



Children's Health Insurance Program



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

Table of Contents

PHONE NUMBERS AND CONTACT INFORMATION.....	4	CHIP Copay Chart	10
SelectHealth	4	What should I do if I receive a medical bill that should be covered by CHIP?.....	12
State (CHIP)	4	EMERGENCY CARE AND URGENT CARE	12
Other Numbers	5	What is an emergency?	12
GLOSSARY OF ABBREVIATIONS	5	What is an example of an emergency?	12
WELCOME TO SELECTHEALTH®.....	5	What should I do if I have an emergency?	12
LANGUAGE SERVICES.....	6	What if I have questions about poison danger?	12
How can I get help in other languages?	6	Will I have to pay for emergency care?	12
RIGHTS AND RESPONSIBILITIES	7	What should I do after I get emergency care?.....	12
What are My Rights?	7	What is urgent care?	13
What are My Responsibilities?.....	7	When should I use an urgent care clinic?	13
MEDICAL PLAN	8	POST-STABILIZATION CARE	13
Who can I call When I need help?	8	What is post-stabilization care?	13
CHIP MEDICAL BENEFITS	8	When is post-stabilization care covered?	13
What does my CHIP medical card look like?.....	8	FAMILY PLANNING	13
Can I see my CHIP benefits online?	8	What family planning services are covered?	13
FINDING A PROVIDER	8	Abortion planning services	13
What is a primary care provider?	8	SPECIALISTS	13
How do I choose a primary care provider?.....	8	What if I need to see a specialist?.....	13
How can I change my PCP?	8	Scheduling an Appointment.....	14
COST-SHARING	8	INDIAN HEALTH SERVICES (IHS).....	14
What is a copayment (copay)?	9	What is Indian Health Services?	14
What is coinsurance?	9	PRIOR AUTHORIZATION	14
What is a deductible?.....	9	What is prior authorization?.....	14
What is a premium?	9	OTHER INSURANCE/TPL.....	14
What is an out-of-pocket maximum?.....	9	What if I have other health insurance?.....	14
What happens when I reach my out-of-pocket maximum?.....	9	ADVANCE DIRECTIVE	14
Who does not have to pay cost share?.....	9	What is an Advance Directive?	14
When do I pay a copay?.....	9		
What services don't have a copay?	9		



ADVERSE BENEFIT DETERMINATION, APPEALS, GRIEVANCES, AND STATE FAIR HEARINGS.....15

- What is an adverse benefit determination?15
- What is an appeal?15
- How do I request an appeal?.....15
- How long does an appeal take?16
- What if I need you to make the decision quickly?16
- What is a quick appeal?16
- How do I request a quick appeal?16
- What happens to the service related to my appeal request during the appeal?16
- What is a State Fair Hearing?16
- How do I request a State Fair Hearing?16
- What is a grievance?.....16
- How do I file a grievance?.....17

FRAUD, WASTE, AND ABUSE17

- What is healthcare fraud, waste, and abuse?17
- How can I report fraud, waste, and abuse?.....17

TRANSPORTATION SERVICES17

- How do I get to the hospital in an emergency?17

LIST OF COVERED SERVICES17

LIST OF NON-COVERED SERVICES18

NOTICE OF PRIVACY PRACTICES18

- How do we protect your privacy?18
- How do I find out more about privacy practices?.....18

FAIR TREATMENT NOTICE19

Phone Numbers and Contact Information

SELECTHEALTH

NAME	HELP OFFERED	CONTACT INFORMATION
SelectHealth Member Services	<p>Help with understanding:</p> <ul style="list-style-type: none"> > Your insurance plan > Prescription drugs and pharmacies > Benefits and coverage > Claims payments 	<p>855-442-3234</p> <p>Hours: Weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.</p> <p>TTY/TDD users, please call 711</p>
SelectHealth Member Advocates®	<ul style="list-style-type: none"> > Help finding the right doctor > Help making an appointment > Facts about a doctor 	<p>800-515-2220</p> <p>Hours: Weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.</p>
Care Management Services	<p>Help with chronic conditions like asthma, diabetes, and more</p>	<p>800-442-5305</p> <p>Hours: Weekdays, from 8:00 am. to 5:00 p.m</p>
SelectHealth Healthy Beginnings®	<p>Help with a safe and healthy pregnancy</p>	<p>866-442-5052</p> <p>Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.</p>
Prescription Services	<ul style="list-style-type: none"> > Prescription drugs and pharmacies > Benefits and coverage 	<p>855-442-3127</p> <p>Hours: Weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 3:00 p.m.</p>
Appeals Department	<p>Help to review an Adverse Benefit Determination to see if the right decision was made to deny your request for service</p>	<p>844-208-9012</p> <p>Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.</p>
Intermountain Health Answers	<p>Registered nurses who will:</p> <ul style="list-style-type: none"> > Listen to your concerns > Answer questions > Help you decide what course of action to take 	<p>844-501-6600</p> <p>Hours: 24 hours a day, 7 days a week</p>
SelectHealth Website	<ul style="list-style-type: none"> > Member Handbook > Community resources > Wellness 	<p>selecthealth.org/chip</p>

STATE (CHIP)

NAME	HELP OFFERED	CONTACT INFORMATION
DWS (Workforce Services)	<ul style="list-style-type: none"> > Eligibility for Medicaid or CHIP > Lost or stolen cards > Food stamps > Other programs 	<p>801-526-0950</p> <p>866-435-7414</p> <p>jobs.utah.gov/assistance</p>
HPR (Health Program Rep.)	<ul style="list-style-type: none"> > Medicaid > CHIP > Health plans > Rights & Responsibilities > Providers 	<p>866-608-9422</p> <p>Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.</p>
CHIP Information Line	<p>Medicaid and CHIP questions and concerns</p>	<p>877-KIDS-NOW or 877-543-7669</p> <p>Hours: Weekdays, from 8:00 a.m. to 5:00 p.m.</p>
Pregnancy Risk Line	<p>Information for women who are pregnant, thinking of becoming pregnant, or breastfeeding</p>	<p>800-822-2229</p> <p>All phone calls are free and confidential</p>
CHIP Website	<ul style="list-style-type: none"> > Claims > Billing questions 	<p>health.utah.gov/chip</p>

OTHER NUMBERS

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

Glossary of Abbreviations

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

Welcome to SelectHealth®

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 hard 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 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.



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 treated badly if you do. This includes treatment by SelectHealth 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 SelectHealth 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 SelectHealth 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 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. You call us at **855-442-3234** from 7:00 a.m. to 8:00 p.m. weekdays, and Saturday, 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

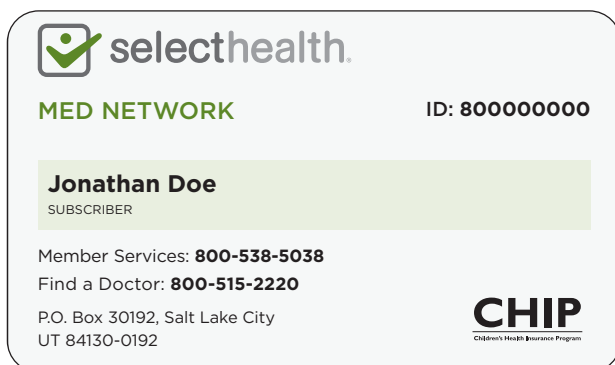
Each CHIP member will get a CHIP medical card.

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 11.

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 SelectHealth CHIP Member Services at **855-442-3234** to get a new one.

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 doctor who 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 the PCP will work with you and your medical plan to make sure that you get the care that you need.

HOW DO I CHOOSE A PRIMARY CARE PROVIDER?

You will need to choose a PCP from our provider directory, selecthealth.org/find-a-doctor. 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 doctor to make sure that 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 PCP?

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

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 Co-pay 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 co-insurance 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 co-pays, 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 what your out-of-pocket maximum amount is 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, co-insurance, 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 a copy of the letter to your provider 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	\$40/family	\$500/child; \$1,500/family
Well-Child Exams	\$0	\$0
Immunizations	\$0	\$0
Doctor Visits	\$5	\$25
Specialist Visits	\$5	\$40
Emergency Room	\$5; \$10 non-emergency	\$300 after deductible
Ambulance	5% of approved amount after deductible	20% of approved amount after deductible
Urgent Care Center	\$5	\$40
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	\$0 for minor diagnostic tests and x-rays; 20% of approved amount after deductible for major diagnostic tests
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)
Applied Behavior Analysis (ABA) For The Treatment Of Autism Spectrum Disorder	\$0	\$0

*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*
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	5% of approved amount after deductible	20% 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	\$1,000 per plan year	\$1,000 per plan year
Preventive, Basic & Major services per child, per year		
Preventive Services	\$0	\$0
Routine exams		
Cleanings (2 per year)		
Topical fluoride		
X-rays	5% of approved amount	20% of approved amount after deductible
Basic Services		
Fillings		
Extractions		
Oral surgery		
Periodontics	5% of approved amount	50% of approved amount after deductible
Major Services		
Crowns		
Bridges		
Dentures		
Orthodontics	5% of approved amount (\$1,000 lifetime maximum)	5% of approved amount (\$1,000 lifetime maximum)
Requires prior authorization		
Covered only if medically necessary	5% of approved amount	Talk to your dental plan for an estimate of additional charges
Specialists		
Endodontists		
Oral Surgeons		
Periodontists		
Pediatric Specialists		
Prosthodontists		

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?

If you have an emergency, call 911 or go to the closest Emergency Room (ER).



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 use of the emergency room. 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 SelectHealth 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, ear infections are conditions that 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?

SelectHealth 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 that is 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
- > In vitro 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. SelectHealth 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 Services (IHS)

WHAT IS INDIAN HEALTH SERVICES?

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

Prior Authorization

WHAT IS PRIOR AUTHORIZATION?

Some services must be pre-approved by SelectHealth 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 SelectHealth 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 SelectHealth 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:

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

Fax: **801-442-0762**

Phone: **844-208-9012**

Email: appeals@imail.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:

SelectHealth Appeals Department
P.O. Box 30192
Salt Lake City, Utah 84130-0192
Email: appeals@imail.org

WHAT HAPPENS TO THE SERVICE RELATED TO MY APPEAL REQUEST DURING THE APPEAL?

If you are appealing because a service you have been getting will be ended, or the number of services will be lowered, tell us if you want to continue getting that service. You may have to pay for the service if the 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 SelectHealth 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:

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

Or email it to: appeals@imail.org

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

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:

SelectHealth 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.

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.

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, except to save mother's life or result of rape or incest, with required forms
- > Acupressure
- > Attention Deficit Hyperactivity Disorder (ADHD)
- > Autism Spectrum Disorder (ASD)
- > Allergy tests and treatment, selected types
- > Anesthesia, general, while in doctor's office
- > Biofeedback
- > Birthing centers and home childbirth
- > Cancer therapy, neutron beam
- > Certain drugs and medicines (e.g., weight loss drugs, non-Food and Drug Administration (FDA) drugs)
- > Certain immunizations (e.g., anthrax, Bacillus Calmette-Guerin (BCG), plague, typhoid yellow fever, and others)
- > Certain pain services
- > Charges/services not for medical purposes
- > Chiropractic services
- > Claims after one year
- > Complementary and Alternative Medicine (CAM)
- > Dental Services (Dental services are covered by your CHIP dental plan)
- > Device to correct or support the foot
- > Dry needling
- > Experimental services
- > Eye surgery for vision (such as LASIK)
- > eye glasses, contacts, and/or surgery related to vision issues
- > Family planning (specifically Norplant, infertility drugs, in-vitro fertilization, genetic counseling)
- > Fitness training, exercise equipment, fees for gym, etc.



- > Food-based treatment
- > Gene therapy
- > Genetic counseling
- > Hearing aids

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 ask for a hard copy of this information by contacting Member Services at **855-442-3234**.

Fair Treatment Notice

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

We provide free:

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

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

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

Language Access Services

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

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

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

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

Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'de'ę', t'áá jiik'eh, éí ná hólq', koji' hódíłnih SelectHealth.

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

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

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

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

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

SelectHealth

ПАЖЊА: Ако говорите Српски, бесплатне услуге помоћи за језик, биће вам доступне. Контактирајте SelectHealth.

**رفوتتس ف، یبرع ثدحتت تنك اذا: دهی بنت
ب ل لص تا. أن اجم ةی وغللا ةدع اسملا تامدخ كل
SelectHealth.**

**دی نکیم تب حص ینک دراوار نابز هب رگا: هجوت
رایتخا رد ناگیار تروصب، ینابز کمک تامدخ
دی ریگب سامت SelectHealth اب. تسامش**

