Select Health

Children's Health Insurance Program

Select Health

This information is available for free in alternate formats, including large print, audio, Braille, electronic, and other languages. If you are deaf, blind, have a hard time hearing or speaking, or if you speak a language other than English, interpreter services are available for free. Call Member Services at 801-442-3234 or toll-free at 855-442-3234. If you are hard of hearing, call Utah Relay Services at TTY:711 or 801-715-3470 or toll-free at 800-346-4128.

Esta información está disponible gratuitamente en otros formatos, incluyendo letra grande, audio, Braille, electrónico y otros idiomas. Si es sordo, ciego, tiene dificultades para oír o hablar, o si habla un idioma distinto del inglés, hay servicios de interpretación disponibles de forma gratuita. Llame a Servicios para Miembros al 801-442-3234 o al número gratuito 855-442-3234. Si tiene problemas de audición, llame a Utah Relay Services al TTY: 711 o al 801-715-3470 o al número gratuito 800-346-4128.

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The Select Health CHIP Member Handbook and list of providers is available on our website, **selecthealth.org/chip**.

Select Health
P.O. Box 30192, Salt Lake City, Utah 84130-0192

selecthealth.org | 855-442-3234

Glossary of Abbreviations.

CHIP Children's Health Insurance Program

DWS Department of Workforce Services

EOB Explanation of Benefits

HPR Medicaid Health Program Representative

PCP Primary Care Provider/Doctor

PHI Protected Health Information

OTC Over-the-Counter

Phone Numbers and Contact Information.

Select Health

NAME	HELP OFFERED	CONTACT INFORMATION
Select Health Member Services	Help with understanding: • Your insurance plan • Prescription drugs and pharmacies • Benefits and coverage • Claims payments	**855-442-3234** 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
Select Health Member Advocates®	• Help finding the right doctor • Help making an appointment • Facts about a doctor	**800-515-2220** Hours: Weekdays, from 7:00 a.m. to 8:00 p.m. and Saturdays, from 9:00 a.m. to 2:00 p.m.
Care Management Services	Help with chronic conditions like asthma, diabetes, and more	**800-442-5305** Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.
Select Health Healthy Beginnings®	Help with a safe and healthy pregnancy	**866-442-5052** Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.
Prescription Services	• Prescription drugs and pharmacies • Benefits and coverage	**855-442-9900** Hours: Weekdays, from 7:00 a.m. to 9:00 p.m. and Saturdays, from 9:00 a.m. to 3:00 p.m.
Appeals Department	Help to review an Adverse Benefit Determination to see if the right decision was made to deny your request for service	**844-208-9012** Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.
Intermountain Health Answers	Registered nurses who will: • Listen to your concerns • Answer questions • Help you decide what course of action to take	**844-501-6600** Hours: 24 hours a day, 7 days a week
Select Health Website	• Member handbook • Community resources • Wellness	**selecthealth.org/chip**

State (CHIP)

DWS (Workforce Services)	• Eligibility for Medicaid or CHIP • Lost or stolen cards • Food stamps • Other programs	**801-526-0950** **866-435-7414** jobs.utah.gov/assistance
HPR (Health Program Rep.)	• Medicaid • CHIP • Health plans • Rights and responsibilities • Providers	**866-608-9422** Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.
CHIP Information Line	Medicaid and CHIP questions and concerns	877-KIDS-NOW or **877-543-7669** Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.
Pregnancy Risk Line	Information for women who are pregnant, thinking of becoming pregnant, or breastfeeding	**800-822-2229** All phone calls are free and confidential
CHIP Website	• Claims • Billing questions	health.utah.gov/chip

Other Numbers

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** **9-8-8** Hours: 24 hours a day; 7 days a week

Welcome to Select Health®.

Thank you for choosing us as your Children's Health Insurance Program (CHIP) health plan. This Member Handbook explains your benefits and will tell you where and how to get covered services. It lists who to call when you need help. If you have questions about eligibility or premiums, call the Utah Department of Workforce Services (DWS) at **866-435-7414** weekdays, from 8:00 a.m. to 5:00 p.m. If you would like a printed copy of this handbook, please call Member Services 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. We can also provide materials in other formats, such as large print, Braille, or audio.

If you are hard-of-hearing, call Utah Relay Services at 711 or **866-435-7414**. 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 would rather speak 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's visit. We also have many doctors in our network who speak or sign other languages.

You may also ask for our documents in another written language by calling our Member Services team.

Materials in paper form will be provided upon request. You can expect to receive these materials within five business days of your request.

Rights and Responsibilities.

What are my rights?

You have the right to:

- Have information presented to you in a way that is easy to understand, including help with language needs, visual needs, and hearing needs.
- Be treated fairly and with respect.
- Have your health information kept private.
- Get information on all treatment options and alternatives.
- Make decisions about your health care, including agreeing to treatment.
- Take part in decisions about your medical care, including the right to refuse treatment.
- Ask for and get a copy of your medical record.
- Ask that your medical record be corrected or changed, if needed.
- Get medical care regardless of race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability.
- Get information about grievances, appeals, and State fair hearings.
- File a grievance or request an appeal.
- Get emergency care at any hospital or other setting.
- Get emergency care 24 hours a day, 7 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 mistreated if you do. This includes treatment by Select Health CHIP, your medical providers, the State Medicaid, and CHIP agency.
- To be given health care services that are the right kind of services based on your needs.
- To get health care services that are covered by Select Health CHIP, fairly easy to get to, and accessible 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 covered health care services within 30 days for routine, non-urgent care, and within 2 days for urgent care that is not life-threatening.
- To get a covered health care service from an out-of-network provider if we cannot provide the service.

What are my responsibilities?

Your responsibilities are:

- Follow the rules of your plan.
- Read your Member Handbook.
- Show your CHIP medical card each time you get medical care.
- If you must cancel an appointment, call the provider 24 hours before the appointment.
- Respect the staff and property at your provider's office.
- Provide correct information to your providers and your CHIP plans.
- Understand the medical care you need.
- Use providers and facilities in the Select Health CHIP network.
- Tell us if you get a medical bill that you don't think you should have to pay.
- Pay your copayments, deductibles, and quarterly premiums.
- Call the Department of Workforce Services (DWS) if you change your address, family status, or other health care coverage.

Medical Plan.

Who can I call when I need help?

Our Member Services team is here to help you. We can answer your questions. Call us at **855-442-3234** from 7:00 a.m. to 8:00 p.m. weekdays 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
- Find a specialist
- Change providers
- With questions about bills
- Understand your benefits
- With a complaint or an appeal
- With any other question

You can also find us on the internet at **selecthealth.org/chip**.

CHIP Medical Benefits.

Each CHIP member will get a CHIP medical card.

You should get your CHIP medical card in the mail within 21 days of being enrolled. Always show your CHIP medical card before you receive services or get a prescription filled. Always make sure that the provider accepts your CHIP medical plan before you get services or you may have to pay for the service.

A list of covered services is found on page 10.

Can I see my chip benefits online?

Yes, you can see your CHIP medical benefits and other medical plan information online at **selecthealth.org/chip**.

For more information on benefits, please call **855-442-3234**.

Finding a Provider.

What is a primary care provider?

A Primary Care Provider (PCP) is a medical provider you see for most of your health care needs and provides your day-to-day health care. Your PCP knows you and your medical history. With a PCP, your medical needs will be managed from one place. It is a good idea to have a PCP because this provider will work with you and your medical plan to make sure you get the care 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**. Select the "CHIP" network. Once you choose a PCP, please call Member Services and let them know. If you need help choosing a PCP, call Member Services and someone will help you.

If you have a special health care need, one of our Care Managers will work with you and your provider to make sure you choose the right provider for you. To talk to a Care Manager about selecting a PCP, call **855-442-3234**.

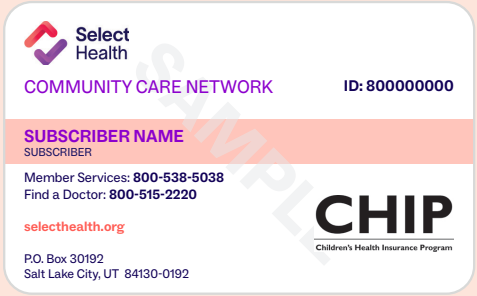
How can I change my primary care provider?

Call Member Services to change your PCP. We are happy to help you.

What does my chip medical card look like?

The CHIP medical card is wallet-sized and will show the member's name, CHIP ID number, and date of birth. Your CHIP medical 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 Select Health CHIP Member Services at **855-442-3234** to get a new one.



Cost-Sharing.

Cost sharing is the amount you must pay for some services. This includes deductibles, copayments, and coinsurance.

What is a copayment (copay)?

A copay is the amount you must pay for some services. Most CHIP families will need to pay a copay for medical services.

For additional copay information, refer to the CHIP Copay Chart on page 11. The copay plan you are assigned will be listed on your CHIP medical card and on your MyCase account through the Department of Workforce Services.

What is coinsurance?

Some services have coinsurance. Coinsurance is a percentage of the total bill that you are responsible for paying. The coinsurance percentage may differ depending on the service.

What is a deductible?

Some services have a deductible. A deductible is a set amount during a plan year that you must pay before your plan begins to pay the remaining cost of the bill. Once the deductible has been paid, you no longer have a deductible for the remainder of the plan year. The deductible plan year starts on July 1st and ends on June 30th the following year.

What is a premium?

In addition to other cost sharing, including copays, coinsurance, and deductibles, most members must pay a premium. A premium is the amount you pay to get CHIP benefits. For information about your CHIP premium, call the DWS at **866-435-7414**.

What is an out-of-pocket maximum?

An out-of-pocket maximum is the most you pay for cost sharing during your benefit period. The maximum is based on your household income. The benefit period is the 12-month period that begins with your first month of CHIP eligibility. Premiums, deductibles, coinsurance, and copays all count toward the out-of-pocket maximum.

DWS will tell you the maximum out-of-pocket amount for each benefit period. If you are not sure what your out-of-pocket maximum amount is, call DWS at **1-866-435-7414**.

Out-of-pocket cost sharing includes deductibles, premiums, coinsurance, and copays.

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

Once you reach your out-of-pocket maximum, we will send your household new CHIP medical cards and a letter notifying you that your household will no longer have to pay cost sharing for your benefit period. Until your ID cards are received, you can show your provider a copy of the letter as proof you do not owe a copay.

Make sure you save your receipts every time you pay your copay. When you think you have reached your out-of-pocket maximum, contact CHIP at **888-222-2542**.

Who does not have to pay cost share?

- Alaska Natives
- American Indians
- Those who have reached their out-of-pocket maximum for their benefit period.

When do I pay a copay?

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
- Get a prescription drug

What services don't have a copay?

Some services that do not have copays are:

- Well-child exams
- Immunizations (shots)
- Labs for minor diagnostic tests and x-rays (refer to the CHIP Copay Chart for additional information)
- Mental Health outpatient and office visit
- Mental Health and Substance Use Disorder Residential Treatment

CHIP copay chart.

BENEFITS (PER PLAN YEAR)	CO-PAY PLAN B*	CO-PAY PLAN C*
Out-Of-Pocket Maximum	5% of family's annual gross income, including dental expenses**	5% of family's annual gross income, including dental expenses**
Premium	$30/family/quarter	$75/family/quarter
Pre-Existing Condition	No waiting period	No waiting period
Deductible	$70/family	$575/child; $1,600/family
Well-Child Exams	$0	$0
Immunizations	$0	$0
Doctor Visits	$5	$25
Specialist Visits	$5	$40
Emergency Room	$10	20% after deductible; minimum $150 per visit
Ambulance	5% of approved amount after deductible	20% of approved amount after deductible
Urgent Care Center	$5	$45
Ambulatory Surgical & Outpatient Hospital	5% of approved amount after deductible	20% of approved amount after deductible
Inpatient Hospital Services	$150 after deductible	20% of approved amount after deductible
Lab & X-Ray	$0 for minor diagnostic tests and x-rays; 5% of approved amount after deductible for major diagnostic tests and x-rays	$0 for minor diagnostic tests and x-rays; 20% of approved amount after deductible for major diagnostic tests and x-rays
Surgeon	5% of approved amount	20% of approved amount after deductible
Anesthesiologist	5% of approved amount	20% of approved amount after deductible
Prescriptions		
Preferred Generic Drugs	$5	$15
Preferred Brand Name Drugs	5% of approved amount	25% of approved amount
Non-Preferred Drugs	5% of approved amount	50% of approved amount
Mental Health & Substance Use Disorder		
Inpatient	$150 after deductible	20% of approved amount after deductible
Outpatient, Office Visit, & Urgent Care	$0	$0
Residential Treatment	5% of approved amount after deductible	20% of approved amount after deductible
Physical Therapy	$5 (20 visit limit per year)	$40 after deductible (20 visit limit per year)

**Copay amounts are based on your income. American Indians and Alaska Natives will not be charged copays, coinsurance, deductibles, or premiums.*

BENEFITS (PER PLAN YEAR)	CO-PAY PLAN B*	CO-PAY PLAN C*
Applied Behavior Analysis (ABA) For The Treatment Of Autism Spectrum Disorder	$0	$0
Chiropractic Visits	Not a covered benefit	Not a covered benefit
Home Health & Hospice Care	5% of approved amount after deductible	20% of approved amount after deductible
Medical Equipment & Medical Supplies	10% of approved amount after deductible	25% of approved amount after deductible
Diabetes Education	$0	$0
Vision Screening	$5 (1 visit limit per year)	$25 (1 visit limit per year)
Hearing Screening	$5 (1 visit limit per year)	$25 (1 visit limit per year)
Deductible	$0	$50/child; $150/family
Maximum Benefit *Preventive, Basic & Major services per child, per year*	$1,000 per plan year	$1,000 per plan year
Preventive Services *Routine exams* *Cleanings (2 per year)* *Topical fluoride* *X-rays*	$0	$0
Basic Services *Fillings* *Extractions* *Oral surgery* *Periodontics*	5% of approved amount	20% of approved amount after deductible
Major Services *Crowns* *Bridges* *Dentures*	5% of approved amount	50% of approved amount after deductible
Orthodontics *Requires prior authorization* *Covered only if medically necessary*	5% of approved amount ($1,000 lifetime maximum)	5% of approved amount ($1,000 lifetime maximum)
Specialists *Endodontists* *Oral Surgeons* *Periodontists* *Pediatric Specialists* *Prosthodontists*	5% of approved amount	Talk to your dental plan for an estimate of additional charges

What should I do if I receive a medical bill that should be covered by CHIP?

If you receive a bill for services that you believe should be covered by CHIP, call Member Services for help at **855-442-3234**. Do not pay the bill until you talk to Member Services. You may not get a refund if you pay the bill.

You will have to pay a medical bill if:

- You are not eligible for CHIP on the day of service.
- You get a service that is not covered by CHIP or that exceeds the CHIP benefit limit. You must agree to this in writing before you get the service.
- You ask for and get services during an appeal or State Fair Hearing and the decision is not in your favor.
- You get care from a provider who is not with your CHIP plan or is not enrolled with Utah CHIP (except for Emergency Services).

Emergency Care and Urgent Care.

What is an emergency?

An emergency is a medical condition that needs to be treated right away. An emergency is when you think your life is in danger, a body part is hurt badly, or you are in great pain.

What is an example of an emergency?

Emergencies can include:

- Poisoning
- Overdose
- Severe burns
- Severe chest pain
- Pregnant with bleeding and/or pain
- Deep cut in which bleeding will not stop
- Loss of consciousness
- 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 (ER) if you have an emergency.

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
- 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 a copay for emergency room use. Refer to the CHIP Medical Copay Chart for additional information about your emergency care copayments.

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 Select Health CHIP for reimbursement.

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 care visit.

What is urgent care?

Urgent care can be used if you are unable to see your primary care doctor. 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 or provider directory.

When should I use an urgent care clinic?

Minor illnesses like the common cold, flu, and ear infections can be treated at urgent care. You should use an urgent care clinic if you have one of these minor problems:

- Common cold, flu symptoms
- Severe sore throat
- Severe cough
- Vomiting or diarrhea
- Ear pain
- Headaches or Migraines
- Stomach pain
- Sinus pain

Minor injuries that are not life-threatening can be treated in urgent care rather than an emergency room. Some minor injuries that can be treated in urgent care are:

- Broken bones or fractures in fingers and toes
- Minor cuts that may need stitches
- Minor burns
- Back pain
- Sprains, strains and pulled muscles

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?

Select Health CHIP covers this type of care no matter what hospital you go to. The hospital does not have to be in our network. Once your condition is stable, you may be asked to transfer to a hospital in our network.

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
- Birth control services and treatments
- The ability to see any provider that accepts CHIP (in or out-of-network)
- The ability to see a provider without a referral
- Some types of sterilization (sterilization consent forms are required and must be signed 30 days before surgery)

Non-covered family planning services:

- Infertility drugs
- Invitro fertilization
- Genetic counseling
- Norplant

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

Abortion planning services.

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

Specialists.

What if I need to see a specialist?

If you need a service that is not provided by your Primary Care Provider (PCP), you can see a specialist in the network. You will typically use a Secondary Care Provider (SCP) if your PCP feels they cannot handle a specific medical condition or if you would like to talk to a doctor who specializes in a specific area. You do not need a referral from your PCP to make an appointment with an SCP.

Scheduling an appointment

How long does it take to make an appointment?

You should be able 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 a hard time getting an appointment to see a specialist when you need one, call us at **855-442-3234** for help.

Indian Health Service (IHS).

What is Indian Health Service?

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

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

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

Prior Authorization.

What is prior authorization?

Some services must be pre-approved by Select Health CHIP before they will be paid. The permission granted for a provider to be paid is called prior authorization.

If you need a service that requires prior authorization, your provider will ask Select Health CHIP to approve the service. If we do not approve payment for a service, you may appeal the decision. Please call our Member Services at **855-442-3234** if you have any questions.

Other Insurance/TPL.

What if I have other health insurance?

If you are covered by CHIP, you cannot have other insurance unless the insurance is a limited coverage plan (such as a dental or vision-only plan). You must tell the Department of Workforce Services (DWS) that you have other insurance within 10 days of enrollment in other health insurance.

DWS will review your information to determine if you will continue to qualify for CHIP. If your CHIP case closes, notify your providers to bill your other insurance instead of CHIP.

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 health care 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 health care in case you cannot make decisions on your own.

Pre-Hospital Medical Care Directive: A Pre-Hospital Medical Care Directive tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital Emergency Room. It might also include 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 an Advance Directive, visit **intermountainhealthcare.org/health-information/advance-directive** or call us at **855-442-3234** for help.

Adverse Benefit Determination, Appeals, Grievances, and State Fair Hearings.

What is an adverse benefit determination?

An adverse benefit determination is when we make a decision that is not in your favor.

Types of adverse benefit determinations are when we:

- Deny or limit approval of a requested service.
- Lower the number of services we had approved, or stop paying for a service that we had approved.
- Deny payment or pay less for services that you received.
- Do not make a decision on an appeal or grievance in a timely manner.
- Do not provide you with a doctor's appointment in a timely manner.
- Said that you have to pay a financial liability and you disagreed. Financial liabilities include copays, coinsurance, deductibles, and premiums.

We will send you a notice of adverse benefit determination if one of the above happens. If you do not receive a notice, contact Member Services and we will send one.

What is an appeal?

If you disagree with the adverse benefit determination, you, your provider, or your authorized representative can request an appeal. An appeal is the review that Select Health CHIP does of the adverse benefit determination that we made.

How do I request an appeal?

- You, your provider, or any authorized representative can 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:

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

  Fax: **801-442-0762**

  Phone: **844-208-9012**

  Email: **appeals@selecthealth.org**
- You must submit the appeal request within
- 60 calendar days from the date on the adverse benefit determination notice.
- If you need help requesting an appeal, call us at **844-208-9012**.
- If you are deaf or hard-of-hearing, call Utah Relay Services at 711 or **800-346-4128**.

How long does an appeal take?

You will be given written notice of our decision within 30 calendar days from the date we get your appeal request. You will be notified in writing if we need more time to make a decision on the appeal request.

What if I need you to make the decision quickly?

If you or your provider is concerned that waiting 30 days for our decision could be harmful to your health, call us at **844-208-9012** and ask for a quick appeal.

What is a quick appeal?

A quick appeal means we will make a decision on your appeal request within 72 hours after we receive the request. If we do not agree that you need a quick appeal, we will send you a letter and explain why.

How do I request a quick appeal?

Call: **844-208-9012**

Write by mail:

Select HealthAppeals Department
P.O . Box 30192
Salt Lake City, Utah 84130-0192

Email: **appeals@selecthealth.org**

What happens to the service related to my appeal request during the 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. To keep your benefits from being stopped, the services you have been getting must be ordered by your provider and the date range of the original authorization has not expired. You must call us within 10 days of the adverse benefit determination letter or the date the benefits are being stopped, whichever is later. You must also request your appeal within 60 days of the adverse benefit determination. Your provider cannot ask that your benefits continue. Only you or your authorized representative may ask that your benefits continue.

If our decision about your appeal is not in your favor and you ask for a State Fair Hearing, you can ask that your benefits continue during the State Fair Hearing process. You must call us within 10 days of the appeal decision to keep your benefits from being stopped. The benefits will continue until one of the following happens:

- You withdraw your appeal
- You do not ask for your benefits to continue within 10 days of the appeal decision, unless you asked for the State Fair Hearing within the 10-day timeframe
- The State Fair Hearing office issues a final adverse benefit determination

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 process with the State Medicaid agency that allows you to explain why you think Select Health CHIP's appeal decision should be changed. You, your provider, or your authorized representative can request a State Fair Hearing after you get notice of our appeal decision.

How do I request 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. The form must be sent to Medicaid no later than 120 calendar days from the date on our appeal decision notice.

If you or your provider do not agree with our appeal decision, you may submit to Medicaid the Form to Request a State Fair Hearing.

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 and tell us about your concerns.

You can file a grievance about concerns related to your health care, such as:

- When you do not agree with the amount of time that the plan took to make a service authorization decision
- Whether care or treatment is appropriate
- Access to care
- Quality of care
- Rudeness by a provider or staff
- Any other kind of problem you may have had with us, your provider, or health care services

How do I file a grievance?

You can file a grievance at any time. 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:

Select HealthAppeals Department
P.O . Box 30192
Salt Lake City, Utah 84130-0192

Or email it to: **appeals@selecthealth.org**

We will let you know of our decision within 90 calendar days from the day we get your grievance.

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. CHIP covers ambulance services.

Fraud, Waste, and Abuse.

What is healthcare fraud, waste, and abuse?

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

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

Some examples of fraud, waste, and abuse are:

By a Member

- Letting someone use your CHIP ID card
- Changing the amount or number of refills on a prescription
- Lying to get medical, dental, mental health and substance use disorder, or pharmacy services

By a Provider

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

How can I report fraud, waste, and abuse?

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

Select Health CHIP Compliance

- Phone: **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**
- Phone: **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.

List of Covered Services.

These are some of the services covered by your CHIP medical plan:

- Abortions and sterilizations (if criteria is met, with required forms)
- Ambulance (ground and air) for medical emergencies
- Anesthesia for dental services in a surgical center or hospital (if criteria is met, with required authorization)
- Approved clinical trials
- Diabetes and diabetes education
- Dialysis for end stage renal disease
- Doctor visits, including specialists
- Drugs prescribed by your doctor
- Eye exams
- Emergency care, 7 days a week, 24 hours a day
- Family planning
- Having a baby, including high-risk services
- Hearing exams
- Home Health
- Hospice (end-of-life care)
- Hospital services, inpatient and outpatient
- Immunizations
- Labs and X-rays
- Treatment for miscarriage (losing your baby due to natural causes)
- Medical equipment and supplies
- Mental health services
- Occupational therapy
- Organ transplants (bone marrow, heart and lung, pancreas and kidney, cornea, heart, kidney, liver, lung)
- Physical therapy

List of Non-Covered Services.

These are some of the services not covered by your plan:

- Abortions, elective
- Acupuncture and accupressure
- Administrative charges, administrative examinations and services for nonmedical purposes
- Allergy tests, treatment, and services
- Appointments not kept, charges for
- Biofeedback
- Birthing centers and home childbirth
- Cancer therapy, when investigational or experimental
- Chiropractic services
- Complementary and Alternative Medicine (CAM)
- Cosmetic procedures
- Custodial care, long-term care
- Developmental delay
- Dietary products, except when criteria is met
- Drugs, medications, and injections
- Durable medical equipment (DME)
- Educational and nutritional training
- Evaluation visits for non-covered diagnoses
- Experimental or investigational treatments and services
- Eye surgery, refractive
- Felony, riot, insurrection
- Fitness training
- Gastric bypass
- Gene therapy
- Genetic testing, except when criteria is met
- Habilitation therapy services

- Hearing aids, except cochlear implants
- Home health aides and services
- Illegal activities, injuries while committing
- Infertility services
- Infant car seats
- Injections and immunizations
- Miscellaneous medical supplies (MMS)
- Nonparticipating doctors, charges for (except for emergencies and out-of-area urgent conditions)
- Obesity, selected related services
- Organ transplants/implants
- Orthotics
- Osteoporosis screening
- Doctor household services
- Psychiatric, mental health, or alcohol/substance abuse, over and above coverage limitations noted on the Copay Summary
- Rehabilitation therapy services
- Respite care
- Sexual dysfunction, benefits for
- Shipping and handling
- Sterilization procedures, from nonparticipating doctors
- Telephone consultations
- Terrorism or nuclear release
- Transportation services, medically unnecessary
- Unproven interventions and therapies
- Vision aids
- War, related services

Contact the Department of Health and Human Services for information on services not covered under your Select Health Community Care plan that may be covered by the state.

Notice of Privacy Practices.

How do 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.
- We protect PHI by limiting access to this information to those who need it to do certain 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 **selecthealth.org/resources/data-sharing**. You can also request a hard copy of this information by contacting Member Services at **855-442-3234**.

Fair Treatment Notice.

Select Health 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 Select Health Member Services at **1-800-538-5038** or Select Health Advantage Member Services at **1-855-442-9900** (TTY Users: 711).

If you feel you've been treated unfairly, call Select Health 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 Select Health.

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 Select Health。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Select Health.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Select Health. 번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęʼę'', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih Select Health.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Select Health.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Select Health.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните Select Health.

ATTENTION: si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez Select Health.

Select Health