



Community Caring.

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Get access to affordable phone and internet service.

Eligible members can get help accessing free or discounted cell phones and internet service. The goal of this program is to make sure that people have access to the tools they need to communicate.

Who qualifies?

Members with Medicaid, Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Federal Public Housing Assistance (FPHA), or Veterans Pension and Survivors Benefit.

What is included?

Once approved, members will receive a free or discounted phone with monthly minutes and data. Members may also be able to get free or discounted internet service.

Apply today!

You, a family member, or friend may be eligible for a discount off your monthly phone or Internet service.

Learn more about the Lifeline program at LifelineSupport.org.

How often do kids need wellness checks?

Well-child visits are a vital part of helping kids stay healthy. They allow your provider to perform exams, vision and hearing screenings, give immunizations, provide nutrition education, and more!

Call your provider or our Member Advocates team at **800-515-2220** to schedule a well-child check today.

Kids should get the following wellness checks and vaccines:

- **Within 1-2 days of leaving the hospital after birth.**
 - Newborn: Hepatitis B
- **2 weeks old.**
- **2 months old.**
 - Hepatitis B, DTaP (Diphtheria, Tetanus, acellular Pertussis), Hib (Haemophilus influenzae type b), Polio, Pneumococcal, Rotavirus.
- **4 months old.**
 - Hepatitis B, DTaP (Diphtheria, Tetanus, acellular Pertussis), Hib (Haemophilus influenzae type b), Polio, Pneumococcal, Rotavirus.
- **6 months old.**
 - Hepatitis B, DTaP (Diphtheria, Tetanus, acellular Pertussis), Hib (Haemophilus influenzae type b), Polio, Pneumococcal, Rotavirus, influenza.



- **12 months old.**
 - Influenza
 - 12-15 months: DTaP (Diphtheria, Tetanus, acellular Pertussis), Hib (Haemophilus influenzae type b), MMR (Measles, Mumps, Rubella), Varicella (chicken pox), Pneumococcal, Hepatitis A.
- **15 months old.**
- **18 months old.**
 - Hepatitis A.
- **24 months old.**
 - Influenza.
- **Annually between the ages of 3 and 18.**
 - Influenza

What if I get an incorrect/unexpected medical bill?

If you get a bill for services that you believe should be covered by Medicaid, or you feel you have been charged too much, call Member Services at **855-442-3234**. Do NOT pay a bill until you talk to Member Services.

Is my provider in-network?

To make sure your provider is in network, you can do one of the following:

- Call Member Advocates at **800-515-2220**.
- Visit selecthealth.org/find-a-doctor.
- Call the provider's office and ask:
 - Do they take Select Health?
 - Are they in the Select Health Community Care network?

Please note, Medicaid may not pay for out-of-network care.



Don't forget to reapply for coverage!

Have Medicaid? Know your review date! Log in to your myCase account to find out when DWS will be mailing your review.

Have you moved?

Call the Department of Workforce Services (DWS) **1-866-435-7414**.

Member rights and responsibilities.

Members have the right to:

1. Access information in a way that they can understand (help with language, visual, or hearing needs, etc.).
2. Be treated fairly and with respect.
3. Have their health information protected.
4. Learn more about all other treatment options.
5. Make informed choices about their care.
6. Take part in care decisions, like agreeing to/refusing treatment.
7. Ask for and get a full copy of their health record.
8. Have their health record fixed, if needed.
9. Receive compassionate care regardless of race, ethnicity, national origin, sex, gender identity, sexual orientation, religion, age, or disability.
10. Get information about appeals, grievances, and hearing requests.
11. Ask for information about our plan structure and operations.
12. Access emergency and urgent care 24/7.
13. Use any hospital or facility for emergency services.
14. Not feel coerced or forced into medical decisions.
15. Access information on provider incentive plans and pay.
16. Make an advance directive of treatments and interventions they do/don't want.
17. Not be held against their will or forced to do something they don't want to do.
18. Be given the right health services and care based on their needs.
19. Easily access covered services available to all members.
20. Get a second opinion at no charge.
21. Access the same services offered under the fee-for-service Medicaid program.
22. Access covered services out-of-network if we cannot provide them.
23. Use their rights at any time without recourse by their health plan, medical providers, or Medicaid.

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.

This information is available for free in other languages and alternate formats by contacting Select Health Medicare: **855-442-9900** (TTY: 711) / Select Health: **800-538-5038**.

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

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

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Members are responsible to:

1. Follow care plan rules.
2. Read the Member Handbook.
3. Show their Medicaid Member card when they get services.
4. Cancel appointments 24 hours or more beforehand if needed.
5. Respect staff and property.
6. Use providers and facilities in the Select Health Community Care network.
7. Pay copays.