abusive or you make threats or act violent
> You don’t follow the member responsibilities listed in this handbook
Contacting My Medicaid Plan

WHO 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 may reach us at 855-442-3234 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.

We can help you:
> Find a provider
> Change providers
> With questions about bills
> Understand your benefits
> Find a specialist
> With a complaint or an appeal
> With any other question
> Find hospital services

You can also find us online at selecthealth.org/plans/medicaid.

Medicaid Benefits

HOW DO I USE MY MEDICAID BENEFITS?

Each Medicaid member will get a Utah Medicaid card. You will use this card when you are eligible for Medicaid. You should show your Medicaid card before you receive services or get a prescription filled. Always make sure that the doctor accepts your Medicaid plan or you may be required to pay for the service. A list of covered services is found on page 19.

WHAT DOES MY UTAH MEDICAID CARD LOOK LIKE?

The Utah Medicaid card is wallet-sized and will have the member’s name, Medicaid ID number, and date of birth. Your Utah Medicaid 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 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 benefit information, please visit mybenefits.utah.gov or call 844-238-3091.

You may also view your plan benefits online at selecthealth.org/plans/medicaid.

Not sure when your renewal date is? You can check by calling the Department of Workforce Services (DWS) at 866-435-7414 or visit jobs.utah.gov to find a DWS office near you.

If you got a letter to reapply for Medicaid (or think it's time to), here are ways to renew your coverage:

- Online: Reapply right away using “My Case” at jobs.utah.gov/mycase.
- By mail: Watch your mailbox for an application from the Utah Department of Health Medicaid Office.
- In-person: For in-person help to apply for insurance, call 2-1-1 or visit Take Care Utah to find a trained assister near you.

If it is time for you to renew, please don’t wait. If you do not respond, your coverage will end automatically.

If you no longer qualify for Medicaid, you can still stay with SelectHealth! We offer many types of plans, including: CHIP, Medicare, Individual plans that could include tax credits through Healthcare.gov, short-term coverage, and employer plans. Our Member Services team is happy to answer any questions about keeping your current doctors and maintaining care while changing plans. Please call us at 800-538-5038.

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 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. Once you have chosen a PCP, you will need to contact Member Services and let them know. If you need help choosing a PCP, you may call Member Services and someone will help you. If you have a special healthcare need, one of our Care Managers will work with you and your doctor to make sure that you select the right provider for you. To talk to a Care Manager about selecting a PCP, call 855-442-3234.

HOW CAN I CHANGE MY PRIMARY CARE PROVIDER?

Call Member Services to change your PCP. We will be happy to help you.
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, or behavioral health doctor with the nearest 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

Call Member Advocates at 800-515-2220 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

Online Doctor and Facility Search

The online doctor and facility search gives you fast, helpful information about doctors and hospitals on your plan.

The most up-to-date list of doctors (Primary Care, Secondary Care, and Ancillary Care) and facilities can be found at selecthealth.org/findadoctor. If you would like a hard copy of the doctor list, you can call Member Services and ask that a hard copy be mailed to you, free of charge.

You can search using these criteria and more to help you find a doctor or office to meet your needs:

**Doctor Information:**

> Gender
> Languages spoken
> Office hours
Facility Information:

- Facility type
- Location
- Plans accepted

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 get in line

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

WHAT IS A NOTICE OF DOCTOR TERMINATION?

SelectHealth will give you 15-days notice when your doctor is no longer on your health plan. Call us if you need help finding a new PCP.

Copays and Cost-Sharing

WHAT ARE COPAYMENTS, COPAYS, AND COST-SHARING?

You may have to pay a fee for medical care. This fee is called a copay (also called a copayment) or cost-sharing. Your copay amounts are listed in the chart on page 14.

WHO DOES NOT HAVE A COPAY?

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

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 for a nonemergency
- Get a prescription drug

OTHER THINGS YOU NEED TO KNOW:

- Your doctor doesn’t have to see you if you don’t pay your copay at the time of the visit
- Your doctor can bill you or turn your account over to a collection agency for unpaid copays
- Always keep your copay stubs for 12 months
- Medicare or other coverage may change your copay amounts

WHAT SERVICES DON’T HAVE COPAYS?

Some services that do not have copays are:

- Labs and radiology
- Family planning services
- Immunizations (shots)
- Preventative services
- Tobacco cessation services
- Outpatient mental health/substance use disorder treatment

WHAT IS AN EXPLANATION OF BENEFITS (EOB)?

Any time you have a copay or get a non-covered service, we will send you an EOB. An EOB is not a bill.

An EOB shows:

- What your doctor charged for your care
- What we paid for your care
- Copays you paid
- How close you are to your out-of-pocket maximums

Always read your EOB. If you did not get services listed on the EOB, talk with Member Services.
WHAT IS AN OUT-OF-POCKET MAXIMUM?

Medicaid has a limit on how much you have to pay in copays. The Out-of-Pocket can apply to specific types of service 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 866-608-9422 and we will help you through the process.

COPAY CHART

Copayments (copays) are the same for Traditional and Non-Traditional Medicaid. The following Medicaid members do not have copays:

- American Indians
- Pregnant women
- Alaska Natives
- Members getting hospice care
- Members eligible for EPSDT

All other members will have the following copays:

<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></td>
</tr>
<tr>
<td></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>
OUT-OF-POCKET MAXIMUM COPAYS

Pharmacy - $20 copay per month

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

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

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

You will not have a copay for:

- Family planning
- Lab services
- Immunizations (shots)
- Radiology
- Preventative services
- Tobacco cessation services
- Outpatient mental health/substance use disorder treatment

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

WHAT SHOULD I DO IF I RECEIVE A MEDICAL BILL?

If you receive a bill for services that you think should be covered by Medicaid, call Member Services for assistance. Do not pay a bill until you talk to Member Services. You may not get your money back if you pay a bill on your own.

You may have to pay a medical bill if:

- You agree (in writing) to get specific care or service not covered by Medicaid before getting the service
- You ask for and get services that are not covered during an appeal or Medicaid State Fair Hearing. You only pay for medical care if the ruling is not in your favor.
- You don’t show your Utah Medicaid Card before you get medical care
- You are not eligible for Medicaid
- 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®

Get care for you or your child 24 hours a day, 7 days a week. Use a smartphone, tablet, or PC to talk to a real doctor whenever, wherever.

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 treatment 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
- Severe chest pain
- Pregnant with bleeding and/or pain
- Loss of consciousness
- Deep cut in which bleeding will not stop
- Suddenly not being able to move or speak
- Broken bones
- Suddenly not being able to move or speak
- Deep cut in which bleeding will not stop
- Suddenly not being able to move or speak
- Broken bones

**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. If someone is not breathing, call 911 for help.

The Poison Control Center has trained staff on duty 24/7. They can answer questions about poison emergencies and tell you what to do next.

Examples of poison emergencies:

- Chemicals on the skin or in the eyes
- Inhaled fumes after mixing chemicals together or after a gas leak
- Drug or supplement overdose
- A bad reaction to medicine

**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 the health plan for reimbursement. You do not need prior approval.

If you use an Emergency Room for non-emergency care, 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 844-501-6600. To find an Urgent Care clinic, call Member Services at 855-442-3234 or see our website selecthealth.org/plans/medicaid or provider directory.

You can also use the SelectHealth app to find an InstaCare, wait times, and check-in.
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 ER. This care is covered. If you are admitted from the ER, there is no copay. This care includes tests and treatment until you are stable.

WHEN IS POST-STABILIZATION CARE COVERED?
Your plan covers this type of care whether you go to a hospital on the plan or not. Once your condition is stable, you may be asked to transfer to an in-network hospital.

DO I NEED PRIOR APPROVAL FOR POST-STABILIZATION CARE?
You do not need prior approval for post-stabilization care if it is received within the SelectHealth network. Post-stabilization care received at an out-of-network facility does need notice and prior approval for continued care once the emergency has been stabilized.

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 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
- Family planning and birth control treatments without a copayment
- The ability to see any provider that accepts Medicaid (in or out-of-network)
- The ability to see a provider without a referral

You can get the following birth control with a prescription from any provider who takes Medicaid or your plan:

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

* OTC means over-the-counter  ** Sterilization consent forms must be signed 30 days before surgery.
NON-COVERED FAMILY PLANNING SERVICES

- Infertility drugs
- Invitro fertilization
- Genetic counseling

For more information about family planning services, call Member Services at **855-442-3234**.

There are limits on abortion coverage. SelectHealth Community Care 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.

Benefits and Care Covered By Your Medicaid Plan

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.

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, pregnancy, children with special healthcare needs, diabetes, and more.

If you have a health problem and would like to sign up for a care program, call Care Management at **800-442-5305**, option 2 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.

CARE MANAGEMENT PROGRAMS FOR CHILDREN

What If My Child has Special Healthcare Needs?

Caring for a child with healthcare problems or special needs can be tough. We have care programs and nurse care managers to help you deal with these health issues.

If you have a child with special needs and want to sign up for a care program, call Care Management **800-442-5305**, option 2 weekdays, from 8:00 a.m. to 5:00 p.m.

A nurse care manager can:

- Answer your questions
- Manage your child’s care with doctors
- Help you with your child’s care needs

Children may also need other kinds of care. Some of this care may be for physical or speech therapy, healthcare goods (such as wheelchairs), or home care. Your child’s doctor will need to call Member Services for prior approval.

EYE CARE (VISION)

Do You Cover Eye Care?

Pregnant women and children 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 eye 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
- Oxygen
- Other medically necessary supplies

HOME HEALTHCARE

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
- Nursing
- Care from a home health aide
- Health supplies such as oxygen

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.

SELECTHEALTH HEALTHY BEGINNINGS℠

Do You Have a Care Program for Pregnant Mothers?

Yes, we have a program called Healthy Beginnings℠. This program works with your doctor to help you have a safe and healthy pregnancy. Once signed up, you will be able to talk to a nurse care manager who will be able to:

- Answer your questions
- Give you emotional support
- Help you find the right doctors

You will get a book on pregnancy that covers the baby’s growth, nursing, and more. You may also get incentives when you meet program goals. If you have questions about the program or would like to sign up, call Healthy Beginnings at 866-442-5052, option 1.

MIDWIFE SERVICES

Can a Nurse-Midwife Deliver My Baby?

Certified nurse-midwives can deliver babies in the hospital. Deliveries and prenatal care at Birthing Centers are not covered. If a C-section is needed, your doctor will deliver your baby.

You can choose a certified nurse-midwife from the Approved Provider List to care for you while you are pregnant.

NEWBORN COVERAGE

Will My Baby Be Covered?

Your baby will become a member of both Medicaid and SelectHealth at birth. Please call Member
Services and your Medicaid case worker after the baby is born. We will need your baby’s information and the doctor’s name.

During the first month of your baby’s life, if your baby’s doctor is not on the Approved Provider List, you can change his or her health plan. If you need help finding an approved doctor for your baby, call Member Services at 855-442-3234.

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 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 or physical therapy 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, look at the Preferred Drug List found on our website at selecthealth.org/pharmacy/pharmacy-benefits.

- 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)
- Antipsychotic
- Hemophilia factor
- Antidepressants
- Antianxiety
- Anticonvulsants
- Immunosuppressives
- Substance abuse (opioid or alcohol)

SelectHealth does not cover prescriptions if you have Medicare. Prescriptions for people with Medicare are covered by Medicare Part D.

The only prescriptions covered by SelectHealth Community Care for members with Medicare are:

- Some cough and cold medicines
- Medicaid-covered OTC medicine prescribed by your doctor

If you have questions about your drug benefits, call Member Services at 855-442-3234 weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

**PREVENTIVE CARE SERVICES FOR ADULTS**

*Are Preventive Care Services Covered?*

We offer limited preventive care services to Traditional and Nontraditional Medicaid members. We also cover certain other preventive services as part of the standard coverage. Copays often apply to these services.

Preventive care can help your doctor find problems early when they are simpler to care for. If a problem is found that needs more care or testing, copays may apply. Preventive care services are covered once a year (unless noted otherwise) and do not need prior approval. Call Member Services if you have questions about your preventive care benefits.

*Do You Call or Send Reminders for Preventive Care Exams and Tests?*

We send mailers and brochures about the need for special preventive care services. We also call you...
when it's time for tests, like mammograms or well-child exams. We use an automated calling system that sends you to Member Services after the preventive care message so you can set a time.

PREVENTIVE CARE SERVICES FOR CHILDREN AND TEENS (YOUNGER THAN 21)

Do You Have Preventive Care Services for Children and Teens?

We offer well-care exams for children starting at birth through age 20. This includes medical tests and shots to make sure your children are healthy. We will also make phone calls to remind you about vaccines and exams for your children.

PREVENTIVE CARE SERVICES FOR PREGNANT WOMEN

Do You Offer Preventive Care Services to Pregnant Women?

We have preventive care services for pregnant women, including tests for problems that may develop during pregnancy, like anemia and diabetes. Call Member Services if you have questions about your preventive care benefits.

PODIATRY SERVICES

Can I See a Podiatrist If I Need to?

We cover podiatry services for children and pregnant women. There are also limited benefits for adults.
with Traditional and Nontraditional Medicaid. If you need to see a podiatrist, talk to your doctor. Your doctor will have to get prior approval for you to see a podiatrist from the Approved Provider List.

**SPEECH AND HEARING SERVICES**

*Are Hearing Aids Covered?*

We cover speech and hearing services, as well as hearing aids for children and pregnant women. If you need these services, you can have your doctor refer you, or you can choose a therapist (audiologist) from our Approved Provider List.

**TOBACCO CESSATION**

*Does Medicaid Offer a Program to Stop Smoking?*

The Utah Tobacco Quit Line, available online at [quitnow.net](http://quitnow.net) and by phone at 800-QUIT-NOW, gives free treatment to all Medicaid members who want to quit smoking. If you call the quit line, you will:

- Be given a trained coach to help you quit smoking
- Get up to five private sessions with a coach
- Get a self-help book
- Learn how to help a friend or family member quit
- Find out about free Nicotine Replacement Therapy (NRT) (You must be 18 or older to get NRT)

> The Quit Line is private and with coaches that speak English and Spanish. Other languages are spoken, if needed.

Phone coaching is one of the best ways to help people quit smoking or chewing tobacco. You don’t need to find a ride or get child care—just pick up the phone and call.

We cover some smoking cessation products for Medicaid members. You can learn more about these products from your Quit Now coach. Talk to your doctor if you need a prescription.

Medicaid has a free support program to help pregnant women stop smoking. Please call your HPR for help in getting these services.

These services may require prior authorization.
Benefits and Care Still Covered By Your Medicaid Plan

WHAT BENEFITS ARE COVERED BY MY MEDICAID PLAN?

Depending on the type of plan you have, Traditional, or Nontraditional, you may have coverage for these benefits and care through the Medicaid program.

For more information about your Medicaid benefits, see the state Medicaid Member Guide.

CHIROPRACTIC CARE
(CHIROPRACTIC HEALTH PLAN)

Can I See a Chiropractor?

Children and pregnant women may have limited chiropractic benefits. To find out more about your chiropractic benefits, including finding a participating doctor, call your HPR at 866-608-9422.

DENTAL CARE

Can I See a Dentist?

We only cover emergency dental care. Nonemergency care is only for children and pregnant women and is covered by the Utah Medicaid fee-for-service network or a dental plan. Children and pregnant women may have these dental benefits:

- Examination
- Cleaning
- X-rays
- Fillings
- Root canals on some teeth
- Silver crowns

Call your preferred dentist to find one that accepts Medicaid. The Family Dental Plan also has clinics where you can get dental care. For help finding a dentist, call the Medicaid Information Line at 800-662-9651.

BEHAVIORAL HEALTHCARE

If you live in any county other than Wasatch, Medicaid enrolls you in the Prepaid Mental Health Plan (PMHP) for your area. If you live in Wasatch County, you can get mental health services from Wasatch County Family clinic or any Medicaid provider.

You must get behavioral health services through your PMHP. If you want to get care from someone outside the PMHP, you need approval from the PMHP before you get the care. If you don’t, you may have to pay the doctor for the care. If you are an American Indian, you can get care from the PMHP or you can also get care from Indian healthcare doctors, the Indian Health Program, or an Urban Indian Organization.

PMHPs provide behavioral healthcare in a hospital and provide outpatient mental healthcare. Covered care includes:

- Evaluations
- Psychological testing
- Medication management
- Individual/group therapy
- Psychosocial rehabilitation care
- Case management services
- Respite care
- And more

ALCOHOL AND DRUG DETOX (OUTPATIENT)

Are Alcohol and Drug Abuse Treatment Covered?

You can get outpatient care for alcohol and drug abuse from a Medicaid-approved substance abuse treatment provider. American Indians can get care from any doctors in their county or from Indian healthcare doctors, as well as an Indian Health Program or an Urban Indian Organization.
<table>
<thead>
<tr>
<th>COUNTY</th>
<th>INPATIENT &amp; OUTPATIENT MENTAL HEALTH SERVICES</th>
<th>OUTPATIENT ALCOHOL AND DRUG TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box Elder, Cache, Rich</td>
<td>Bear River Mental Health</td>
<td>Fee for Service Network (any Medicaid provider), including Bear River Health Department</td>
</tr>
<tr>
<td></td>
<td><strong>800-620-9949; 435-752-0750</strong></td>
<td><strong>435-792-6500</strong></td>
</tr>
<tr>
<td>Beaver, Garfield, Kane, Iron, Washington</td>
<td>Southwest Behavioral Health Center</td>
<td>Southwest Behavioral Health Center</td>
</tr>
<tr>
<td></td>
<td><strong>800-574-6763; 435-634-5600</strong> ([hospital prior authorization: 435-705-1388])</td>
<td><strong>800-574-6763; 435-634-5600</strong></td>
</tr>
<tr>
<td>Carbon, Emery, Grand</td>
<td>Four Corners Community Behavioral Health Center</td>
<td>Four Corners Community Behavioral Health Center</td>
</tr>
<tr>
<td>Daggett, Duchesne, Uintah</td>
<td>Northeastern Counseling Center</td>
<td>Northeastern Counseling Center</td>
</tr>
<tr>
<td></td>
<td><strong>844-824-6776; 435-789-6300 – Vernal</strong></td>
<td><strong>844-824-6776; 435-789-6300 – Vernal</strong></td>
</tr>
<tr>
<td></td>
<td><strong>435-725-6300 – Roosevelt</strong></td>
<td><strong>435-725-6300 – Roosevelt</strong></td>
</tr>
<tr>
<td>San Juan</td>
<td>San Juan Counseling</td>
<td>San Juan Counseling</td>
</tr>
<tr>
<td></td>
<td><strong>888-833-2992; 435-678-2992</strong></td>
<td><strong>888-833-2992; 435-678-2992</strong></td>
</tr>
<tr>
<td>Davis</td>
<td>Davis Behavioral Health</td>
<td>Davis Behavioral Health</td>
</tr>
<tr>
<td></td>
<td><strong>844-305-4782; 801-773-7060</strong></td>
<td><strong>844-305-4782; 801-773-7060</strong></td>
</tr>
<tr>
<td>Piute, Juab, Wayne, Millard, Sanpete, Sevier</td>
<td>Central Utah Counseling Center</td>
<td>Central Utah Counseling Center</td>
</tr>
<tr>
<td></td>
<td><strong>800-523-7412; 435-283-8400; 877-469-2822</strong></td>
<td><strong>800-523-7412; 435-283-8400; 877-469-2822</strong></td>
</tr>
<tr>
<td>Salt Lake</td>
<td>Salt Lake County Division of Behavioral Health Services/Optum</td>
<td>Salt Lake County Division of Behavioral Health Services/Optum</td>
</tr>
<tr>
<td></td>
<td><strong>SL Co. 385-468-4707; Optum 877-370-8953</strong></td>
<td><strong>SL Co. 385-468-4707; Optum 877-370-8953</strong></td>
</tr>
<tr>
<td>Summit</td>
<td>Healthy U Behavioral</td>
<td>Healthy U Behavioral</td>
</tr>
<tr>
<td></td>
<td><strong>833-981-0212; 801-213-4104</strong></td>
<td><strong>833-981-0212; 801-213-4104</strong></td>
</tr>
<tr>
<td>Tooele</td>
<td>Valley Behavioral Health</td>
<td>Valley Behavioral Health</td>
</tr>
<tr>
<td></td>
<td><strong>888-949-4864; 435-843-3520</strong></td>
<td><strong>888-949-4864; 435-843-3520</strong></td>
</tr>
<tr>
<td>Utah</td>
<td>Wasatch Mental Health</td>
<td>Utah County Department of Drug &amp; Alcohol Prevention &amp; Treatment</td>
</tr>
<tr>
<td></td>
<td><strong>866-366-7987; 801-373-4760; (prior approvals: 801-373-7393)</strong></td>
<td><strong>844-773-7128; 801-851-7128</strong></td>
</tr>
<tr>
<td>Wasatch</td>
<td>Fee for Service Network (Any Medicaid provider) including Wasatch County Family Clinic/Wasatch Mental Health</td>
<td>Fee for Service Network (Any Medicaid provider) including Wasatch County Family Clinic/Wasatch Mental Health</td>
</tr>
<tr>
<td></td>
<td><strong>435-654-3003</strong></td>
<td><strong>435-654-3003</strong></td>
</tr>
<tr>
<td>Weber, Morgan</td>
<td>Weber Human Services</td>
<td>Weber Human Services</td>
</tr>
<tr>
<td></td>
<td><strong>844-625-3700; 801-625-3700; (after hours hospital prior authorization: 801-513-9641)</strong></td>
<td><strong>844-625-3700; 801-625-3700</strong></td>
</tr>
</tbody>
</table>
Waiver Programs

WHAT ARE WAIVER PROGRAMS?

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

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

Community Supports, Acquired Brain Injury, Physical Disabilities Waivers
Department of Human Services, Division of Services for People with Disabilities
Website: dspd.utah.gov
Phone: 844-ASK-DSPD or 844-275-3773
Email: dspd@utah.gov

New Choices Waiver
Department of Health, Bureau of Authorization and Community Based Services
Website: health.utah.gov/ltc/NC/NCHome.htm
Phone: 800-662-9651, option 6
Email: newchoiceswaiver@utah.gov

Waiver for Individuals Age 65 or Older (Aging Waiver)
Department of Human Services, Division of Aging and Adult Services
Website: daas.utah.gov
Phone: 801-538-4171
Email: dhsinfo@utah.gov

Technology Dependent or Medically Complex Children’s Waivers
Department of Health, Bureau of Authorization and Community Based Services
Website: health.utah.gov/ltc/
Phone: 800-662-9651, option 5
Email: techdependent@utah.gov or mccw@utah.gov

Employment-related Personal Assistant Services (EPAS)
health.utah.gov/ltc/
801-538-6955
Specialists

WHAT IF I NEED TO SEE A SPECIALIST?

If you need a service that is not provided by your Primary Care Provider (PCP), you can see a specialist in the network.

You 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 855-442-3234 for help.

Prior Authorization

WHAT IS PRIOR AUTHORIZATION?

Some services must be approved before they will be paid. Permission to receive payment for that service is called prior authorization.

If you need a service that requires prior authorization, your doctor will request permission from SelectHealth Community Care. If approval is not given for payment of a service, you may appeal the decision. Please call our Member Services at 855-442-3234 if you have any questions.

Restriction Program

WHAT DOES IT MEAN TO BE IN THE RESTRICTION PROGRAM?

Medicaid members who do not use healthcare services properly may be enrolled in the restriction program. This means that you will be restricted to one main doctor and one main pharmacy. If you are in the restriction program, all medical services and prescriptions must be approved or coordinated by your assigned physician. All prescriptions must be filled by your assigned pharmacy. Use of healthcare services is reviewed often.

Examples of improper use are:

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

Use the Emergency Room only for:

> Heavy bleeding
> Problems breathing
> Chest pain
> Broken bones
> Other symptoms where you feel that your life is at risk

We will contact you if we notice improper use of covered services.

Other Insurance

WHAT IF I HAVE OTHER HEALTH INSURANCE?

Some members have other health insurance, including Medicare, in addition to Medicaid. Your other insurance or Medicare is called primary insurance.

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

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 plan and your doctor 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 providers 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 Healthcare 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 Healthcare Power of Attorney: A Mental Healthcare Power of Attorney names a person to make decisions about your mental healthcare in case you cannot make decisions on your own.

Pre-Hospital Medical Care Directive: A Pre-Hospital Medical Care Directive tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital Emergency Room. It might also include 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: intermountainhealthcare.org/advanceplanning or call 800-442-4845.
Appeals and Grievances

**WHAT IS AN ADVERSE BENEFIT DETERMINATION?**

An Adverse Benefit Determination is when we:

> Deny payment for care or approve payment for less care than you wanted
> Lower the number of services you can get or end payment for a service that was approved
> Deny payment for a covered service
> Deny payment for a service that you may be responsible to pay for
> Did not take action on an appeal or grievance in a timely manner
> Did not provide you with a doctor or a service in a timely manner; defined as 30 days for a routine doctor visit and two days for an urgent care visit.
> Deny an enrollee’s request to dispute a financial liability

You have a right to receive a Notice of Adverse Benefit Determination (sometimes called a Notice of Action) if one of the above occurs. If you did not receive one, contact Member Services to have one sent to you.

**WHAT IS AN APPEAL?**

An appeal is when you or your provider contacts us to review an Adverse Benefit Determination to see if the right decision was made to deny your request for service.

**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 [selecthealth.org/plans/medicaid](http://selecthealth.org/plans/medicaid).
> You can request an appeal by:
> Mail: SelectHealth Appeals Department P.O. Box 30192 Salt Lake City, Utah 84130-0192

Fax: 801-442-0762

Phone: 844-208-9012

Web: [selecthealth.org/plans/medicaid](http://selecthealth.org/plans/medicaid)

> Submit the appeal within 60 days from the Notice of Action.
> 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 are deaf or hard of hearing, you can call Utah Relay Services at 711 or 800-346-4128.

**HOW LONG DOES AN APPEAL TAKE?**

You will be given written notice within 30 calendar days from the date your appeal is received. You will be notified in writing if more time is needed to make a decision on your appeal. If you or your provider think it’s important to make a decision quickly, you can make a request for a quick appeal. A quick appeal decision will be made within 3 working days.

**WHAT HAPPENS TO YOUR BENEFITS WHILE YOU APPEAL?**

Your benefits will not be stopped because you filed an appeal. If you are appealing because a service you have been receiving is limited or denied, tell your plan if you want to continue to receive that service. You may have to pay for the service if the decision is not in your favor.

**WHAT IS A QUICK APPEAL?**

If waiting 30 days will harm your health, life, or ability to maintain or regain maximum function, you can ask for a quick appeal. A quick appeal will be accepted over the phone or in writing. We will make a decision within 3 days or sooner.

If we cannot do a quick appeal, we will send you a letter and explain why we cannot do a quick appeal.
HOW DO I REQUEST A QUICK APPEAL?

Call us at 844-208-9012 or write to us at:
SelectHealth Appeals Department
P.O. Box 30192
Salt Lake City, Utah 84130-0192

WHAT IS A GRIEVANCE?

A grievance is a complaint about the way your healthcare services were handled by your provider or SelectHealth Community Care.

HOW DO YOU FILE A GRIEVANCE?

If you are not happy with the way services were provided to you, 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 healthcare such as:

- When you don’t 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 your healthcare service

You can file a grievance either over the phone or in writing. To file by phone, call Member Services at 855-442-3234. To file a grievance in writing, please send your letter to:
SelectHealth Appeals Department
P.O. Box 30192
Salt Lake City, Utah 84130-0192
844-208-9012

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, we will also tell you how to request the State Fair Hearing if you do not agree with our decision. We will also give you the State Fair Hearing Request Form to send to Medicaid.

HOW DO I REQUEST A STATE FAIR HEARING?

If you or your provider are unhappy with an action taken by SelectHealth Community Care, you may file a hearing request with the Office of Administrative Hearings. The hearing request must be made within 120 calendar days of the Notice of Appealed Decision.

Fraud, Waste, and Abuse

WHAT IS HEALTHCARE FRAUD, WASTE, AND ABUSE?

Doing something wrong related to Medicaid could be Fraud, Waste, and Abuse. We want to make sure 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**

- Lending a Medicaid ID card to someone
- Changing the amount or number of refills on a prescription
- Lying to receive medical or pharmacy services

**By a Provider**

- Billing for services or supplies that have not been provided
- Overcharging a Medicaid or CHIP member for covered services
- Not reporting a patient’s misuse of a Medicaid ID card


**HOW CAN I REPORT FRAUD, WASTE, AND ABUSE?**

If you suspect Fraud, Waste, and Abuse, you may contact:

- **Internal ACO compliance** 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’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) 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 Flex Trans**: special bus services for Medicaid clients who live in Davis, Salt Lake, Utah, and Weber Counties. You may use Flex Trans 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 Special Medical Transportation Card.

Dial-A-Ride: Special bus service available for members who live in Iron County
- Call CATS at: 435-865-4510

LogistiCare: non-emergency door-to-door service for medical appointments and Urgent Care. You may be eligible for LogistiCare if:
- You have Traditional Medicaid
- Your physical disabilities make it so you are not able to ride a UTA bus or Flex Trans
- There is not a working vehicle in your household
- 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 clients 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.

Families with a child should 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.

Transportation is not available to pick up prescriptions unless you are on the way to or from a visit with a Medicaid doctor. For exceptions, check with a Medicaid eligibility worker.

**Mental Health Transportation:** Transportation to and from mental health visits are handled through your mental health doctor. Please talk with your therapist to arrange travel for these visits.

**Nursing Home Transportation:** Nursing homes are required to give transportation to medical appointments for their residents. Residents cannot get bus passes. Any other nonemergency transportation needed that the nursing home does not give needs prior approval.

**Out-of-State Travel:** If you get approval to receive care out-of-state, this transportation may also be approved. This includes airfare, taxi to and from the airport, and travel between your hotel/motel, hospital, or clinic. Reimbursement (up to the maximum allowed) for meals and lodging may also be approved.

**LOW-COST TRANSPORTATION CHOICES**

2-1-1: Can help you find organizations that give basic transportation including gas money voucher programs and special arrangements for older adults, people with disabilities, and other residents who have no transportation or are not able to use public transportation. Also included are programs that give information, emergency help, and other supportive care. Call 2-1-1 or visit their website at 211utah.org.
**HIVE Pass:** The HIVE Pass is a program of Salt Lake City offered to all City residents with the goal of making transit lower cost and accessible. The cost of the pass to residents is $42 per month, half of the price for a normal monthly UTA pass. Your home address must be in Salt Lake City limits to be eligible for a HIVE Pass. Visit [ridewithhive.com](http://ridewithhive.com) or call 801-596-RIDE (801-596-7433) for more information or to sign up.

**Utah Transit Authority (UTA):** UTA offers discounted fares to people over age 65 and paratransit for people with disabilities who cannot use the normal bus system. Visit [rideutah.com](http://rideutah.com) or call 888-RIDE-UTA (888-743-3882) for more information. For Paratransit, call 801-BUS-RIDE (801-287-7433).

**PUBLIC TRANSPORTATION RIDER TOOLS**

Use UTA Rider Tools Trip Planner, Schedules & Maps, Vehicle Locator, Ride Time and App Center to help you plan your transit trip.

**UTA App Center**

> **Transit App:** The Transit UTA App helps you find your best transit choices by showing you all of the nearby choices. You can check live transit schedules, plan your trip, and get step-by-step navigation for all kinds of urban transportation, including buses, Trax, Uber, or even bike share. For information on how to use the app to plan your trip, visit transitapp.com.

> **iRideUTA App:** The iRideUTA app shows the real-time locations of UTA Buses, Trax, and FrontRunner. Download it on your smartphone to quickly and simply see UTA routes, stops, and even vehicle locations.
# 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 855-442-3234 for Benefit information</td>
<td>Call Member Services 855-442-3234 for Benefit information</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Not Covered by SelectHealth Community Care</td>
<td>Not Covered by SelectHealth Community Care</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 (See birth control chart on page 18)</td>
<td>No copay required (See birth control chart on page 18)</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>Not Covered by SelectHealth Community Care</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>May be covered by Fee-for-Service Medicaid for Members receiving EPSDT services and Pregnant Women. Call Medicaid 800-662-9651</td>
<td></td>
</tr>
<tr>
<td>Dental Benefits</td>
<td>Not Covered by SelectHealth Community Care</td>
<td>Not Covered by SelectHealth Community Care</td>
</tr>
<tr>
<td></td>
<td>May be covered by Fee-for-Service Medicaid or Medicaid Dental plan. Call Medicaid 800-662-9651</td>
<td>May be covered by Fee-for-Service Medicaid or Medicaid Dental plan. 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 14)</td>
<td>(See copay chart on page 14)</td>
</tr>
<tr>
<td>Emergency and Urgent Care</td>
<td>Covered No copay (Must use a network provider for urgent care)</td>
<td>Covered No copay (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 No copay</td>
</tr>
<tr>
<td></td>
<td>Covered only for pregnant women and those eligible for EPSDT services.</td>
<td>Covered only for pregnant women and those eligible for EPSDT services.</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>Covered No copay (see page 20 for additional information)</td>
<td>Covered No copay (see page 20 for additional information)</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 14 for copay chart)</td>
<td>(See page 14 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>Maternity Care Covered</td>
<td>No copay (See page 14 for details)</td>
<td>Not Covered</td>
</tr>
<tr>
<td>BENEFIT</td>
<td>TRADITIONAL</td>
<td>NONTRADITIONAL</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------</td>
<td>-----------------------------------------------------</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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Healthcare</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Covered by Fee-for-Service or other Medicaid plan. Call Medicaid 800-662-9651</td>
<td>Covered by Fee-for-Service or other Medicaid plan. Call Medicaid 800-662-9651</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Home</td>
<td>Not Covered by SelectHealth Community Care</td>
<td>Not Covered by SelectHealth Community Care or by Medicaid Fee-for-Service</td>
</tr>
<tr>
<td></td>
<td>Covered by Fee-for-Service Medicaid program. Call Medicaid 800-608-9422</td>
<td>Call Medicaid 800-608-9422</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Requires prior authorization</td>
<td>Requires prior authorization</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 14 for copay chart)</td>
<td>(See page 14 for copay chart)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical and Occupational Therapy</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 22 for details)</td>
<td>(See page 22 for details)</td>
</tr>
<tr>
<td></td>
<td>(See page 14 for copay chart)</td>
<td>(See page 14 for copay chart)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Podiatry</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 14 for copay chart)</td>
<td>(See page 14 for copay chart)</td>
</tr>
<tr>
<td></td>
<td>(Limited benefit for adults)</td>
<td>(Limited benefit for adults)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 14 for copay chart)</td>
<td>(See page 14 for copay chart)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over-the-Counter Drugs</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>(See page 14 for copay chart)</td>
<td>(See page 14 for copay chart)</td>
</tr>
<tr>
<td></td>
<td>Contact SelectHealth Community Care for Over-the-Counter PDL</td>
<td>Contact SelectHealth Community Care for Over-the-Counter PDL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech and Hearing Services</td>
<td>Covered (Limited) No copay</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Audiology and hearing services, including hearing aids and batteries, are covered only for pregnant women and those eligible for EPSDT services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonemergent Medical Transportation Services</td>
<td>Not Covered by SelectHealth Community Care</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Covered by Fee-for-Service</td>
<td>Call Medicaid 800-662-9651</td>
</tr>
<tr>
<td></td>
<td>Call Medicaid 800-662-9651</td>
<td></td>
</tr>
</tbody>
</table>
CANT I GET A SERVICE THAT IS NOT ON THIS LIST?

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

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

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

SelectHealth Appeals Department
P.O. Box 30192
Salt Lake City, Utah 84130-0192
844-208-9012

Notice Of Privacy Practices

WE PROTECT YOUR PRIVACY

We strive to protect the privacy of your Personal Health Information (PHI).

> 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
> You have the right to look at your PHI
> We protect Personal Information by limiting access to this information to those who need it to do given tasks and through physical safeguards

CONTACT OUR PRIVACY OFFICE

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 selecthealth.org. You can also ask for a hard copy of this information by contacting Member Services at:

SelectHealth
Attn: Privacy Office
P.O. Box 30192
Salt Lake City, UT 84130-0192
800-442-4845