

CHIP

Children's Health Insurance Program

1-877-KIDS-NOW
health.utah.gov/chip

Member Guide

Important Phone Numbers

CHIP Premium Line: 1-866-435-7414 (select option 5)

CHIP Hotline: 1-877-KIDS-NOW (1-877-543-7669)

Health Program Representative (HPR): 1-866-608-9422

CHIP Website: www.health.utah.gov/chip

CHIP Online Education: www.health.utah.gov/umb

My CHIP Case Number: _____

My Local Eligibility Office: _____

My Doctor: _____

My Local Pharmacy: _____

My Dentist: _____

Health Plans

SelectHealth: 1-800-515-2220 or www.selecthealth.org

Molina: 1-888-483-0760 or www.molinahealthcare.com

Dental Plans

Premier Access: 1-877-854-4242 or www.PremierLife.com

DentaQuest: 1-800-483-0031 or www.dentaquestgov.com

Other

Find an Eligibility Office Near You: 1-888-222-2542

DWS Eligibility Services Center: 1-866-435-7414

Primary Care Network (PCN): 1-888-222-2542 or www.health.utah.gov/pcn

Utah's Premium Partnership (UPP): 1-888-222-2542 or www.health.utah.gov/upp

Medicaid: 1-800-662-9651 or www.health.utah.gov/medicaid

General Information: 2-1-1

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Member Guide
July 2010

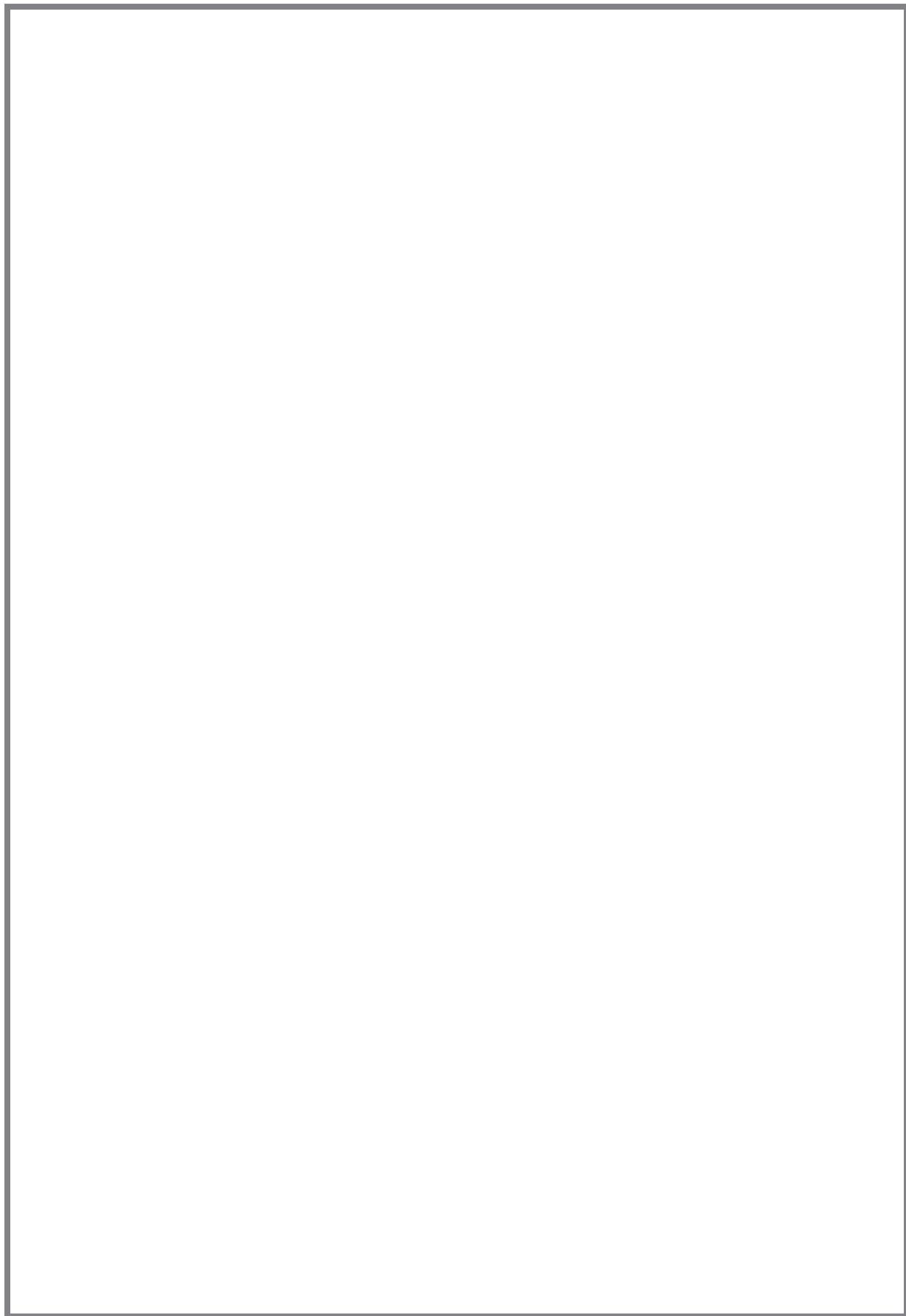


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INTRODUCTION



Welcome

Welcome to the Children's Health Insurance Program (CHIP). Many working Utah families who do not have health insurance for their children may qualify for low cost insurance. CHIP offers many benefits and provides these services through two health plans:

- SelectHealth
- Molina Healthcare of Utah

After you have been approved for CHIP, it is time for you to choose a health plan so that you can begin using your benefits and services. **CHIP benefits are the same no matter which health plan you choose.** Your local Health Program Representative (HPR) will help you through that process (see page 10).

For information about CHIP policies, please see the CHIP Policy Manual by visiting www.utahcares.utah.gov/infosourcechip.

Summary of Covered Benefits

CHIP covers the following benefits for your children:

- Well-child exams (\$0 co-pay)
- Immunizations (\$0 co-pay)
- Doctor visits
- Medical emergency services
- Prescriptions
- Hearing and vision exams
- Mental health services
- Dental services for prevention and treatment of tooth decay (\$0 co-pay for exams and cleanings)

Because preventive care is so important in keeping your child healthy, CHIP does not require a co-pay for well-child exams and immunizations. For a more detailed list of benefits and co-pays, see page 19. After you choose a health plan, SelectHealth or Molina will send you a booklet describing these services.

Your Health Program Representative

Your HPR will help you choose your health and dental plans, as well as:

- Offer free classes to you about how CHIP works
- Answer general questions about your health plan
- Give online education tools about CHIP at www.health.utah.gov/umb

See “How to Choose a Health Plan” on page 10 for more information.

Your Eligibility Office

An eligibility representative from the Department of Workforce Services (DWS) reviews your CHIP application, determines if you are eligible, and conducts your annual enrollment renewal. You must call the eligibility office if you have a:

- Change in the number of family members living at home
- Change of address, phone number, or move out of state
- Change in health insurance coverage (Let them know within 10 days if your child enrolls in other health insurance or if insurance becomes available through your work.)

You do not need to call your eligibility worker when your income changes. However, if your income goes down a lot, you may want to call your eligibility office to see if you qualify for lower co-pays, premiums, or for a different medical assistance program.

To talk to an eligibility worker, call the Eligibility Services Center at 1-866-435-7414. To find an eligibility office near you, call 1-888-222-2542.

Eligibility Concerns. When you apply for CHIP, you may be told you are not eligible. If you feel you may have been treated unfairly, you have the right to:

- Talk with an eligibility worker or his/her supervisor
- Call the DWS Office of Constituent Services at 1-800-331-4341
- Ask for a fair hearing

Enrollment Renewal

CHIP reviews your enrollment every twelve months from the time you started.

- At that time, CHIP will send you a renewal form.
- You will need to complete the form and follow the instructions on the renewal form.
- If you are still eligible for CHIP, you will continue to pay your premiums (see page 18).

It is important to complete the renewal process on time or your case may be closed. If your case is closed for more than a month, you will need to call the DWS Eligibility Services Center and re-apply.

Interpretive Services

If you are deaf or hearing impaired, or speak another language, you can get an interpreter. When you call the CHIP hotline or CHIP premium office, CHIP provides an interpreter over the phone to help you. If you need interpretive services at your doctor or dentist's office, call your health plan (SelectHealth/Molina) or dental plan (Premier Access/DentaQuest) before your appointment to make arrangements.

Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA Privacy Act describes how medical information about you may be used and disclosed and how you may get the information. The Utah Department of Health is committed to protecting your medical information, providing this notice to you, and abiding by the terms of the notice (see page 32).

Reference: www.health.utah.gov/hipaa

CHOOSING A HEALTH PLAN



How To Choose a Health Plan

CHIP has two health plans: SelectHealth and Molina. You may choose the one you want. Both plans offer the same CHIP benefits.

Follow the steps below to choose your health plan:

1. Decide between SelectHealth and Molina

- If you are approved for CHIP, you will get a letter asking you to choose a health plan.
- It is critical that you choose your health plan as soon as you are approved, so that you can take full advantage of the benefits and services offered by CHIP.
- Your HPR will help you choose your plan.
- Use the following charts (pages 11-13) to help you decide which medical plan is best for your family.

2. Contact your Health Program Representative (HPR).

- Once you have chosen a health plan, contact your HPR by:
 - **Email.** Send an email to chiphpr@utah.gov with your plan choice, case number, names of parent/guardian and children, and contact information.
 - **Mail.** Using the “Health Plan Selection Form” (page 29), mail it to:
BMHC CHIP HPR
PO Box 143108, SLC, UT 84114
 - **Fax.** Using the “Health Plan Selection Form” (page 29), fax it to: (801) 237-0743
 - **Phone.** Call you HPR using the following phone numbers:

If you live in Salt Lake County:	(801) 526-9422
Call toll-free:	1-866-608-9422

Note: If you do not tell your HPR which health plan you want, one will be chosen for you.

Counties

This is a list of counties where CHIP services are offered. CHIP benefits are the same no matter which plan you choose. Contact the health plans if you need more information.

Counties Available	SelectHealth 1-800-515-2220 www.selecthealth.org	Molina 1-888-483-0760 www.molinahealthcare.com
Beaver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Box Elder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cache	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Carbon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Daggett		<input checked="" type="checkbox"/>
Davis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Duchesne	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emery		<input checked="" type="checkbox"/>
Garfield	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Grand		<input checked="" type="checkbox"/>
Iron	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Juab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kane		<input checked="" type="checkbox"/>
Millard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Morgan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Piute	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rich	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Salt Lake	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
San Juan		<input checked="" type="checkbox"/>
Sanpete	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sevier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Summit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tooele	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Uintah	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Utah	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wasatch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Washington	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wayne	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Weber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Hospitals

This is a list of hospitals where CHIP services are offered.

Hospitals	SelectHealth	Molina
Allen Memorial Hospital	☑	☑
Alta View Hospital	☑	
American Fork Hospital	☑	
Ashley Regional Medical Center	☑	☑
Bear River Valley Hospital	☑	☑
Bear Lake Memorial Hospital	☑	
Beaver Valley Hospital	☑	☑
Blue Mountain Hospital	☑	☑
Brigham City Community Hospital	☑	☑
Cache Valley Specialty Hospital	☑	☑
Cassia Regional Medical Center	☑	☑
Castle View Memorial Hospital	☑	☑
Central Valley Medical Center	☑	☑
Davis Hospital & Medical Center	☑	☑
Delta Community Medical Center	☑	☑
Dixie Regional Hospital	☑	☑
Fillmore Community Medical Center	☑	☑
Franklin County Medical Center	☑	
Garfield Memorial Hospital	☑	☑
Gunnison Valley Hospital	☑	☑
Heber Valley Medical Center	☑	☑
Huntsman Cancer Hospital	☑	
Intermountain Medical Center	☑	
Jordan Valley Hospital		☑
Kane County Hospital	☑	☑
Lakeview Hospital		☑
LDS Hospital	☑	☑*
Logan Regional Hospital	☑	☑
McKay Dee Medical Center	☑	
Milford Valley Memorial Hospital	☑	☑
Mountain View Hospital		☑
Mountain West Medical Center	☑	☑
Ogden Regional Medical Center		☑

Hospitals (continued)

Hospitals	SelectHealth	Molina
Oneida County Hospital	<input checked="" type="checkbox"/>	
Orem Community Hospital	<input checked="" type="checkbox"/>	
The Orthopedic Specialty Hospital	<input checked="" type="checkbox"/>	
Park City Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pioneer Valley Hospital		<input checked="" type="checkbox"/>
Primary Children's Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Riverton Hospital	<input checked="" type="checkbox"/>	
Salt Lake Regional Medical Center		<input checked="" type="checkbox"/>
San Juan Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sanpete Valley Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sevier Valley Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
St. Marks Hospital		<input checked="" type="checkbox"/>
Timpanogos Regional Hospital		<input checked="" type="checkbox"/>
Uintah Basin Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
University of Utah Hospital		<input checked="" type="checkbox"/>
Utah Valley Regional Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Valley View Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

*Requires prior approval from the health plan

How To Choose a Dental Plan

CHIP has two dental plans: Premier Access and DentaQuest.

Wasatch Front. If you live along the Wasatch Front (including Salt Lake, Utah, Weber and Davis counties) you have the choice to choose between DentaQuest and Premier Access.

The benefits and co-pays for Premier Access and DentaQuest are the same but the list of dentists may be different. Please check with your current dentist to see which dental plan they accept. Or you may contact each plan toll-free, to find out if your dentist is already in their network.

Once you have selected your dental plan, contact your HPR with your dental plan selection:

- **Email.** Send an email to chiphpr@utah.gov with your plan choice, case number, names of parent/guardian and children, and contact information.
- **Mail.** Using the “Health Plan Selection Form” (page 29), mail it to: BMHC CHIP HPR, PO Box 143108, SLC, UT 84114
- **Fax.** Using the “Health Plan Selection Form” (page 29), fax it to: (801) 237-0743
- **Phone.** Call you HPR using the following phone numbers:

If you live in Salt Lake County:	(801) 526-9422
Call toll-free:	1-866-608-9422

Note: If you do not tell your HPR which dental plan you want, one will be chosen for you.

Non-Wasatch Front. If you live in any other county besides Salt Lake, Utah, Weber and Davis, you will have Premier Access as your dental plan. Before you receive dental treatment, please check with your dentist to make sure they accept Premier Access insurance.

Common Questions

What will my health and dental plans do for me?

- Process your claims
- Send you medical and dental ID cards
- Send you a booklet of health care providers for you to choose from
- Pre-authorize procedures when needed
- Answer your questions about benefits

When will I get my medical and dental cards?

You will receive your ID cards within 2-3 weeks after selecting your health plan for each child enrolled in CHIP. If you do not get your card or if you lose it, call your plan.

What should I do if my children need health care before we get the CHIP ID cards?

Call your HPR or health plan. In some cases you will need to pay for services and then be reimbursed.

Will I get a new card if I add a family member to CHIP?

Yes. Contact your eligibility worker to add a family member to CHIP. After that, you will get a card for that child.

Who provides CHIP dental benefits?

DentaQuest and Premier Access are the dental plans for CHIP. If you live along the Wasatch Front area (including Salt Lake, Utah, Weber and Davis counties) you have the choice to choose between DentaQuest and Premier Access. If you live in any other county besides Salt Lake, Utah, Weber and Davis counties, you will have Premier Access as your dental plan.

How do I know what is covered by CHIP?

Your health and dental plans will send you a packet that includes information about covered benefits, pre-authorization, and a list of providers you may use. Call your health plan if you do not receive it within 4-6 weeks.

Do we have to use a participating provider?

Yes. Both your health and dental plans require you to use a provider that participates in their networks.

Do I need to get a referral before I can see a specialist?

Check with your health and dental plan before visiting a specialist.

Which pharmacies can I use?

You may use any SelectHealth approved or Molina approved pharmacy. Your health plan will send you more details.

Can I get help in coordinating my medical services?

Yes. SelectHealth and Molina offer case management services to help you coordinate your medical services. Contact your health plan for more information.

Can I change my health and dental plans?

You must stay with your selected health and dental plans through June 30 of each year. However, you can change your plan during the yearly plan switch period from May to mid-June. Any changes made at that time will be effective July 1 of that year. You will get a letter each year to remind you of the yearly plan change period.

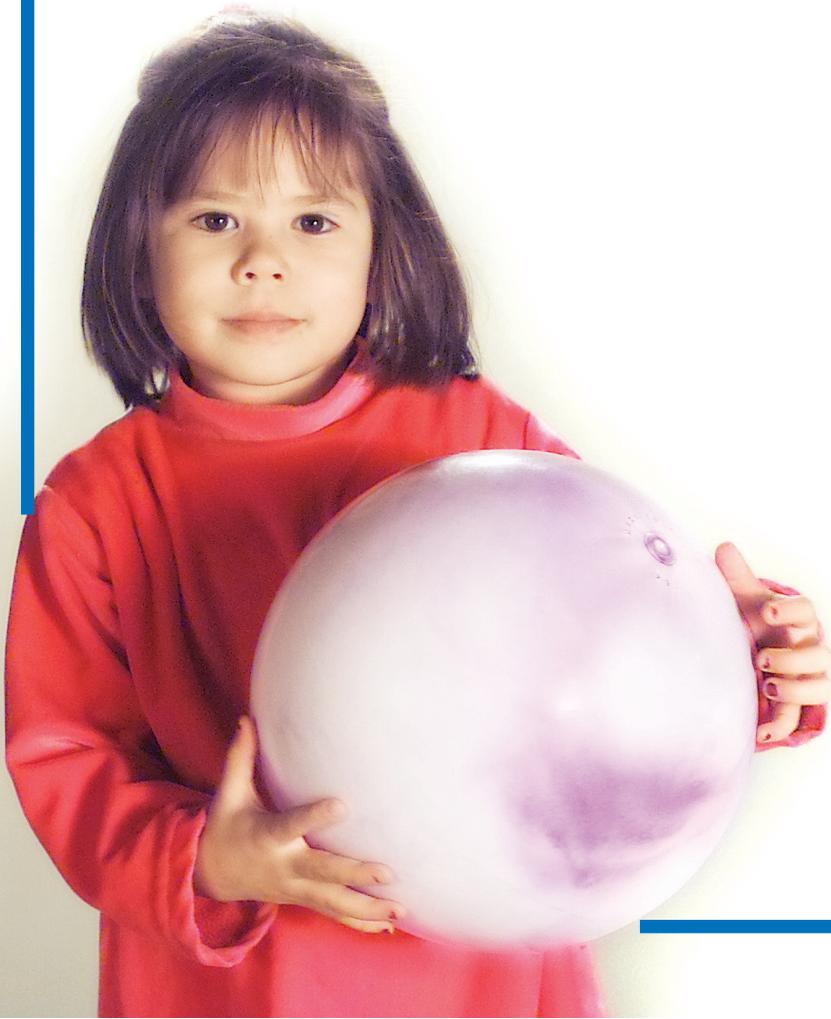
If you move to a different county within Utah, you must call your HPR because your current health or dental plan may not be available in your new county.

For more information, contact your HPR (see page 10).

Are there any other benefits I should know about?

Call SelectHealth or Molina to learn about incentives or other programs they may offer.

PREMIUMS & CO-PAYS



Premiums*

Depending on your income, you may need to pay a premium (up to \$75) every quarter. The premium is a set amount no matter how many children you have.

The Department of Workforce Service (DWS) Business Office will send an invoice when your premiums are due. You will receive a new invoice every three (3) months, starting with the first month that your child enrolled in CHIP.

DWS has monthly payment options available for you, too. Just call the DWS Business Office and ask.

You may choose any of the following ways to pay your premiums:

- **Online:** www.jobs.utah.gov/mycase
- **Phone:** DWS Business Office 1-866-435-7414 (select option 5)
(Monday - Thursday, 7 a.m. - 5:30 p.m.)
- **Mail:** Department of Workforce Services
Business Office
P.O. Box 143250
Salt Lake City, UT 84114-3250

Late Fee. It is very important that you pay your premium on time. If you do not pay it by the due date, a \$15 late fee will be charged to your account. You will then have to pay the premium and the late fee to keep your child on CHIP. If you do not pay your premium, your case will be closed.

Co-pays*

Most CHIP families will need to pay a co-pay for medical and dental services. Based on your income, a representative from your local eligibility office will determine which CHIP Co-pay Plan A, B, or C you are eligible for. The co-pay plan you are assigned to will be listed on your CHIP ID card. The next few pages outline the benefits and co-pays for each plan. Preventive care services like immunizations and well-child exams do not have a co-pay.

Deductible. Plan A does not have a deductible. However, Plan B and Plan C require that you pay a deductible. A deductible is the part of a claim that is not covered by CHIP. You must pay the deductible first before CHIP can pay the remaining cost of these bills. This applies to inpatient, outpatient hospital, and major diagnostic services.

*Co-pay plans and premiums are based on your income. American Indians/Alaska Natives do not pay premiums or co-pays.

CHIP Co-Pay Plan A	
Out-of-Pocket Maximum	5% of family's annual gross income, including dental expenses*
Premium	\$0
Pre-existing Condition	No waiting period
Medical Benefits	
Deductible	None
Well-Child Exams	\$0
Immunizations	\$0
Doctor Visits	\$3
Specialist Visits	\$3
Emergency Room	\$3
Ambulance	5% of approved amount
Urgent Care Center	\$3
Ambulatory Surgical & Outpatient Hospital	\$3
Inpatient Hospital Services	\$50
Lab & X-ray	\$0 for minor diagnostic tests and x-rays; \$3 for major diagnostic tests and x-rays
Surgeon	\$0
Anesthesiologist	\$0
Prescriptions Preferred Generic Drug Preferred Brand Name Drug Non-Preferred Drug	- \$1 - \$1 - 5% of approved amount
Mental Health Services	INPATIENT HOSPITAL - \$50 OUTPATIENT VISIT- \$3
Residential Treatment	5% of approved amount (25 day limit per year)
Physical Therapy	\$3 (20 visit limit per year)
Chiropractic Visits	Not a covered benefit
Home Health & Hospice Care	\$3
Medical Equipment & Supplies	\$3
Diabetes Education	\$0
Vision Screening	\$3 (1 visit limit per year)
Hearing Screening	\$3 (1 visit limit per year)
Dental Benefits	
Deductible	\$0
Maximum Benefit (Preventive, Basic & Major services)	\$1,000 per year, per child
Preventive Services - Routine exams and cleanings (2 per year), topical fluoride, x-rays	\$0
Basic Services - Fillings, extractions, oral surgery	\$0
Major Services - Crowns, bridges, dentures, endodontics, periodontics	5% of approved amount
Orthodontics	5% of approved amount (12-month waiting period & \$1,000 lifetime maximum**)
Specialists - Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists	5% of approved amount

* CHIP will send you an approval letter, telling you the out-of-pocket maximum amount for your family.

** Orthodontic services are not included in the annual maximum benefit.

CHIP Co-Pay Plan B	
Out-of-Pocket Maximum	5% of family's annual gross income, including dental expenses*
Premium	\$30/family/quarter
Pre-existing Condition	No waiting period
Medical Benefits	
Deductible	\$40 per family
Well-Child Exams	\$0
Immunizations	\$0
Doctor Visits	\$5
Specialist Visits	\$5
Emergency Room	\$5; \$10 for non-emergency
Ambulance	5% of approved amount after deductible
Urgent Care Center	\$5
Ambulatory Surgical & Outpatient Hospital	5% of approved amount after deductible
Inpatient Hospital Services	\$150 after deductible
Lab & X-ray	\$0 for minor diagnostic tests and x-rays; 5% of approved amount after deductible for major diagnostic tests and x-rays
Surgeon	5% of approved amount
Anesthesiologist	5% of approved amount
Prescriptions Preferred Generic Drug Preferred Brand Name Drug Non-Preferred Drug	- \$5 - 5% of approved amount - 5% of approved amount
Mental Health Services	INPATIENT HOSPITAL - \$150 after deductible OUTPATIENT VISIT- \$5
Residential Treatment	5% of approved amount after deductible (25 day limit per year)
Physical Therapy	\$5 (20 visit limit per year)
Chiropractic Visits	Not a covered benefit
Home Health & Hospice Care	5% of approved amount after deductible
Medical Equipment & Supplies	5% of approved amount after deductible
Diabetes Education	\$0
Vision Screening	\$5 (1 visit limit per year)
Hearing Screening	\$5 (1 visit limit per year)
Dental Benefits	
Deductible	\$0
Maximum Benefit (Preventive, Basic & Major services)	\$1,000 per year, per child
Preventive Services - Routine exams and cleanings (2 per year), topical fluoride, x-rays	\$0
Basic Services - Fillings, extractions, oral surgery	5% of approved amount
Major Services - Crowns, bridges, dentures, endodontics, periodontics	5% of approved amount
Orthodontics	5% of approved amount (12-month waiting period & \$1,000 lifetime maximum**)
Specialists - Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists	5% of approved amount

* CHIP will send you an approval letter, telling you the out-of-pocket maximum amount for your family.

** Orthodontic services are not included in the annual maximum benefit.

CHIP Co-Pay Plan C	
Out-of-Pocket Maximum	5% of family's annual gross income, including dental expenses*
Premium	\$75/family/quarter
Pre-existing Condition	No waiting period
Medical Benefits	
Deductible	\$500 per child; \$1,500 per family
Well-Child Exams	\$0
Immunizations	\$0
Doctor Visits	\$20
Specialist Visits	\$35
Emergency Room	\$200; \$400 for out-of-network hospital
Ambulance	20% of approved amount after deductible
Urgent Care Center	\$35
Ambulatory Surgical & Outpatient Hospital	20% of approved amount after deductible
Inpatient Hospital Services	20% of approved amount after deductible
Lab & X-ray	\$0 for minor diagnostic tests and x-rays; 5% of approved amount deductible for major diagnostic tests and x-rays
Surgeon	20% of approved amount
Anesthesiologist	20% of approved amount
Prescriptions Preferred Generic Drug Preferred Brand Name Drug Non-Preferred Drug	- \$15 - 25% of approved amount - 50% of approved amount
Mental Health Services	INPATIENT HOSPITAL - 20% of approved amount after deductible OUTPATIENT VISIT- \$35
Residential Treatment	50% of approved amount after deductible (25 day limit per year)
Physical Therapy	\$35 after deductible (20 visit limit per year)
Chiropractic Visits	Not a covered benefit
Home Health & Hospice Care	20% of approved amount after deductible
Medical Equipment & Supplies	20% of approved amount after deductible
Diabetes Education	\$0
Vision Screening	\$35 (1 visit limit per year)
Hearing Screening	\$35 (1 visit limit per year)
Dental Benefits	
Deductible	\$50 per child; \$150 per family
Maximum Benefit (Preventive, Basic & Major services)	\$1,000 per year, per child
Preventive Services - Routine exams and cleanings (2 per year), topical fluoride, x-rays	\$0
Basic Services - Fillings, extractions, oral surgery	20% of approved amount after deductible
Major Services - Crowns, bridges, dentures, endodontics, periodontics	50% of approved amount after deductible
Orthodontics	50% of approved amount (12-month waiting period & \$1,000 lifetime maximum**)
Specialists - Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists	Talk to your dental plan for an estimate of additional charges.

* CHIP will send you an approval letter, telling you the out-of-pocket maximum amount for your family.

** Orthodontic services are not included in the annual maximum benefit.

Maximum Out-of-Pocket Costs

What is the most I will need to pay?

You will not pay more than 5% of your family's income for the cost of premiums and co-pays each plan year (July 1 - June 30). CHIP will send you an approval letter, telling you the out-of-pocket maximum.

What happens when I have paid the maximum out-of-pocket?

Once you have reached 5% of your family's income, your family will no longer have to pay co-pays for that year.

When should I start tracking my out-of-pocket expenses?

Start tracking the day your child becomes eligible for CHIP. We have included a form to help you track these expenses throughout the plan year (July 1 - June 30). See the "Out-of-Pocket Maximum Claim Form" on page 27.

How do I show that I have paid the maximum out-of-pocket?

- Each time you pay a co-pay, write the information on the "Out-of-Pocket Maximum Claim Form" (page 27).
- Once the co-pays add up to your 5% maximum or more, mail or fax the completed claim form to:
CHIP, PO Box 144102, Salt Lake City, UT 84114-4102
Fax: (801) 538-6860
- You can get more claim forms by calling 1-866-772-1261 or downloading it from health.utah.gov/chip/resources.

What happens next?

- CHIP will make sure you have met your 5% maximum out-of-pocket costs.
- If you have met your maximum, CHIP will send you a letter verifying your out-of-pocket maximum is met and that you do not owe co-pays through June 30 (the end of the plan year).
- You can use the letter to show your health care provider that you do not owe co-pays until you get a new card.
- Your health plan will send you a new medical card showing that no co-pay is due.

RESOURCES



Find Your Local Eligibility Office

Call 1-888-222-2542 during regular business hours to find your local office.

Your local eligibility office can also help you if you have family members on Medicaid, Primary Care Network (PCN), or Utah's Premium Partnership for Health Insurance (UPP).

You may also call the DWS Eligibility Services Center at 1-866-435-7414 to speak with an eligibility worker regarding your case.

Find Your Local Tribal/Indian Health Services Office

Name	Contact	Phone
Confederated Tribes of Goshute Indian Reservation	Christine Steele	(435) 234-1194
Fort Duchesne Indian Health Services Clinic	Kaye Black	(435) 722-5122
Indian Walk-In Center, Urban Program	Jackie Shirley	(801) 486-4877
Navajo Health Systems, Inc. Blanding Family Practice	Kathy Redd	(435) 678-3601
Montezuma Creek Community Health Center	Altheda Dee	(435) 651-3778
Monument Valley Health Center	Altheda Dee	(435) 651-3778
Navajo Mountain Health Center	Sara Ateno	(928) 672-2494
Northwestern Band of Shoshone	Gayla Pena	(435) 734-2286
Paiute Indian Tribe of Utah	Medical Clinics (general information)	(435) 586-1112 or 1-800-658-5340
	Shivwits Clinic	(435) 688-8198
	Cedar City Clinic	(435) 867-1520
	Koosharem Clinic	(435) 893-0977
	Kanosh Clinic	(435) 759-2610
Ute Mountain Ute Health Center	Joanna Smith	(970) 565-4441 x. 247



Covering Utah's Children

Health Plan Selection Form

Once you have chosen a health and dental plan, please mail or fax this form to your HPR. Or e-mail chiphpr@utah.gov with your plan choice and the information below.

(Please print clearly)

-You may tear out this page.

Case #		
Name of Parent/ Guardian	(First, Last)	Date of Birth
Name(s) of child/ children	(First, Last)	Date of Birth
	(First, Last)	Date of Birth
	(First, Last)	Date of Birth
	(First, Last)	Date of Birth
Contact Information	(Address, City, State, Zip)	
	(Daytime Phone)	(Cell phone)
	(E-mail address)	
My Choice of Health Plan	<input type="checkbox"/> SelectHealth	<input type="checkbox"/> Molina
My Choice of Dental Plan	(Salt Lake, Utah, Weber, and Davis County Residents Only)	
	<input type="checkbox"/> Premier Access	<input type="checkbox"/> DentaQuest

Note: You must stay with your selected health plan through June 30 of each year.

Return form to:
BMHC CHIP HPR, PO Box 143108
SLC, UT 84114-3108
Fax: (801) 237-0743
E-mail: chiphpr@utah.gov

Name(s) of child/ children:	(First, Last)	Date of Birth
	(First, Last)	Date of Birth
	(First, Last)	Date of Birth
	(First, Last)	Date of Birth
	(First, Last)	Date of Birth

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Utah Department of Health, Division of Medicaid and Health Financing

Notice of Privacy Rights

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 Utah's Premium Partnership for Health Insurance (UPP) enrollee.

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.*

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.

*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 at www.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 the DMHF Privacy Officer, Craig Devashrayee, 801-538-6641; 288 North 1460 West, 3rd Floor; PO Box 143102, Salt Lake City, Utah 84114-3102; 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.

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. Even if you choose not to file a complaint with the State you still may file a written complaint with the 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. Or you may contact the Federal Office for Civil Rights by phone (303) 844-2024 or online www.hhs.gov/ocr.



UTAH DEPARTMENT OF
HEALTH

Information in the CHIP Member Guide may change without notice. This guide contains a brief description of coverage and is not a policy, coverage, or service agreement. A detailed description of services is available in SelectHealth, Molina, Premier Access and DentaQuest's master policy and member services guides.

CHIP
PO Box 144102
SLC, UT 84114-4102

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