

2012

MEDICAID **Member Guide**



UTAH DEPARTMENT OF
HEALTH

Contacts for Help

Name	Phone
HPR (Health Program Representative) or Local Health Department HPR	801-526-9422 (Salt Lake County) or 1-866-608-9422
Constituent Services Department of Health	801-538-6417 or 1-877-291-5583
Constituent Services Workforce Services <i>(Eligibility Issues)</i>	801-526-4390 or 1-800-331-4341
Dentist	
DWS (Department of Workforce Services) Eligibility	801-526-0950 (Salt Lake County) or 1-866-435-7414
Health Plan or Primary Care Provider	
Medicaid Client Education	http://health.utah.gov/umb <i>(Click on Benefits/Medicaid)</i>
Medicaid Information Line	801-538-6155 (Salt Lake County) or 1-800-662-9651
Medicaid Web Site	http://health.utah.gov/umb
Mental Health Center	
Pharmacy	

Table of Contents

WELCOME TO UTAH MEDICAID	3
BASIC MEDICAID INFORMATION	4
What is an HPR?	4
What is a health plan?	4
Can I change my health plan?	5
What is a PCP?	5
What is prior approval or prior authorization?	5
What is a TPL?	5
What do I have to pay?	6
What is an Out-of-Pocket Maximum?	6
Do I ever have to pay any money back to Medicaid?	6
Am I covered if I am out of town?	7
What do I do with medical bills?	7
What if I have bills for medical services in past months?	8
Should I go to an urgent care clinic or the emergency room?	8
What about a poison emergency?	9
What are my responsibilities as a Medicaid client?	9
What are my rights?	10
What if I know of or think there may be Medicaid fraud?	10
BASIC MEDICAID BENEFITS	12
Benefits Covered by Medicaid:	12
Ambulance	13
Birth Control	13
CHEC Program or Well-Child Exams	13
Chiropractic Services (Chiropractic Health Plan)	14
Dental Benefits	14
Doctor Visits	14
Eye Exams and Eyeglasses	15
Home Health Care	15
Hospice Care	15
Hospital Care	15
Lab and X-ray Services	16
Maternity Care	16
Medical Supplies	16
Mental Health Care	17
Midwife Services	20
Nursing Home	20
Personal Care Services	21
Physical Therapy and Occupational Therapy	21
Prescriptions	21
Prescriptions and Medicare	21
Specialists	22
Speech and Hearing Services	22
Tobacco Cessation Services	22
Transportation Services	22

QUICK GUIDES	23
Non Pregnant Adults Copay Chart.....	25
Over-the-Counter Medicine List.....	26
Tobacco Cessation Benefits for Utah Medicaid	28
 WAIVER PROGRAMS	 29
 OTHER STATE PROGRAMS	 29
CHIP (Children’s Health Insurance Program)	30
PCN (Primary Care Network).....	30
UPP (Utah’s Premium Partnership for Health Insurance).....	30
FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)	30
Living Well with Chronic Conditions	31
Restriction Program	31
Spendedown Program (Medically Needy)	31
 RESOURCES.....	 32
 NOTICE OF PRIVACY PRACTICES.....	 36

Glossary of Abbreviations

CHEC	Children’s Health Evaluation & Care	PCN	Primary Care Network
CHIP	Child Health Insurance Program	PCP	Primary Care Provider
DWS	Department of Workforce Services	PMHP	Prepaid Mental Health Plan
FQHC	Federally Qualified Health Center	QMB	Qualified Medicare Beneficiary
HPR	Health Program Representative	RHC	Rural Health Centers
LHD	Local Health Department	TPL	Third Party Liability (Primary Insurance)
ORS	Office of Recovery Services	UTA	Utah Transit Authority
OTC	Over-The-Counter		

Welcome to Utah Medicaid



This booklet is for eligible Medicaid clients living in Utah. The booklet will help you learn about Medicaid and what healthcare services are available to you.

The Medicaid Member Guide is written in both English and Spanish. It is also available in Braille. You may find the Utah Medical Benefits website helpful: <http://health.utah.gov/umb>.

If you are hard of hearing or don't speak English, we can help by providing a free interpreter. We have interpreters that can speak or sign your language. Interpreters can help explain the Medicaid program. Your health plan also has interpreters.

Do you need an interpreter?

Tell us if you need someone to interpret for you. We will find someone who speaks or signs your language to help explain the Medicaid program. When you have health plans (physical health and mental health), the plan provides someone to interpret for you. If you need help getting an interpreter, call the Medicaid Information Line at (801) 538-6155 or 1-800-662-9651.

Are you hard of hearing? Do you have speech problems?

If you are hard of hearing, call Utah Relay Services at 711 or 1-800-346-4128 toll free. This telephone relay service or TTY/TTD is a free public service. If you speak Spanish, call Spanish Relay Utah toll free at 1-888-346-3162.

If you have a hard time speaking, call 1-888-346-5822. A specially trained person will help you.

Call (801) 526-9422 or toll free 1-866-608-9422 to contact a Health Program Representative (HPR) with benefit questions.

This information can change at any time.

Basic Medicaid Information

Medicaid members who live in Weber, Davis, Salt Lake or Utah County *must* choose a health plan for your medical care. If you don't choose a health plan, an HPR (Health Program Representative) will make the choice for you.

What is an HPR?

An HPR is a person who works for the Utah Department of Health. They help you understand important information about your rights, responsibilities, benefits, health plans and providers.

HPRs will:

- Have classes to help you learn about Medicaid benefits
- Talk to you about the health plans in your area
- Help you choose a health plan that will work best for you

HPRs work with Medicaid, CHIP (Children's Health Insurance Program) and PCN (Primary Care Network) programs.

To contact an HPR, please call (801) 526-9422 or toll-free 1-866-608-9422.

What is a health plan?

A health plan is a group of doctors, clinics, hospitals and other medical experts you will use for your medical care. If a health plan does not meet your medical needs, talk to an HPR.



The name of your health plan will be printed on your Medicaid card. It may, however, take a couple of months for your health plan to be printed on your card. If there is not a health plan on your card, you can see any provider that will accept Medicaid. People who are in a nursing home for more than a month will not have a health plan.

Your health plan or Medicaid pays your provider for covered services. Use a doctor, clinic or hospital that accepts your health plan or you may have to pay the bill. If your health plan reimburses your provider less than the amount charged for covered services, your provider cannot ask you to pay the rest of the bill.

You need to know about your health plan and find out how it works. Your health plan may contact you to ask about your medical needs. Medicaid health plans have to obey all federal and state laws. You have the right to receive information about your health plan each year. For questions about Medicaid health plans, contact an HPR.

Can I change my health plan?

- Each year you can change your health plan between mid-May and mid-June. The new health plan will start July 1st. A letter will be sent to remind you when you can change your plan.
- After you choose a health plan, you have 90 days to decide if you want to make a change.
- If your health plan is not working for you, contact your HPR.
- Changing your health plan will probably change the doctors you can use.

What is a PCP?

A Primary Care Provider (PCP) is a doctor you see for most of your medical care.

A PCP:

- Knows you, your medical and family history
- Sees you for routine care and sudden illness
- Can refer you to a specialist (heart doctor, bone doctor, cancer, etc)
- Watches over and directs all of your medical care

Examples of doctors who can be a PCP:

- Family Practice (for all ages)
- Internal Medicine (for adults)
- Pediatrician (for children)
- OB/GYN (for women)



What is prior approval or prior authorization?

A prior approval or prior authorization is permission to get a service covered by Medicaid or your health plan. Most services don't need prior approval, but some do. If a service you need requires a prior approval, your doctor's office must get permission *before* they provide the service. If approval is not given for the service, you will get a letter telling you how to request a fair hearing.

What is a TPL?

When you have other health insurance or you are on Medicare, the other insurance is called a Third Party Liability (TPL). You must tell DWS if you have or get insurance for anyone on your Medicaid card. The TPL information prints on your Medicaid card. Once your card has been printed, you have to call the TPL unit at the Office of Recovery Services (ORS) to report changes. The TPL unit number prints on your Medicaid card.

Your provider bills your other insurance first. Then they bill Medicaid or your health plan for any part of the bill your insurance doesn't cover.

What do I have to pay?

You may have to pay a fee for some benefits and services. This fee is called a copay or coinsurance. If you have to pay a fee, a message will print on your Medicaid card. See the Quick Guide section of this booklet to see what co-pay or co-insurance a non-pregnant adult has for specific benefits.

You may have to pay money when you:



- Visit a doctor or clinic (copay)
- Go to the hospital for outpatient services (copay)
- Have a non-emergency hospital stay (more than 24 hours) (coinsurance)
- Get a prescription (copay)

Other things you should know about copays and coinsurance:

- If you do not pay your fee, your provider does not have to see you. The provider can bill you or turn the account over to a collection agency for the copay amount.
- Each time you pay a fee you should get a receipt and save it.
- Medicare or other insurance may affect the amount you pay.

American Indians, children under 18, pregnant women and Medicaid clients in a nursing home do not pay copays or coinsurance.

Go to the Quick Guide Section to see copay amounts for non pregnant adults.

What is an Out-of-Pocket Maximum?

If you have to pay copays or coinsurance, Medicaid has a limit or maximum amount of money that you have to pay each year. The amount you pay is counted from January through December.

When you have met the out-of-pocket maximum for your program, call the Medicaid Information Line at (801) 538-6155 or toll-free 1-800-662-9651.

Do I ever have to pay any money back to Medicaid?

You may have to pay Medicaid back if:

1. Bills were paid when you were not eligible for Medicaid.



2. After you pass away, the state will take money out of your estate if Medicaid paid bills for you after you were 55 years old. If you have a surviving spouse, minor or disabled children, the state will not take money back.

Call the Office of Recovery Services (ORS) at (801) 536-8806 or toll-free 1-800-821-2237 for more information.

Am I covered if I am out of town?

When you go out of town, you may be covered for urgent or emergency care even if there are no medical providers who take your health plan. Your health plan or Medicaid will pay for urgent or emergency care as long as the provider will bill for the services and accept Utah Medicaid.

Routine care is not a Medicaid benefit when you are out of town.

If you have an emergency while you are away, ask the medical provider if they will bill your Utah Medicaid health plan. If you don't have a health plan, ask if they will bill Utah Medicaid. You need to ask the pharmacy if they will contact the Utah Medicaid Information Line before you get prescriptions.

Call your health plan to report all out of town urgent or emergency care services.

What do I do with medical bills?

Pay attention to the mail you get from your doctor's office. If the bill says you owe money you should:



1. Make sure your doctor's office has a copy of your Medicaid card for the month you are being billed.
2. Call your doctor's office. If you had a health plan on the date you received services, ask if they have billed your health plan. If you did not have a health plan, ask if they billed Medicaid for your services.
3. If the doctor's office has billed your health plan or Medicaid, but the bill is still not paid, call your health plan or the Medicaid office.
4. If you have called your doctor's office and your health plan or the Medicaid Information Line and you still have problems, call your HPR.

You may have to pay your own medical bills for Medicaid covered services:

- If you see a provider who isn't part of your health plan
- If you receive services without showing your Medicaid card to the provider

You will have to pay the bill for services received:

- When you were not eligible for Medicaid
- During an appeal, grievance or hearing if the action is denied

You will have to pay for any services that are not covered by Medicaid.

If you get services that are not covered by Medicaid, you should sign a form in the provider's office that says:

- What non-covered service you will be receiving,
- You know it is not a Medicaid covered service, and
- How much you will have to pay.

What if I have bills for medical services in past months?

If you are eligible for past months, you will not have a health plan for that time. Show providers your Medicaid cards and ask if they will bill Medicaid. They *do not* have to accept your Medicaid card for past services.

Should I go to an urgent care clinic or the emergency room?

Using an urgent care clinic (after-hours) instead of going to an emergency room saves a lot of tax dollars. One emergency room visit costs Medicaid the same amount of money as 12 urgent care clinic visits. Make sure it is a real emergency before going to an emergency room. Be smart about using your Medicaid card. To find more information go to: www.health.utah.gov/safetowait.

Urgent Care: Urgent care problems usually don't cause permanent harm or death. For urgent care, call your doctor and ask if you can be seen the same day. If you have a health plan, your plan may have urgent care clinics that are open after normal office hours and on weekends. Check your health plan provider directory.



Use your doctor or an urgent care clinic for serious problems when it is not a true emergency.

Examples of urgent care:

- Sprained wrist or ankle
- Earache
- Bad cough or high fever
- Vomiting a lot
- Ingrown toenail

Emergency Care: Use an emergency room only when you have serious medical issue and it is not safe to wait. If you wait, emergencies could mean permanent harm or death. Use the hospital emergency room that is nearest to you.

If you feel your medical problem is an emergency, call 911 or go to the nearest emergency room right away. For a real emergency, you don't need to call your doctor before you go. Your doctor should provide any follow-up care.

Examples of emergencies:

- Heavy bleeding
- Chest pain
- Trouble breathing
- Bad burns
- Broken bones



If you go to the emergency room for something that is not a real emergency, you may have to pay the emergency room copay or pay the whole bill yourself.

What about a poison emergency?

When you think you or someone you know has a **possible poison exposure or poison emergency**, call **1-800-222-1222**. If someone is not breathing, call 911 for help *now!*

The poison control center has specially trained staff on duty all of the time. They can answer questions about poison emergency or possible poison exposure. They will provide immediate treatment advice for any kind of poisoning concern.

Examples of a poison emergency:



- Swallowed household cleaning chemical
- Splashed chemical in the eye
- Chemical on skin
- Breathed fumes after mixing chemicals together or after a gas leak
- Took too much (overdose) or the wrong medication or supplement
- Bad reaction to medication

What are my responsibilities as a Medicaid client?

- Check the information on your Medicaid card. Call DWS to let them know if anything is wrong.
- Call DWS if you don't get your Medicaid card or if you have lost it.
- When you make an appointment, tell them you have Medicaid and let them know what health plan is on your card.



- Show your current card every time you get any services.
- Save your Medicaid cards for one year.
- Use your Medicaid card wisely.
- Keep appointments or cancel at least 24-hours in advance.
- Respect your doctors and their staff, listen to what they say.
- Pay your copay or coinsurance at the time of service.

What are my rights?

- You have the right to be treated fairly and with courtesy and respect.
- You have the right to have your privacy protected and be treated with dignity.
- You have the right to get medical care no matter what your race, color, nationality, disability, sex, religion or age.
- You have the right to receive information on all available treatment options.
- You have the right to participate in decisions regarding your medical care, including refusing treatment.
- You have the right to ask for a copy of your records and request that they be changed.

To solve benefit problems with your health plan:

- Call your health plan and talk to them about the problem. Most of the time problems can be fixed just by talking to your health plan.
- If there is still a problem ask your health plan how to file a grievance or an appeal.
- Call your HPR and ask for help.
- Call the Medicaid Information Line. Sometimes they can help.

After your health plan's final decision, if you still feel you are being treated unfairly you can ask for a Fair Hearing with Medicaid. You must file for a Fair Hearing within 30 days of the final health plan decision. You can talk to your HPR.

To resolve benefit problems with Medicaid:

- Call your HPR at (801) 526-9422 or toll-free 1-866-608-9422 to talk about the problem.
- You can ask for a Fair Hearing. You must file for a Fair Hearing within 30 days of the final decision. You can talk to your HPR.

What if I know of or think there may be Medicaid fraud?

Medicaid **PROVIDER** Fraud: If you think a Medicaid provider is involved with fraud, please contact:

The Utah Office of Inspector General (OIG)

Email: mpi@utah.gov

Toll Free Hotline: 1-855-403-7283

Medicaid **CLIENT** Fraud: If you think a Medicaid client is involved with fraud, please contact:

Department of Workforce Services Payment Error Prevention Unit

Email: wsinv@utah.gov

Telephone: 1-800-955-2210

To Report Provider or Client Fraud, Waste or Abuse: oig.utah.gov

If you believe you have been improperly denied a service or benefit because of your disability, age, sex, religion, race, color or national origin you may contact the State to file a complaint.

Medicaid Constituent Services

1-877-291-5583

<http://health.utah.gov/html/civilrights.html>

Even if you choose not to file a complaint with the State you still may file a complaint with:

Federal Office for Civil Rights

U.S. Department of Health and Human Services

Federal Office Building

1961 Stout Street, Room 1426, Denver, CO 80294-3538

1-303- 844-2024

Website: www.hhs.gov/ocr

Recording 1-800-368-1019

TDD 1-800-537-7697

Basic Medicaid Benefits

Benefits Covered by Medicaid:

- Ambulance
- Birth Control
- Case Management
- CHEC Program or Well-Child Exams
- Chiropractic Services
- Dental
- Doctor Visits
- Emergency Room
- Eye Exams and Eyeglasses
- Home Health Care
- Hospice Care
- Hospital
- Lab and X-ray
- Maternity Care
- Medical Supplies
- Mental Health
- Midwife Services
- Nursing Home Services
- Over-the-Counter Drugs
- Personal Care Services
- Physical Therapy/ Occupational Therapy
- Prescriptions*
- Specialists
- Speech and Hearing Services
- Tobacco Cessation Services for Pregnant Women
- Transportation Services
- Waiver Programs

For more information about your benefits, contact an HPR. Some benefits may not be covered or may have limits depending on your Medicaid program. *Benefits may change at any time.*

Providers have the right to refuse to see you. Medicaid cannot force a provider to accept Medicaid or make them accept you as a patient.

**Prescription benefits for people who are eligible for Medicare and Medicaid are covered by Medicare Part D. These people are called "dual eligible".*

Ambulance

When there is a true emergency, call 911 for an ambulance. Medicaid will cover an ambulance or an air ambulance, if needed, in an emergency. The ambulance should take you to the nearest hospital.

Birth Control

You can get family planning services from any provider who accepts Medicaid or your health plan, without copay. You do not need a referral. You can get some types of birth control in the doctor's office. For others, the doctor will write a prescription.

Go to the Quick Guide Section to see what birth control is covered under your program.

Case Management (Coordination of Care)

Some health plans have case management programs. If you have serious health problems and have a health plan on your Medicaid card, ask to speak with a case manager with your plan. A case manager helps make sure you get the medical care you need.



CHEC Program or Well-Child Exams

CHEC (Child Health Evaluation and Care) is a special benefit for children on Medicaid. CHEC is about keeping children healthy. Anyone from birth through age 20 on Traditional Medicaid (purple card) can get CHEC covered services.

Regular checkups help keep your children healthy. Some problems start before your child looks or feels sick. Your doctor can find and treat these problems before they become more serious.

CHEC services include:

- Children may receive benefits that are usually not covered by Medicaid.
- Well-child exams by your child's doctor. A head-to-toe exam that includes health history, eating habits, eyesight and hearing exam, lead screening and a growth and development check.
- Immunizations (shots) to keep your child healthy.
- Dental check-ups by your child's dentist, including a complete exam and cleaning twice a year, fluoride treatment, and sealants. Your child's first dental visit should be by age one.
- Follow-up treatment and care if a health problem is found during a CHEC exam.



When should my child have a CHEC well-child exam?

- Newborns - as soon as possible after birth
- Babies - 1, 2, 4, 6, 9, 12, 15, 18, and 24 months (shots are due at many of these visits)
- Toddlers - ages 3 to 5 (more shots are due at some of these visits)
- Children - ages 6, 8, 10, 11 and 12
- Teenagers and young adults - ages 13 to 20

If you missed a checkup at one of these stages, take your child in as soon as possible. Ask for a CHEC exam while making the appointment and tell your doctor you have Medicaid. Remember to take your child's immunization record with you.

Chiropractic Services (Chiropractic Health Plan)

Pregnant women and children have chiropractic benefits. These services are covered through the Chiropractic Health Plan. You can see any provider who is on the plan. Services are limited. To learn more about your chiropractic benefits call (801) 352-7270 or toll-free 1-800-339-5958 or talk to your HPR.

Dental Benefits

Pregnant women and children on Traditional Medicaid (purple card) have dental benefits. Benefits may include:

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



Call your dentist or other dentists in your local phone book to see if they accept Medicaid. Utah also has clinics where you can get dental care called the Family Dental Plan. For help in finding a dentist, call the Medicaid Information Line.

Non pregnant adults only have emergency dental benefits.

Doctor Visits

Medicaid pays for you to see the doctor when you are having health problems. Most of the time you can get the treatment you need from your PCP. If your doctor feels your problems are too serious to

treat in the office, they may refer you to a specialist. If you have a health plan on your Medicaid card, make sure that you see a doctor who accepts your plan.

Eye Exams and Eyeglasses

Medicaid covers one medically necessary eye exam each year.



Pregnant women and children can get glasses. Your provider will show you a selection of glasses to choose from that Medicaid will pay for in full.

You can choose more expensive eyeglasses, but you have to pay the difference between what Medicaid or your health plan pays and the cost of the more expensive glasses. Make sure you sign an agreement if you are going to pay for more expensive glasses.

Home Health Care

Home health care is for people who are unable go to the doctor's office but don't need to be in a hospital or nursing home. This service requires prior approval.

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

- Physical and other therapies
- Nursing
- Care from a home health aide
- Some medical supplies such as oxygen



Talk to your doctor if you need home health care. If you have a health plan, you must use a home health agency that is part of your plan.

Hospice Care

Hospice care can help people be more comfortable when they are dying. Talk to your doctor if you need these services.

Hospital Care

Medicaid covers both inpatient and outpatient hospital care. You need a referral from your doctor before you use hospital services unless it is a true emergency.

Prior approval is needed for some hospital services. If you have a health plan, use a hospital that is with your plan.

If your stay in the hospital is not an emergency you will have to pay coinsurance.

Lab and X-ray Services

Many lab and x-ray services are covered by Medicaid. You might get these services in your doctor's office, or your doctor might need to refer you to a clinic, lab or hospital. If you have a health plan, you must use a provider who is with your plan.

Maternity Care

If you think you are pregnant, see a doctor as soon as possible. To receive prenatal benefits, call DWS to report your pregnancy. Early prenatal care helps you have a healthy baby.

Have you had a baby who was born too early or was too little?

There is drug that may reduce the chance of this happen again. A pregnant woman needs to start taking this drug between the fourth and sixth months of the pregnancy. Call your doctor to see if this drug may help you.

You may choose to see a specialist such as an OB/GYN or a CNM (Certified Nurse Midwife). If you have a health plan, you must use a provider that is with your plan.

Medicaid covers:

- Prenatal visits, lab work and tests you may need
- Charges for labor and delivery
- Anesthesia (treatment for pain)
- Hospital stay
- Your 6-week checkup after the baby is born
- Tobacco cessation services



You can stay in the hospital for as long as your provider feels you should. Your baby may be covered by Medicaid for a year. Call DWS as soon as possible to report the birth of your baby.

Medical Supplies

Talk to your doctor if you need medical supplies. Your doctor will need to write an order. If you have a health plan, give the order to a medical supplier who is with your plan. Some examples of covered medical supplies are:

- Wheelchairs
- Prosthetic devices
- Bandages or wound care supplies
- Vaporizers or humidifiers
- Oxygen



Mental Health Care

Prepaid Mental Health Plan (PMHP)



If you live in a county other than San Juan or Wasatch, Medicaid enrolls you in the Prepaid Mental Health Plan (PMHP) in your area for mental health services. The name of the PMHP is printed on your Medicaid card.

You must get mental health services through your PMHP. If you want to get services from someone outside the PMHP, you must get approval from the PMHP before you get the services. Otherwise, you might have to pay the provider for the services.

This does not apply to American Indians. You may get services from the PMHP if you would like, or you may get services from Indian health care providers, including

from an Indian Health Program or an Urban Indian Organization.

PMHPs are responsible to provide mental health care in a hospital, and outpatient mental health services. Outpatient mental health services may include:

- Evaluations
- Psychological Testing
- Medication Management
- Individual, Family and Group Therapy
- Individual and Group Psychosocial Rehabilitation Services
- Peer Support Services
- Case Management Services

Other services include:

Electroconvulsive therapy (ECT)
Interpreter services

If you have Traditional Medicaid, there are more services that may be available based on your needs. These services are:

- Transportation to mental health appointments (call your PMHP or talk to your therapist for help with transportation)
- Personal Services
- Respite Care

- Psycho-educational Services
- Supportive Living

Mental Health Services for Children in Foster Care

Inpatient mental health care for children in foster care is the responsibility of the PMHP. Children in foster care may get outpatient mental health services from any Medicaid provider that their case worker recommends.



San Juan and Wasatch Counties

If you live in San Juan County or Wasatch County, you can get mental health services from the mental health center serving your county (San Juan Counseling or Heber Valley Counseling) or from other qualified Medicaid providers.

What if I have problems with my PMHP?

If you disagree with any decision made by your PMHP about your mental health problem or services, or you are unhappy with the care you are getting, you have the right to let them know:

- Call your therapist, the therapist’s supervisor or the PMHP to talk about the problem.
- Call the Medicaid Information Line at (801) 538-6155 or toll-free at 1-800-662-9651.
- Call your HPR.
- If there is still a problem, ask your PMHP about filing a grievance or an appeal depending on the problem.
- If you are not happy with the decision your PMHP makes on an appeal, you can ask for a fair hearing with Medicaid.

Alcohol and Drug Services

Medical Detoxification in a Hospital

If you need *inpatient* drug or alcohol detoxification services and you are enrolled in a health plan for physical health care, call your health plan. If you are not enrolled in a health plan, the hospital will bill Medicaid for detoxification services.

Outpatient Alcohol and Drug Services

Outpatient alcohol and drug services are covered under the PMHP listed on your Medicaid card.

Exceptions

Box Elder, Cache and Rich Counties

If you live in one of these counties, outpatient alcohol and drug services are not covered under your PMHP, Bear River Mental Health. You can get alcohol and drug services from the Bear River Health

Department. For services in Brigham City, call 435-734-1322. For services in Logan, call 435-792-6420. You can also get alcohol and drug services from other qualified Medicaid providers.

Utah County

If you live in Utah County, your Medicaid card has two PMHP providers listed. Your Medicaid card will say 'Wasatch Mental Health' and 'Utah County Drug & Alcohol Svcs'. You must get mental health services through Wasatch Mental Health. You must get any needed outpatient alcohol and drug services through the Utah County Department of Drug and Alcohol Prevention and Treatment (801-851-7128).

Unless you live in Box Elder, Cache or Rich County, you must get outpatient alcohol and drug services through the PMHP listed on your Medicaid card. If you want to get services from someone outside the PMHP, you must get approval from the PMHP before you get the services. Otherwise, you might have to pay the provider for the services.

American Indians may get services from the PMHP if you would like, or you may get services from Indian health care providers, including from an Indian Health Program or an Urban Indian Organization.

PMHPs are responsible to provide outpatient alcohol and drug services. Outpatient services may include:

- Evaluations
- Psychological Testing
- Medication Management
- Individual, Family and Group Therapy
- Individual and Group Psychosocial Rehabilitation Services
- Peer Support Services
- Case Management Services

Other services include:

- Interpreter services
- Transportation to your substance abuse appointments is not covered by the PMHP. Transportation to outpatient alcohol and drug services may be covered through the Medicaid transportation program.

Outpatient Alcohol and Drug Services for Children in Foster Care

Children in foster care may get outpatient alcohol and drug services from any Medicaid provider whom their case worker recommends.

San Juan and Wasatch Counties

If you live in San Juan County or Wasatch County, you can get alcohol and drug services from the mental health center serving your county (San Juan Counseling or Heber Valley Counseling) or from other qualified Medicaid providers.

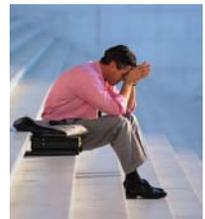
What if I have problems with my PMHP?

If you disagree with any decision made by your PMHP about your alcohol or drug problem or services, or you are unhappy with the care you are getting, you have the right to let them know:

- Call your therapist, the therapist's supervisor or the PMHP to talk about the problem.
- Call the Medicaid Information Line at (801) 538-6155 or toll-free at 1-800-662-9651.
- Call your HPR.
- If there is still a problem, ask your PMHP about filing a grievance or an appeal depending on the problem.
- If you are not happy with the decision your PMHP makes on an appeal, you can ask for a fair hearing with Medicaid.

Methadone Maintenance Treatment Services

Methadone maintenance treatment services are not covered by your PMHP. You can get methadone maintenance treatment services from qualified Medicaid providers.



Medications for an Alcohol or Drug Problem

If you have a private doctor who prescribes medicine for an alcohol or drug problem, and the doctor is not part of the PMHP listed on your Medicaid card, you can keep seeing your doctor for your medicine.

Midwife Services



If you have a health plan and choose to see a midwife for care during your pregnancy, you must choose a certified nurse midwife who is with your health plan. Certified nurse midwives can deliver babies in the hospital. If you have to have c-section, your midwife will arrange for a medical doctor provide the service.

Nursing Home

Medicaid covers nursing home care. Long-term care is when a person stays in a nursing home more than 30 days. Long-term nursing home patients do not have a health plan. If you enter a nursing home and have a health plan on your Medicaid card, talk to your HPR about having it removed.

Short term care is when a patient goes from a hospital to a nursing home to continue recovering. When this stay is less than 30 days, the patient with a health plan on their Medicaid card, will stay with the same plan.

Personal Care Services

Personal care services such as bathing, feeding and dressing may be covered. This help is for people who can't do these things for themselves. Personal care is provided by a home health care aide. Talk to your doctor if you need these services. If you have a health plan, the services are provided by a home health agency that is with your plan.

Physical Therapy and Occupational Therapy

Some Medicaid programs may cover some physical and occupational therapy. If these services are available under your program, therapy may be ordered by your doctor. If you have a health plan, make sure to use a therapist who is with your plan.

Prescriptions

Not all drugs are covered, even with a doctor's prescription. Generic brands are covered by Medicaid. If there isn't a generic brand for the drug you need, you may get the name brand. Some prescriptions require prior approval, check with your doctor.



Prescriptions and Medicare

Medicaid does not pay your prescriptions if you have or are *eligible* for Medicare. Prescriptions for people with Medicare are covered by Medicare Part D.

The only prescriptions that are covered by Medicaid for people with Medicare are:

- Barbiturates (sedatives)
- Benzodiazepines (minor tranquilizers)
- Some cough and cold medications
- Medicaid covered over-the-counter medication prescribed by your doctor

Call the State Health Insurance Information Program (SHIIP) toll free 1-800-541-7735 or Medicare toll free 1-800-663-4227 for questions. For TTY, call 1-877-486-2048. You can also visit the Medicare website: www.medicare.gov

Over-The-Counter (OTC) Drugs

Medicaid covers over-the-counter (OTC) medicines only when listed on the OTC Drug List. You need a prescription from your provider for Medicaid to pay for OTC medication.

Specialists

You may need to see a specialist if you have a serious health problem. If you have a health plan, be sure to use a provider who accepts your plan. If you are in a rural area and have a primary care provider on your Medicaid card, ask your doctor to refer you to a specialist who accepts Medicaid.

Speech and Hearing Services

Pregnant women and children on Traditional Medicaid (purple card) have speech and hearing services. If you have a health plan, be sure to use a speech or hearing specialist who accepts your plan. If you are in a rural area and have a primary care provider on your Medicaid card, ask your doctor to refer you to a speech or hearing specialist who accepts Medicaid.

Tobacco Cessation Services

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



Medicaid will cover some tobacco cessation products for all Medicaid eligible clients. If you are interested in these products, talk to your doctor and ask for a prescription.

The Utah Tobacco Quit Line is a free telephone support service to help you quit using tobacco. Telephone counseling is one of the best ways to help people quit smoking or chewing tobacco. You don't have to make an appointment, hire childcare, or find transportation—you just have to pick up the phone and call 1-800-QUIT-NOW.

*Go to the Quick Guide section to see what OTC medication is covered under your program.

Transportation Services

Emergency transportation for medical emergencies is a covered benefit of most Medicaid programs. Transportation is only provided to the closest appropriate Medicaid provider. The service must be a covered benefit of your Medicaid program.

Traditional Medicaid programs (purple Medicaid card) may cover transportation to the doctor when it is not an emergency. The transportation services that may be available are:

- **UTA Bus Pass, including TRAX** (FrontRunner and Express Bus Routes are not included): If you are physically able to ride a UTA bus, call your Department of Workforce Service (DWS) eligibility worker and ask if your Medicaid program covers a bus pass. If you qualify, the pass will come in the mail each month with your Medicaid card. Show your Medicaid card and bus pass to the driver.

- **PickMeUp:** *PickMeUp* is a door-to-door service. You may be eligible for *PickMeUp* if you have Traditional Medicaid (purple card), you don't have a working vehicle in your household or if physical disabilities keep you from riding a UTA bus. To qualify your doctor must complete a *PickMeUp* form stating the medical reason they think you qualify for door-to-door transportation. To arrange this transportation you must call *PickMeUp* at 1-888-822-1048.

If you are approved you must make reservations with *PickMeUp* at least 24 hours before your appointment.

PickMeUp can also provide transportation for urgent care. When you need urgent care, *PickMeUp* will call your doctor to make sure urgent care was needed.

- **UTA FlexTrans:** If you aren't physically able to qualify for *PickMeUp* you may qualify for services through UTA FlexTrans. When there is a medical need, *PickMeUp* will refer you to UTA FlexTrans.
- **Mileage Reimbursement:** Talk to your eligibility worker if you have questions about mileage reimbursement. Whether or not you can qualify for mileage reimbursement depends on many things. Generally you will not receive mileage reimbursement if there is a more cost effective way for you to get to your appointments.
- **Overnight Costs:** Certain Medicaid recipients may be reimbursed for overnight costs including lodging and food costs, when overnight stays are necessary to get medical treatment. Rarely overnight cost may be paid in advance. Contact DWS to find out which overnight costs may be covered by your Medicaid program.

Quick Guides

Quick Guides will help you with specific topics at a glance. The charts that follow are:

- Birth Control Chart
- Non Pregnant Adult Copay and Medicaid Program Comparison Chart
- Over the Counter Medication List
- Tobacco Cessation

	Traditional Medicaid (Purple Medicaid Card)	Non Traditional Medicaid (Blue Medicaid Card)
Condoms	Yes *OTC	Yes *OTC
Creams	Yes *OTC	Yes *OTC
Depo-Provera	Yes, by doctor	Yes, by doctor
Diaphragm	Yes *OTC	Yes *OTC
Foams	Yes *OTC	Yes *OTC
IUD	Yes, by doctor	Yes, by doctor
Morning After Pill	Yes	Yes
Contraceptive Implants	Yes	Not covered
Patches	Yes	Not covered
Pills	Yes	Yes (generic only)
Sterilization (tubes tied or a vasectomy)	Yes **Consent form required	Yes **Consent form required
Non-Surgical Sterilization (Essure®)	Yes **Consent form required	Yes **Consent form required

* OTC means Over-the-Counter. You must have a prescription from your doctor.

**Sterilization consent forms are signed with your doctor and required 30 days before surgery.

This chart may change at any time without notice.



Non Pregnant Adults Copay Chart July 2012

A provider can refuse to see you if you do not pay your co-pay

Benefit	Traditional Medicaid (Purple Medicaid Card)	Non-Traditional Medicaid (Blue Medicaid Card)
Out of Pocket Maximum	* Pharmacy \$15 per month Inpatient \$220 per year Physician and Outpatient \$100 per year combined	\$500 per calendar year per person
Dental	Only emergency dental services	Only emergency dental services
Emergency Room	* No copay. \$6 co-pay for non emergency use of the ER	* No copay. \$6 co-pay for non emergency use of the ER
Family Planning	Office visit - No copay Pharmacy - No copay <i>See current OTC list</i>	Office visit - No copay Pharmacy - No copay <i>See current OTC list</i> <i>Implants and patches are not covered</i>
Inpatient Hospital	*\$220 co-pay yearly for non-emergency stays	\$220 co-pay each non-emergency stay
Lab	No copay	No copay
Medical Equipment & Supplies	No copay	No copay
Mental Health	No copay at prepaid Mental Health Center	No copay - limited benefit <i>30 annual inpatient, 30 annual outpatient visits</i>
Occupational and Physical Therapy	No copay	\$3 co-pay - <i>limited to a combined 10 visits per year</i>
Office Visit & Outpatient	Office visit - \$3 co-pay per visit - <i>No copay for preventative care or immunizations</i> *Outpatient - \$3 co-pay	Office visit - \$3 co-pay per visit - <i>No copay for preventative care or immunizations</i> *Outpatient - \$3 co-pay
Pharmacy	*\$3 co-pay per prescription limited to \$15 monthly <i>Limited over-the-counter drug coverage</i>	\$3 co-pay per prescription <i>Limited over-the-counter drug coverage</i>
Transportation	no-co-pay	No copay - <i>limited to emergency transportation</i>
Vision Services	Optometrist – No copay for annual eye exam Ophthalmologist - \$3.00 co-pay for annual eye exam <i>Glasses not covered</i>	Annual coverage limited to \$30.00 for a medically necessary eye exam <i>Glasses not covered</i>
X-Ray	No copay	No copay

- American Indians, pregnant women and children do not have co-pays.
- Other insurance or Medicare may affect copay and coinsurance.
- Pregnant women and children have extra benefits such as all dental benefits, eyeglasses and chiropractic services.

Over-the-Counter Medicine List

OTC products may also have restrictions indicated on the chart which include the following:

Brand name allowed: Brand names are covered only when so noted.

Generic equivalent only: Only the generic equivalent of the brand is covered.

Limits: Limits and other criteria may be noted after the drug name.

NTM: Item is covered under the Non-Traditional Medicaid program.

Nursing Home OTCs' are not included on this list.

Drug Name	Brand Covered	Limits	NTM
Acetaminophen			*
Antacid liquid and tablets		-Tums rolls, covered -Tums-500, E-X, and Ultra NOT covered -Mylanta NOT covered	*
Aspirin including enteric coated, buffered			*
Benadryl		Generic equivalent only	*
Bisacodyl tablets and suppositories			*
Chlorpheniramine			
Citrate of magnesia		600 ml, maximum	
Contraceptive creams, foams, tablets, sponges, and condoms			*
Doxylamine Succinate			*
DSS caps, liquid, and syrup and concentrate drops 5% (Na+ or Ca++ salt)			*
Famotidine OTC			*
Ferrous gluconate 325mg, sulfate 325mg/elixir, 220mg/5c		30 Tabs or equivalent	
Glucose blood test strips	Yes	e.g. Freestyle, Chemstrip, One-touch, Ultra, etc	*
Gyne-Lotrimin		Generic equivalent only	*
Hydrocortisone cream, ointment, supp.			*
Ibuprofen			*
Immodium AD		Generic equivalent only	*
Insulin	Yes		*
Insulin syringe with needle- disposable		100/month maximum	*
Kaolin with pectin suspension			*
Lancets		100/month maximum	*
Loratidine (single agent)	Yes		*
Lotrimin, Lotrimin AF		Generic equivalent only	*
MAG-CARB	Yes		
Milk of magnesia Miralax	Yes		*
Niacin 250mg, 500mg for hyperlipidemia only		(SR, LA forms not covered)	
Nix and generic equivalent	Yes		*
Non-oyster shell calcium tabs		Oyster shell not covered	*
Pepto-Bismal and generic equivalent	Yes		
Poly Vi Sol		Iron formulations not covered	
Priolosec OTC			*

Drug Name	Brand Covered	Limits	NTM
Prophyolactics, male, female	Yes		
Pseudoephedrine HCL 30mg, 60mg			*
Psyllium muciloid powder			*
Rid and generic equivalents	Yes		*
Robitussin DM		Generic equivalent only	*
Robitussin		Generic equivalent only	*
Senokot 8.6mg tab		Generic equivalent only	*
Tri Vi Sol			
Triaminic(s)	Yes		*
Triple antibiotic ointment 15gm			*
Urine tests (Clinistix, Clinitest, Diastix, Ketostix)	Yes		
Zyrtec	Yes		*

This list may change without notice.

Updated: 6/25/2012

Tobacco Cessation Benefits for Utah Medicaid

Medication	How Supplied	Traditional Medicaid (Purple Card) \$3.00 Copay	Non Traditional Medicaid (Blue Card) \$3.00 Copay
Zyban*	Prescription	Yes	No
Prior Authorization Required (Brand vs. Generic**) Generic – Bupropion SR	Prescription	Yes	Yes
Chantix***	Prescription	Yes	Yes
Prior authorization required			
Nicotine Patch	Over the counter, but prescription from physician is required for payment by Medicaid	Yes	No
Nicotine Gum	Over the counter, but prescription from physician is required for payment by Medicaid	Yes	No
Nicotine Lozenge	Over the counter, but prescription from physician is required for payment by Medicaid	Yes	No
Nicotine Inhaler	Prescription	Yes	No

*Zyban is FDA approved only for smoking cessation. Bupropion is the generic name for both Zyban and Wellbutrin. However, Wellbutrin is FDA approved only for depression. It is not recommended for pregnant women or ages 18 and under.

**For prior authorization please call 1-800-662-9651.

***Chantix – Medicaid covers up to 24 weeks per year of the prescription. It is not recommended for pregnant women or ages 18 and under.

Dual Eligibles (Medicare and Medicaid eligible) – Medicare does not cover tobacco cessation products. However, Medicaid covers some tobacco cessation products as listed above.

All Medicaid clients are eligible for a variety of free service through the Utah Tobacco Quit Line.

For those who are ready to quit, intensive quit counseling and nicotine replacement therapy (Patch, gum, Lozenge) are available.

For more information call 1-800-QUITNOW.

Waiver Programs

Some people with special needs may qualify for Medicaid through waiver programs. Individuals may participate in a waiver only if they require the level of care provided in a hospital nursing facility or intermediate care facility for mental retardation. Waivers allow Medicaid to pay for support and services that help people live safely in their own homes or the community. Each program has specific requirements and benefits.

For information about how to apply for a waiver program, call the numbers below:

- Acquired Brain Injury Waiver
Call DSPD (801) 538-4200
- Community Supports Waiver
Call DSPD at (801) 538-4200
- Technology Dependant/ Medically Fragile Children Waiver (Travis-C)
Call Children’s Special Health Care Services (CSHCS) (801) 584-8240 or toll-free 1-800-829-8200
- Waiver for Individuals Age 65 or Older
Call the Division of Aging and Adult Services in your area
- Physical Disabilities Waiver
Call DSPD (801) 538-4200
- New Choices Waiver
Call the New Choice Waiver Program (801) 538-6148

More information about the waiver programs is online. Please visit: www.health.utah.gov/umb

Other State Programs

- ◆ CHIP (Children’s Health Insurance Program)
- ◆ UPP (Utah’s Premium Partnership for Health Insurance)
- ◆ PCN (Primary Care Network)
- ◆ FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)
- ◆ QMB (Qualified Medicare Beneficiary)
- ◆ Restriction Program
- ◆ Spenddown Program (Medically Needy)

CHIP (Children’s Health Insurance Program)

CHIP is a state health insurance plan for children who don’t have other insurance. It provides well-child exams, immunizations, doctor visits, hospital and emergency care, prescriptions, hearing and eye exams, mental health services and dental care. Preventative services (well-child visits, immunizations and dental cleanings) do not require co-pay. For more information, call 1-877-KIDS-NOW (1-877-543-7669) or visit the CHIP website at www.health.utah.gov/chip. Apply on-line, mail in an application or visit a DWS office.

PCN (Primary Care Network)

PCN provides limited benefits for adults who qualify. PCN covers basic preventive services (primary care doctor visits, immunizations, prescriptions, basic dental care and an annual eye exam). Applications are only accepted during open enrollment sessions. PCN is only open for enrollment at certain times. To enroll, watch and listen for announcements about the next PCN enrollment session in the news or visit online. Call 1-888-222-2542 or visit www.health.utah.gov/pcn for more information.

UPP (Utah’s Premium Partnership for Health Insurance)

UPP helps make health insurance more affordable for individuals and families by helping them pay their monthly premium. You may be eligible for UPP if:

- You are not currently enrolled in your employer-sponsored health insurance
- You are eligible for COBRA coverage
- You are already enrolled in COBRA coverage

After you enroll in UPP and begin paying your health insurance premiums, you receive a monthly reimbursement of up to \$150 per person every month. There are also options for your child’s dental coverage. For more information or to get an application, call 1-888-222-2542 or visit a DWS office. To apply online, visit: www.health.utah.gov/upp

FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)

Utah has a number of FQHCs and RHCs. These are clinics that have received special grant money to provide medical care to people who don’t have any insurance. They also see patients who have insurance including Medicaid. If you have family members not covered by Medicaid, this is a good resource for them to get low-cost medical care. The cost is based on income. A list of health centers is in the Resource section.

Living Well with Chronic Conditions

"Want to decrease your pain, decrease your doctors' visits, & enjoy life more? The Living Well with Chronic Conditions Program offers weekly workshops, 2 1/2 hours once a week for 6 weeks, in local community settings. Anyone with an ongoing condition can come. Chronic conditions include asthma, arthritis, chronic joint pain, fibromyalgia, cancer, diabetes, kidney disease, high blood pressure, high cholesterol, heart failure, COPD or emphysema, depression, or others. Workshops are conducted by two trained leaders; one or both with a chronic disease themselves.

Subjects covered include: 1) Techniques for frustration, fatigue, pain & isolation, 2) Appropriate exercise to maintain & improve strength, 3) Appropriate use of medications, 4) Good nutrition, 5) Communicating effectively with family, friends & health professionals, 5) How to evaluate new treatments. For more information call the Utah Arthritis Program at 801-538-9458 or visit the website at: www.health.utah.gov/arthritis/CDSMP

QMB (Qualified Medicare Beneficiary)

QMB is a program that pays your Medicare premiums, co-pays and deductible. To learn more about the QMB program, contact the office where you apply for Medicaid. Some people get both QMB and Medicaid. If you are eligible for QMB only (no Medicaid benefits), you will receive a special QMB card showing you are eligible for the program. *This program is limited to Medicare benefits only.* Show your QMB card along with your Medicare card when you get medical treatment. This shows your doctors and clinics that your co-pays and deductibles are covered.

Restriction Program

The Restriction Program is for people who need help learning how to use medical services wisely and safely. People who are enrolled in the Restriction Program have a doctor and pharmacy that prints on their card along with their health plan. They must get all of their care from the one primary care doctor and all their prescriptions from the one pharmacy. Prescriptions must be written by or approved by the primary care doctor.

If you are enrolled in the Restriction Program, you may be allowed to change the doctor or pharmacy. You must talk to the Restriction Program staff. You can contact them by calling (801) 538-9045 or toll-free 1-800-662-9651 (press #900).

Spenddown Program (Medically Needy)

If your income is over the allowable limit to be eligible for Medicaid, you may be able to spenddown. Not all Medicaid programs allow a spenddown. A spenddown can be met in cash or by using medical bills that you still owe. Contact your DWS eligibility worker for information about spending down.

Resources

Adult Protective Services	1-800-371-7897
Aging Services	
Salt Lake City.....	801-468-2454
Weber County, Ogden.....	801-625-3770
Davis County, Farmington	801-451-3377
Utah, Summit & Wasatch County	801-229-3804
Baby Your Baby Hotline	1-800-826-9662
Blind and Visually Impaired Salt Lake City.....	801-323-4343
Toll Free	1-800- 284-1823
CAP (Community Action Program)	1-800-796-2444
CHEC (Child Health Evaluation and Care) Program	See Local Health Dept
Child Protective Services in Salt Lake County	801-281-5151
Other counties dial 211 and ask for the number for your county	
CHIP (Child Health Insurance Program)—Toll Free	1-877-KIDS-NOW
CSHCS (Children’s Special Health Care Services)—Toll Free	1-800-829-8200
Chiropractic Health Plan.....	801-352-7270
Toll Free	1-800-339-5958
Constituent Services	
Governor’s Office—Toll Free.....	1-800-705-2464
Medicaid	801-538-6417
Toll Free	1-877-291-5583
DWS	801-526-4390
Toll Free	1-800-331-4341
Deaf, Utah Association for the, Inc. (TTY)	801-263-4860
DSPD (Division of Services to People with Disabilities)	801-264-7620
DWS (Department of Workforce Services).....	1-866-435-7414
Family Dental Plans	
Ogden	801-395-7090
Provo.....	801-371-1024
Salt Lake City.....	801-715-3400
St George	435-652-3806
FQHC (Federally Qualified Health Centers) (income based fees)	
Bear Lake Community Health Center	435-946-3660
Cache Valley Community Health Center	435-755-6061
Carbon Medical Services	435-888-4411
Central City Community Health Center	801-539-8617
Community Health Center (CHC)	801-566-5494
Ellis R. Shipp Public Health	801-963-7326
Enterprise Valley Medical Center	435-878-2281
Green River Medical Center	435-564-3434
Midtown Community Health Center	801-393-5355
Mountainlands Community Health Center	801-374-9660

Oquirrh View Community Health Center	801-964-6214
South Main Public Health	801-483-5451
Southeast Public Health	801-255-7114
Southwest Utah Community Health Center.....	435-986-2565
Stephen D. Ratcliffe Health Clinic.....	801-328-5750
Wasatch Homeless Health	801-364-0058
Wayne Community Health Center	435-425-3744
IHS – Utah Navajo Health System	
Montezuma Creek	435-651-3291
Blanding.....	435-678-3601
Health Clinics of Utah	
Ogden	801-626-3670
Provo.....	801-374-7011
Salt Lake City.....	801-715-3500
Health Plans	
Health Choice Utah – Toll Free	1-877-358-8797
Healthy U	801-587-6480
Toll Free	1-888-271-5870
Molina	801-858-0400
Toll Free	1-888-483-0760
Select Access (Medicaid Info Line).....	801-538-6155
Toll Free	1-800-662-9651
HPR (Health Program Representatives).....	801-526-9422
Toll Free	1-866-608-9422
Information & Referral	211
Local Health Department <i>with</i> an HPR	
Bear River District Health	435-792-6500
Central Utah Health Dept	435-896-5451
Southeastern Utah District Health	435-637-3671
Southwest Utah Public Health.....	435-673-3528
Tooele County Health.....	435-843-2310
Tri County Health.....	435-781-5475
Wasatch City/County Health	435-654-2700
Local Health Departments <i>without</i> an HPR	
Bountiful Clinic	801-298-3919
Davis County Health Dept	801-525-5000
Rose Park	801-322-0502
Salt Lake City/County Health.....	801-468-2750
South East Clinic, Sandy.....	801-255-7114
South Main Public Health	801-464-8966
Summit City/County Health.....	435-336-4451
Utah City/County Health	801-851-7000
Weber/Morgan District Health	801-399-7250
West Jordan.....	801-563-4370

Medicaid Information Line	801-538-6155
Toll Free	1-800-662-9651
Medicare Information Toll Free	1-800-633-4227
Mental Health Centers	
Bear River Mental Health	
Counties: Box Elder, Cache, Rich	435-752-0750
Central Utah Mental Health	
Counties: Piute, Sevier, Juab, Wayne, Millard, Sanpete	1-800-523-7412
Davis Mental Health	
Counties: Davis	801-773-7060
Four Corners Mental Health	
Counties: Carbon, Emery, Grand	435-637-7200
Northeastern Counseling Center	
Counties: Duchesne, Uintah, Daggett	435-789-6300
OptumHealth Mental Health	
County: Salt Lake	1-877-370-8953
Southwest Mental Health	
Counties: Beaver, Garfield, Iron, Kane, Washington.....	435-634-5600
Valley Mental Health	
Counties: Summit, Tooele	801-293-7400
Wasatch Mental Health	
Utah County.....	801-625-3700
Weber Mental Health	
Counties: Morgan, Weber	801-625-3700
Mental Health Centers—Others	
Heber Counseling Center (Wasatch County).....	435-654-3003
San Juan Mental Health (San Juan County).....	435-678-2992
ORS TPL Unit	801-536-8798
PCN (Primary Care Network) – Toll Free	1-888-222-2542
Planned Parenthood Clinics – Toll Free	1-800-230-PLAN
Poison Control – Toll Free	1-800-222-1222
Pregnancy Risk Line – Toll Free	1-800-822-BABY
Restriction Program	801-538-9045
Toll Free	1-800-662-9651 ext 900
RHC (Rural Health Centers) (income based fees)	
Beaver Medical Clinic	435-438-7280
Blanding Medical Center	435-678-2254
Bryce Valley Clinic.....	435-679-8545
Circleville Clinic.....	435-577-2958
Coalville Health Center	435-336-4403
Emery Medical Center	435-381-2305
Garfield Memorial Clinic.....	435-676-8842
Hurricane Family Practice.....	435-635-6400
Kane County Clinic.....	435-644-5811
Kazan, Ivan W. Memorial Clinic.....	435-826-4374

Moab Family Medicine	435-259-7121
Salt Lake Donated Dental (SLDDS)	801-983-0345
Social Security Administration	
Salt Lake City	801-524-4115
Toll Free (US)	1-800-772-1213 (US)
Tobacco Quit Line—Toll Free	1-800-QuitNow
Veterans Affairs Medical Center	
Salt Lake City	801-582-1565
Toll Free	1-800-613-4012
WIC (Women, Infants and Children)	
Toll Free	1-800-662-3638

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: 04/14/2003

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF) is committed to protecting your medical information. DMHF is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

CONFIDENTIALITY PRACTICES AND USES

DMHF may use your health information for conducting our business. Examples:

Treatment - To appropriately determine approvals or denials of your medical treatment. For example, DMHF health care professionals may review your treatment plan by your health care provider for medical necessity if a Medicaid recipient or for program listed services if a Primary Care Network (PCN) recipient, Children's Health Insurance Program (CHIP) recipient, or a Utah's Premium Partnership for Health Insurance (UPP) recipient.

Payment - To determine your eligibility in the Medicaid, PCN, CHIP, or UPP program and make payment to your health care provider. For example, your health care provider may send claims for payment to DMHF for medical services provided to you, if appropriate.

Health Care Operations - To evaluate the performance of a health plan or a health care provider. For example, DMHF contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.

Informational Purposes - To give you helpful information such as health plan choices, program benefit updates, free medical exams and consumer protection information.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial. *
- Request corrections or additions to your health information. *
- Withdraw any health information that we disclose to other health care providers through the Clinical Health Information Exchange (cHIE).
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (*) must be made in writing. Contact the DMHF Privacy Officer for the appropriate form for your request.

SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid, PCN, CHIP, and UPP programs and the following:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and problems with medical devices
- To protect victims of abuse, neglect, or domestic violence
- For health oversight activities such as investigations, audits, and inspections
- For lawsuits and similar proceedings
- When otherwise required by law
- When requested by law enforcement as required by law or court order
- To coroners, medical examiners, and funeral directors
- For organ and tissue donation
- For research approved by our review process under strict federal guidelines
- To reduce or prevent a serious threat to public health and safety
- For workers= compensation or other similar programs if you are injured at work
- For specialized government functions such as intelligence and national security

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

OUR PRIVACY RESPONSIBILITIES

DMHF is required by law to:

- Maintain the privacy of your health information.
- Provide this notice that describes the ways we may use and share your health information
- Follow the terms of the notice currently in effect.
- We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in DMHF offices and on our website, <http://health.utah.gov/hipaa>. You may also request a copy of any notice from your DMHF Privacy Officer listed below.

CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, Medicaid, PCN, CHIP, and UPP recipients should contact:

DMHF Privacy Officer

Craig Devashrayee

Phone: (801) 538-6641

Address: 288 North 1460 West, 3rd Floor, PO Box 143102, Salt Lake City, Utah 84114-3102

Email: cdevashrayee@utah.gov.

We will investigate all complaints and will not retaliate against you for filing a complaint.

You may also file a written complaint with the Office of Civil Rights,
200 Independence Avenue, S. W. Room 509F HHH Bldg., Washington, DC 20201