



Utah CHIP Children's Health Insurance Program 2026-2027 Member Handbook

The Molina CHIP Member Handbook and list of providers is available on our website [MolinaHealthcare.com](https://www.MolinaHealthcare.com) or by calling Member Services at (888) 483-0760

This information is available for free in alternate formats, including large print, audio, Braille, electronic, and other languages. If you are deaf, blind, have a hard time hearing or speaking, or if you speak another language other than English, interpreter services are available for free. Call (888) 483-0760 if you are hard of hearing, call Utah Relay Services at TTY: 711 or (801) 715-3470 or toll-free at (800) 346-4128.

ATENCIÓN: Si necesita servicios y ayudas auxiliares, incluidos intérpretes, materiales en formatos alternativos (como letra grande, Braille, audio o formatos electrónicos accesibles), o servicios de asistencia lingüística, están disponibles sin costo. Llame al (888) 483-0760 (TTY: 711).

CONTENTS

NOTICE OF NONDISCRIMINATION.....	04
PHONE NUMBERS AND CONTACT INFORMATION.....	08
Molina CHIP.....	08
State.....	08
GLOSSARY OF ABBREVIATIONS.....	08
LANGUAGE SERVICES.....	09
How can I get help if I am deaf, hearing impaired, blind or speak another language?.....	09
RIGHTS AND RESPONSIBILITIES.....	09
What are my Rights?.....	09
What are my Responsibilities?.....	10
MEMBER SERVICES.....	11
Who Can I Call When I Need Help or Have Questions?.....	11
MY CHIP MEDICAL ID CARD.....	11
When will I get my CHIP Medical ID card?.....	11
What does my Molina CHIP medical card look like?.....	11
MY CHIP MEDICAL BENEFITS.....	12
AMOUNT, DURATION AND SCOPE OF BENEFITS.....	12
What services are covered by my CHIP medical plan?.....	12
What services are not covered by CHIP?.....	12
PRIOR AUTHORIZATION.....	13
What is Prior Authorization?.....	13
EMERGENCY CARE AND URGENT CARE.....	13
What is a medical emergency?.....	13

What is an example of an Emergency?13

What should I do if I have an emergency?13

What if I have questions about poison danger?14

Will I have to pay for Emergency Care?14

What is Urgent Care?14

When should I use an Urgent Care clinic?14

POST-STABILIZATION CARE.....14

 What is Post-Stabilization care?14

 When is Post-Stabilization care covered?14

PHARMACY SERVICES.....14

 Where can I find covered pharmacy services?14

 How can I get a medicine or drug that needs a Prior Authorization?14

FAMILY PLANNING.....15

 What is Family planning?15

 Family Planning services include:.....15

 Non-Covered Family Planning services:15

ABORTION SERVICES.....15

 Does CHIP cover abortion services?15

TRANSPORTATION SERVICES.....15

 How do I get to the Hospital in an Emergency?15

INDIAN HEALTH SERVICES.....15

ADVANCE DIRECTIVE16

 What is an Advance Directive?16

FINDING A PROVIDER.....16

 What is a Primary Care Provider?16

 How do I Choose a Primary Care Provider?16

 How can I Change my PCP?16

SPECIALISTS.....17

 What if I need to see a Specialist?17

SCHEDULING AN APPOINTMENT17

 How long does it take to get an appointment?17

COST-SHARING (COPAYS, COINSURANCE, AND DEDUCTIBLES).....17

 What is a Co-payment (Copay)?17

- When do I pay a Copay?17
- What is Coinsurance?18
- What is a Deductible?18
- What Services don't have a Copay or Cost-share?18
- Who does not have to pay a Copay or Cost-share?18
- OUT-OF-POCKET MAXIMUM.....18
 - What is an out-of-pocket maximum?18
 - How much will my out-of-pocket maximum be?19
 - What happens when I have paid my maximum out-of-pocket costs?19
 - What are the dates for the benefit period?19
- MEDICAL BILLS22
 - What should I do if I receive a medical bill that should be covered by CHIP?22
 - When do I have to pay a medical bill?22
- OTHER INSURANCE22
 - What if my child gains coverage on another medical insurance?22
- ADVERSE BENEFIT DETERMINATION, APPEALS,
GRIEVANCES, AND STATE FAIR HEARING23
 - What is an Adverse Benefit Determination?23
 - What is an Appeal?23
 - How do I request an Appeal?23
 - How long does an Appeal take?24
 - What if I need you to make the decision quickly?24
 - What happens to the service related to my appeal during the appeal?24
 - What is a Quick Appeal?24
 - How do I ask for a Quick Appeal?24
 - What is a Grievance?24
 - How do you file a Grievance?24
 - What Is a State Fair Hearing?25
 - How do I request a State Fair Hearing?25
- FRAUD, WASTE, AND ABUSE25
 - What is Health Care Fraud, Waste, and Abuse?25
 - How can I report fraud, waste, and abuse?25
- NOTICE OF PRIVACY PRACTICES26
 - How do we Protect Your Privacy?26

NOTICE OF NONDISCRIMINATION

Molina Healthcare of Utah (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language

If you need these services, contact Molina Member Services at (888) 483-0760, TTY: (800) 346-4128.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY: 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (801) 858-0409.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at hhs.gov/ocr/office/file/index.html. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf.

If you need help, call (800) 368-1019; TTY 800-537-7697.

Molina Healthcare of Utah (Molina) cumple con todas las leyes federales de derechos civiles relacionadas a los servicios de atención médica. Molina ofrece servicios de atención médica a todo miembro, sin discriminar basándose en la raza, color, origen nacional, edad, discapacidad o género. Molina no excluye personas ni las trata de manera diferente debido a la raza, color, origen nacional, edad, discapacidad o género. Esto incluye identidad de género, embarazo y estereotipo de sexo.

Para ayudarle a hablar con nosotros, Molina proporciona los siguientes servicios sin costo alguno:

- Ayuda y servicios para personas con discapacidades
 - intérpretes capacitados en el lenguaje de señas
 - material escrito en otros formatos (letra grande, audio, formatos accesibles electrónicamente y braille)
- Servicios lingüísticos para personas que hablan otro idioma o tienen entendimiento limitado del inglés
 - intérpretes capacitados
 - material escrito traducido a su idioma
 - material escrito de manera sencilla con lenguaje fácil de entender

Si usted necesita estos servicios, comuníquese con el Departamento de Servicios para Miembros al (888) 483-0760, TTY: (800) 346-4128.

Si usted cree que Molina no ha cumplido en proporcionar estos servicios o lo ha tratado de forma diferente basándose en su raza, color, origen nacional, edad, discapacidad o género, usted puede presentar una queja. Puede presentar su queja en persona, por correo, fax o correo electrónico. Si usted necesita ayuda para escribir su queja, le podemos ayudar. Llame a nuestro Coordinador de Derechos Civiles al (866) 606-3889 o TTY al 711. Envíe su queja por correo al:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

También puede enviar su queja por correo electrónico al civil.rights@molinahealthcare.com. O envíe su queja por fax al (801) 858-0409.

También puede entablar una queja sobre derechos civiles con el Departamento de Salud y Servicios Humanos de los EE. UU. Los formularios para quejas están disponibles en hhs.gov/ocr/office/file/index.html. Puede enviarlo por correo a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

También puede enviarlo usando el portal de la página web de la Oficina para Quejas sobre Derechos Civiles en ocrportal.hhs.gov/ocr/portal/lobby.jsf.

Si usted necesita ayuda, llame al (800) 368-1019; TTY al 800-537-7697.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-483-0760 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-483-0760 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-483-0760 (TTY: 711)。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-483-0760 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-483-0760 (TTY: 711) 번으로 전화해 주십시오.
Navajo	D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go Diné Bizaad, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-888-483-0760 (TTY: 711).
Nepali	ध्यान दिनुहोस्: तपार्इले नेपाली बोल्नुहुन्छ भने तपार्इको नमिति भाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-483-0760 (टटिविडः 711) ।
Tongan	FAKATOKANGA'I: Kapau 'oku ke Lea-Fakaton-ga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-888-483-0760 (TTY: 711).

- Serbo-Croatian OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-483-0760 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).
- Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-483-0760 (TTY: 711).
- German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-483-0760 (TTY: 711).
- Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-483-0760 (телетайп: 711).
- Arabic اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم إذا كنت تتحدث اذكر: ملحوظة 1-888-483-0760 (رقم هاتف الصم والبكم: 711).
- Mon-Khmer, Cambodian ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយ ផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើ អ្នក។ ចូរ ទូរស័ព្ទ 1-888-483-0760 (TTY: 711)។
- French ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-483-0760 (TTY: 711).
- Japanese 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-483-0760 (TTY: 711) まで、お電話にてご連絡ください。

PHONE NUMBERS AND CONTACT INFORMATION

Molina CHIP

Member Services

(888) 483-0760

Molina website

MolinaHealthcare.com

State

CHIP hotline

1-877-KIDS-NOW ((877) 543-7669) or
(888) 222-2542

CHIP website

health.utah.gov/chip

DWS eligibility office

(866) 435-7414
jobs.utah.gov/

**Health Program Representative (HPR)
member hotline**

(866) 608-9422

GLOSSARY OF ABBREVIATIONS

ABA: Applied Behavior Analysis

CHIP: Children's Health Insurance Program

DHHS: Department of Health and Human Services

DWS: Department of Workforce Services

IHS: Indian Health Services

PA: Prior Authorization

PCP: Primary Care Provider

PDL: Preferred Drug List

PHI: Protected Health Information

State CHIP: State Children's Health Insurance Program

TPL: Third Party Liability (other insurance)

LANGUAGE SERVICES

How can I get help if I am deaf, hearing impaired, blind or speak another language?

Call Member Services at (888) 483-0760 if you speak a language other than English, are deaf, blind, or have a hard time hearing or speaking. We will find someone who speaks your language, free of charge. We can also provide materials in other formats such as large print, braille, or audio.

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

If you need an interpreter for a medical appointment, call our member services. We can have an interpreter go with you to your doctor's visit. We also have many doctors in our network who speak or sign other languages.

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

RIGHTS AND RESPONSIBILITIES

What are my Rights?

You have the right to:

- Have information presented to you in a way that is easy to understand, including help with language needs, visual needs, and hearing needs.
- Be treated fairly and with respect.
- Have your health information kept private.
- Get information on all treatment options and alternatives.
- Make decisions about your health care, including agreeing to treatment.
- Take part in decisions about your medical care, including the right to refuse treatment.
- Ask for and get a copy of your medical record.
- Ask that your medical record be corrected or changed, if needed.
- Get medical care regardless of race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability.
- Get information about grievances, appeals, and State fair hearings.
- File a grievance or request an appeal.
- Get emergency care at any hospital or other setting.





- Get emergency care 24 hours a day, 7 days a week.
- Not feel controlled or forced into making medical decisions.
- Ask how we pay your providers.
- Create an Advance Directive that tells doctors what kind of treatment you do and do not want in case you become too sick to make your own decisions.
- Be free from any form of restraint or seclusion used as a means of force, discipline, convenience or retaliation. This means you cannot be held against your will. You cannot be forced to do something you do not want to do.
- Use your rights at any time and not be treated badly if you do. This includes treatment by Molina, your medical providers, the State Medicaid and CHIP agency.
- To be given health care services that are the right kind of services based on your needs.
- To get health care services that are covered by Molina, fairly easy to get to, and accessible to all members. All members include those who may not speak English very well, or have physical or mental disabilities.
- To get a second opinion at no charge
- To get covered health care services within 30 days for routine, non-urgent care, and within 2 days for urgent care that is not life-threatening.
- To get a covered health care service from an out-of-network provider if we cannot provide the service

What are my Responsibilities?

Your responsibilities are:

- Follow the rules of your plan.
- Read your Member Handbook.
- Show your CHIP medical card each time you get medical care.
- If you must cancel an appointment, call the provider 24 hours before the appointment.
- Respect the staff and property at your provider's office.
- Provide correct information to your providers and your CHIP plans.
- Understand the medical care you need.
- Use providers and facilities in the Molina network.
- Tell us if you get a medical bill that you don't think you should have to pay.

- Pay your copayments and deductibles.
- Call Department of Workforce Services (DWS) if you change your address, family status, or enroll in other health care coverage.

MEMBER SERVICES

Who Can I Call When I Need Help or Have Questions?

Our Member Services team is here to help you. You can call us at (888) 483-0760 from Monday through Friday 9 a.m.-5 p.m.

You can also visit our website MolinaHealthcare.com. TTY/TDD users, please call 711.

We can help you:

- Find a provider
- Change providers
- With questions about bills
- Understand your benefits
- Find a specialist
- With a complaint or an appeal
- With any other question

MY CHIP MEDICAL ID CARD

When will I get my CHIP Medical ID card?

CHIP members receive their medical card within 21 days of enrollment in Molina. You must show your CHIP card before receiving any services or getting a prescription filled.

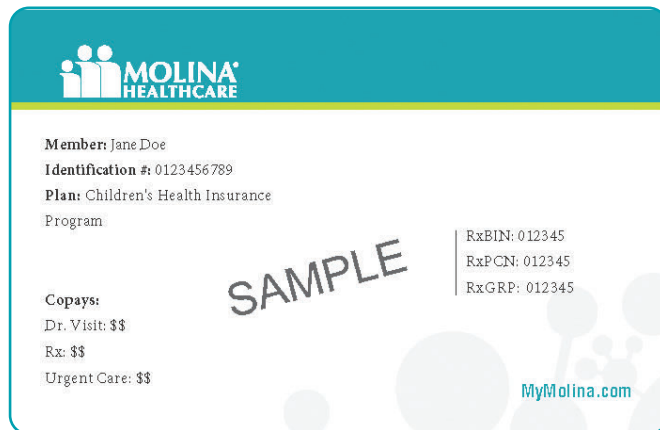
Additionally, you must always make sure your healthcare provider accepts your CHIP medical plan before seeking services. Failure to do so might result in out-of-pocket expenses for the services rendered.

A list of covered services is found on [page 12](#).

What does my Molina CHIP medical card look like?

The Molina CHIP ID card is wallet-sized and will show the member's name, CHIP ID number and

date of birth. Your Molina CHIP ID card will look like this:



DO NOT lose or damage your card or give it to anyone else to use. If you lose or damage your card, you may get an electronic copy on MyMolina.com (Molina's secure member portal) or you can call Member Services at (888) 483-0760 to get a new card.



MY CHIP MEDICAL BENEFITS

AMOUNT, DURATION AND SCOPE OF BENEFITS

What services are covered by my CHIP medical plan?

These are some of the CHIP services covered by Molina:

- After-Hours Care
- Ambulance for medical emergencies
- Anesthesia for medical and dental services in a surgical center or hospital (requires prior authorization from your plan)
- Autism services, including Applied Behavior Analysis (ABA), for the treatment of autism
- Behavioral health services
- Diabetes and diabetes education
- Doctor visits, including specialists
- Drugs prescribed by your doctor
- Eye exams
- Emergency care, 24 hours a day, 7 days a week
- Family planning
- Hearing exams
- Hospital services, inpatient and outpatient
- Immunizations
- Labs and x-rays
- Medical equipment and supplies
- Occupational therapy
- Organ transplants
- Orthodontia with prior authorization
- Physical therapy
- Pregnancy-related services including labor and delivery
- Services for the treatment of substance use disorder
- Tobacco/vaping cessation (quitting) services

What services are not covered by CHIP?

If you are not sure if a service is covered, call our member services team at (888) 483-0760.



These are some services CHIP does not cover:

- Abortions, except to save a mother's life or result of rape or incest, with required forms
- Acupressure
- Allergy tests and treatment
- Anesthesia, general, while in a doctor's office
- Biofeedback
- Certain drugs and medicines (e.g., weight loss drugs, non-Food and Drug Administration (FDA) drugs)
- Certain pain services
- Charges/services not for medical purposes (e.g., late fees or no show fees)
- Chiropractic services
- Experimental services
- Eyeglasses for the correction of refraction
- Eye surgery for the correction of vision
- Food based treatments
- Gene therapy
- Genetic counseling
- Hearing aids (unless the child was approved for cochlear implants)
- In Vitro fertilization

For more information on benefits, please call (888) 483-0760 or visit our website at

[MolinaHealthcare.com](https://www.MolinaHealthcare.com)

PRIOR AUTHORIZATION

What is Prior Authorization?

Some services must be approved before they will be paid. Permission for the provider to be paid for that service is called Prior Authorization.

If you need a service that requires Prior Authorization, your provider will ask Molina to approve the service. If we do not approve payment for a service, you may appeal the decision. Please call our Member Services at (888) 483-0760 if you have any questions.

Most covered services are available to you without prior authorization. You do not need a referral to see a Molina specialist. However, you can see a specialist sooner if your personal doctor sends you to one. You or your doctor must let Molina know before you get certain types of care. Otherwise, your benefits may be reduced or denied. Prior Authorization is needed for:

- Hospital/outpatient stay (non-emergency)
- Surgery
- Some office procedures
- Some x-rays and lab tests
- Home health care
- Medical equipment and supplies
- Long term care (nursing home or rehab)
- Physical, occupational, and speech therapy

It is your doctor's job to call for these approvals before you get any of these services. It is your job to ask your doctor if they have gotten authorization from Molina.

Usually, we make a decision about approving a service within 7 calendar days after we receive the request. Sometimes you or your doctor might think it is important to make a decision quickly about approving the service. If so, we will try to make a decision within 72 hours. We will notify your doctor about our decision. If the request for service is not approved by Molina we will send you a letter. For a complete

list of covered services that do and do not require prior authorization, you may also visit [MolinaHealthcare.com](https://www.molinahealthcare.com) or call Member Services.

EMERGENCY CARE AND URGENT CARE

What is a medical emergency?

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

What is an example of an Emergency?

Emergencies can include:

- Poisoning
- Overdose
- Severe burns
- Severe chest pain
- Pregnant with bleeding and/or pain
- Deep cut in which bleeding will not stop
- Loss of consciousness
- Suddenly not being able to move or speak
- Broken bones

What should I do if I have an emergency?

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

Prior Authorization is not required for Emergency Services.

You may use any hospital or other medical facility to obtain emergency care.

Remember:

- Go to the emergency room only when you have a real emergency
- If you are sick, but it is not a real emergency, call your doctor or go to an urgent care clinic (see below)
- If you are not sure if your problem is a true emergency, call your doctor for advice

What if I have questions about poison danger?

For poison, medication or drug overdose emergencies or questions, call the Poison Control Center at (800) 222-1222.

Will I have to pay for Emergency Care?

You will have a copay for visiting the emergency room. Please see the copay chart on page 15 for information about emergency room copayments. You can also call member services (888) 483-0760 to find out more about emergency care and copays.

A hospital that is not on your plan may ask you to pay at the time of service. If so, submit your emergency service claim to Molina for reimbursement.

What is Urgent Care?

Urgent care can be used if you are unable to see your primary care doctor. Urgent problems usually need care within 24 hours. If you are not sure a problem is urgent, call your doctor or an urgent care clinic. You may also call our Nurse Advice Line at (888) 275-8750 (TTY: 711). To find an urgent care clinic, call Member Services at (888) 483-0760 or see our website or provider directory.



When should I use an Urgent Care clinic?

You should use an urgent care clinic for medical conditions, such as:

- Common cold or flu symptoms
- Severe sore throat
- Vomiting or diarrhea
- Severe ear pain
- Headaches or migraines
- Sinus pain

POST-STABILIZATION CARE

What is Post-Stabilization care?

Post-stabilization care happens when you are admitted into the hospital from the ER. This care is covered. If you are admitted from the ER, there is no copay. This care includes tests and treatment until you are stable.

When is Post-Stabilization care covered?

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

PHARMACY SERVICES

Where can I find covered pharmacy services?

Molina CHIP has a list of medicines and drugs that are covered. The list is called a Preferred Drug List (PDL). You can find the PDL on Molina Utah Drug List & Pharmacy. You can also contact Member Services to find out which medications are covered.

How can I get a medicine or drug that needs a Prior Authorization?

Talk to your doctor or call Member Services to get details about doing a Prior Authorization.

The Molina Preferred Drug List (PDL) is a list of medicines covered by Molina CHIP. You can

see this list on the Members webpage. Go to the “What’s Covered” section and click on Prescription Drugs. You can also call Member Services at (888) 483-0760 and ask for a paper copy to be mailed to you.

The PDL shows if a medicine is preferred, if a generic or brand name is covered, and if there are any limits. Most medicines are covered for a one-month supply. Some medicines can be filled for up to three months, as shown on the PDL. The list of covered medicines can change, but we will let you know if a change affects a medicine you are taking.

If your doctor prescribes a medicine that is not on the list, or that needs approval for your condition, your doctor must get Prior Authorization from Molina. Without this approval, the pharmacy cannot fill your prescription. We will review your doctor’s request to see if the medicine is medically needed.

You can fill your prescription at any pharmacy in our network. Be sure to bring your Plan ID card with you when you go to the pharmacy. To find a pharmacy in our network, visit our website and click on “Find a Doctor or Pharmacy.”

FAMILY PLANNING

What is Family planning?

Family planning helps families plan when they want to have a baby through birth control counseling and services. You can see any provider that will accept your CHIP card for family planning services. Call our member services if you need help finding a provider. You can see the provider without a referral.

Family Planning services include:

- Birth control services and treatment
- Education about birth control and treatment
- Some types of sterilization treatment (all sterilization treatments require a consent form 30 days before surgery)

- Screening and treatment for sexually transmitted infections.

Non-Covered Family Planning services:

- Infertility drugs and treatment
- In vitro fertilization
- Genetic counseling
- Norplant

For more information about family planning services, call member services at (888) 483-0760.

ABORTION SERVICES

Does CHIP cover abortion services?

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

TRANSPORTATION SERVICES

How do I get to the Hospital in an Emergency?

If you have a serious medical problem and it’s not safe to drive to the Emergency Room, call 911. CHIP covers ambulance services.

INDIAN HEALTH SERVICES

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

If you are an American Indian or Alaska Native, make sure your status is confirmed by DWS. For questions on how to confirm your status contact DWS at (866) 435-7414.

Verified American Indian and Alaska Native CHIP members do not pay copays, deductibles, or coinsurance.

American Indian and Alaska Natives may also receive services directly from an Indian health care facility. This is a facility run by the Indian Health Services, by an Indian tribe, tribal organization, or an Urban Indian Organization.

ADVANCE DIRECTIVE

What is an Advance Directive?

An Advance Directive is a legal document that allows you to make choices about your health care ahead of time. There may be a time when you are too sick to make decisions for yourself. An Advance Directive will make your wishes known if you cannot do it yourself.

There are four types of Advance Directives:

- Living Will (End of life care)
- Medical Power of Attorney
- Mental Health Care Power of Attorney
- Pre-Hospital Medical Care Directive (Do Not Resuscitate)

Living Will: A living will is a document that tells doctors what types of service you do or do not want if you become very sick and near death, and cannot make decisions for yourself.

Medical Power of Attorney: A Medical Power of Attorney is a document that lets you choose a person to make decisions about your health care when you cannot do it yourself.

Mental Health Care Power of Attorney: A Mental Health Care Power of Attorney names a person to make decisions about your mental health care in case you cannot make decisions on your own

Pre-Hospital Medical Care Directive: A Pre-Hospital Medical Care Directive tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital Emergency Room. It might also

include service provided by other emergency response providers, such as firefighter or police officers. You must complete a special orange form. You should keep the completed orange form where it can be seen.

To find out more information on how to create one of the Advance Directives, please go to: [MolinaHealthcare.com](https://www.molinahealthcare.com) or call (888) 483-0760

FINDING A PROVIDER

What is a Primary Care Provider?

A Primary Care Provider (PCP) is a doctor that you see for most of your health care needs and provides your day-to-day health care. Your PCP knows you and your medical history. With a PCP, your medical needs will be managed from one place. It is a good idea to have a PCP because they will work with you and your medical plan to make sure that you receive the care that you need.

How do I Choose a Primary Care Provider?

You will need to choose a PCP from our provider directory, at Find A Doctor on [MolinaHealthcare.com](https://www.molinahealthcare.com). Once you have chosen a PCP, you will need to contact Member Services and let them know. If you need help choosing a PCP, you may call Member Services and someone will help you. If you have a special health care need, one of our case managers will work with you and your doctor to make sure that you select the right provider for you. To talk to a case manager about selecting a PCP, call (888) 483-0760.

How can I Change my PCP?

You may change your PCP at any time. You can change your PCP on [MyMolina.com](https://www.mymolina.com), Molina's secure member portal or by calling Member Services. We will be happy to help you.

SPECIALISTS

What if I need to see a Specialist?

If you would like to speak to a doctor who specializes in a specific area or your Primary Care Provider (PCP) feels they cannot handle a specific medical condition you can see a specialist in our network. We do not require you to get a referral from your PCP to make an appointment with a specialist. Some specialists may ask you to get a referral from your PCP before they will schedule an appointment in their office.

SCHEDULING AN APPOINTMENT

How long does it take to get an appointment?

You should be able to see a medical provider:

- Within 30 days for non-urgent care
- Within two days for urgent, but not life-threatening care (e.g., care given in a doctor's office)

If you have trouble getting in to see a specialist when you need one, call Member Services (888) 483-0760 for help.

COST-SHARING (COPAYS, COINSURANCE, AND DEDUCTIBLES)

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

What is a Co-payment (Copay)?

A copay is a fixed amount you must pay for some services. This is usually done at the time of service.

When do I pay a Copay?

- See a doctor
- Go to the hospital for outpatient care
- Have a planned stay at the hospital
- Use the emergency room
- Use an urgent care clinic
- Get a prescription drug



What is Coinsurance?

Some services have a coinsurance. A coinsurance is a percentage of the total bill that you are responsible to pay. The coinsurance percentage can be different depending on the service.

What is a Deductible?

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

What Services don't have a Copay or Cost-share?

Some services that do not have cost share, including:

- Well-Child-exams
- Immunizations (shots)
- Lab for minor diagnostic tests (refer to CHIP copay chart for additional information)

- Mental health outpatient and office visit
- Mental health and substance use disorder outpatient office visits
- Residential Treatment

Who does not have to pay a Copay or Cost-share?

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

OUT-OF-POCKET MAXIMUM

What is an out-of-pocket maximum?

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



How much will my out-of-pocket maximum be?

This information is sent by DWS in your approval notice. If you are not sure what your out-of-pocket maximum amount is, call DWS at (866) 435-7414.

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

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

Call our member services at (888) 483-0760 if you have questions about whether you have reached your household's out-of-pocket maximum for your benefit period.

What are the dates for the benefit period?

The benefit period is 12 months of CHIP coverage, beginning with the month your child became eligible for CHIP. Check with DWS if you do not know which month your child's CHIP coverage began.



CHIP MEDICAL COPAY CHART

BENEFITS (per plan year)	COPAY PLAN B*	COPAY PLAN C*
OUT-OF-POCKET MAXIMUM	5% of family's annual gross income, including dental expenses**	5% of family's annual gross income, including dental expenses**
PRE-EXISTING CONDITION	No waiting period	No waiting period
DEDUCTIBLE	\$70/family	\$575/child; \$1,600/family
WELL-CHILD EXAMS	\$0	\$0
IMMUNIZATIONS	\$0	\$0
DOCTOR VISITS	\$5	\$25
SPECIALIST VISITS	\$5	\$40
EMERGENCY ROOM	\$10	20% after deductible; minimum \$150 per visit
AMBULANCE	5% of approved amount after deductible	20% of approved amount after deductible
URGENT CARE CENTER	\$5	\$45
AMBULATORY SURGICAL & OUTPATIENT HOSPITAL	5% of approved amount after deductible	20% of approved amount after deductible
INPATIENT HOSPITAL SERVICES	\$150 after deductible	20% of approved amount after deductible
LAB & X-RAY	\$0 for minor diagnostic tests and x-rays; 5% of approved amount after deductible for major diagnostic tests and x-rays	\$0 for minor diagnostic tests and x-rays; 20% of approved amount after deductible for major diagnostic tests and x-rays
SURGEON	5% of approved amount	20% of approved amount after deductible
ANESTHESIOLOGIST	5% of approved amount	20% of approved amount after deductible

BENEFITS (per plan year)	COPAY PLAN B*	COPAY PLAN C*
PRESCRIPTIONS		
– Preferred Generic Drugs	– \$5	– \$15
– Preferred Brand Name Drugs	– 5% of approved amount	– 25% of approved amount
– Non-Preferred Drugs	– 5% of approved amount	– 50% of approved amount
MENTAL HEALTH		
– Inpatient	– \$150 after deductible	– 20% of approved amount after deductible
– Outpatient, Office Visit & Urgent Care	– \$0	– \$0
RESIDENTIAL TREATMENT	\$0	\$0
PHYSICAL THERAPY	\$5 (20 visit limit per year)	\$40 after deductible (20 visit limit per year)
APPLIED BEHAVIOR ANALYSIS (ABA) for the Treatment of Autism Spectrum Disorder	\$0	\$0
CHIROPRACTIC VISITS	Not a covered benefit	Not a covered benefit
HOME HEALTH & HOSPICE CARE	5% of approved amount after deductible	20% of approved amount after deductible
MEDICAL EQUIPMENT & MEDICAL SUPPLIES	10% of approved amount after deductible	25% of approved amount after deductible
DIABETES EDUCATION	\$0	\$0
VISION SCREENING through VSP (vsp.com or (800) 877-7195)	\$5 (1 visit limit per year)	\$25 (1 visit limit per year)
HEARING SCREENING	\$5 (1 visit limit per year)	\$25 (1 visit limit per year)

* American Indian/Alaska Natives will not be charged copays or a deductible.

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

MEDICAL BILLS

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

If you receive a bill for services that you believe should be covered by CHIP, call Member Services for assistance (888) 483-0760. Do not pay a bill until you talk to Member Services. You may not get a refund if you pay the bill.

When do I have to pay a medical bill?

You will have to pay your medical bills when:

- You are not eligible for CHIP on the day of service.
- You get a service that is not covered by CHIP or that exceeds the CHIP benefit limit. You must agree to this in writing before you get the service.
- You ask for and get services during an appeal or State Fair Hearing and the decision is not in your favor.

- You get care from a provider who is not with your CHIP plan or is not enrolled with Utah CHIP (except for Emergency Services).

OTHER INSURANCE

What if my child gains coverage on another medical insurance?

CHIP is health coverage for children who do not have access to other health insurance or Medicaid. If your child gains another insurance, you must report it to the DWS eligibility office within 10 days of gaining coverage on the other insurance. Once DWS is notified, they will update your case with the insurance information.

Your child's CHIP plan will be their secondary insurance for the remainder of their CHIP eligibility period. You must let your provider know you have CHIP and the other insurance.



ADVERSE BENEFIT DETERMINATION, APPEALS, GRIEVANCES, AND STATE FAIR HEARING

What is an Adverse Benefit Determination?

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

Types of adverse benefit determinations are when we:

- Deny or limit approval of a requested service.
- Lower the number of services we had approved, or stop paying for a service that we had approved.
- Deny payment or pay less for services that you received.
- Do not make a decision on an appeal or grievance in a timely manner.
- Do not provide you with a doctor's appointment in a timely manner.

- Said that you have to pay a financial liability and you disagreed. Financial liabilities include copays, coinsurance, and deductibles.

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

What is an Appeal?

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

How do I request an Appeal?

You, your provider or any authorized representative can request an appeal. An appeal form can be found on our website at [MolinaHealthcare.com](https://www.molinahealthcare.com).



A request for an appeal will be accepted:

By mail:

Molina Healthcare of Utah CHIP Plan
Attention: Member Appeals and Grievances
PO Box 182273
Chattanooga, TN 37422

By fax:

(877) 682-2218 or

Over the phone

(888) 483-0760 (TTY/TDD: 711)

Submit the appeal within 60 calendar days from the notice of adverse benefit determination.

If you need help requesting an appeal, call us at (888) 483-0760. If you are deaf or hard of hearing, you can call Utah Relay Services at 711 or (800) 346-4128.

How long does an Appeal take?

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

What if I need you to make the decision quickly?

If you or your provider is concerned that waiting 30 days for our decision could be harmful to your health, call us at (888) 483-0760 and ask for a quick appeal.

What happens to the service related to my appeal during the appeal?

If you are appealing because a service you have been getting will be ended, or the number of services will be lowered, tell us if you want to continue getting that service. You may have to pay for the service if the decision is not in your favor. You may request continuation of service if you request continuation within 10 calendar days of the notice of adverse benefit determination or before the effective date of the action (whichever is later).

What is a Quick Appeal?

A quick appeal means we will decide on your appeal request within 72 hours after we receive the request. A quick appeal will be accepted over the phone or in writing. If we cannot do a quick appeal, we will send you a letter and explain why we cannot do a quick appeal.

How do I ask for a Quick Appeal?

Call us at (888) 483-0760 or write to us at:

Molina Healthcare of Utah CHIP Plan
Attention: Member Appeals and Grievances
PO Box 182273
Chattanooga, TN 37422

What is a Grievance?

A grievance is a complaint about anything other than an adverse benefit determination. You have the right to file a grievance and tell us about your concerns.

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

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

How do you file a Grievance?

You can file a grievance at any time. If help is needed to file a grievance, call us at (888) 483-0760. If you are deaf or hard of hearing, you can call Utah Relay Services at 711 or (800) 346-4128, and they can help you file your grievance with us.

You can file a grievance either over the phone or in writing. To file by phone, call Member

Services at (888) 483-0760. To file a grievance in writing, please send your letter to:

Molina Healthcare of Utah CHIP Plan
Attention: Member Appeals and Grievances
PO Box 182273
Chattanooga, TN 37422

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

What Is a State Fair Hearing?

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

How do I request a State Fair Hearing?

When we tell you about our decision on your appeal request, we will tell you how to ask for a State Fair Hearing if you do not agree with our decision. We will also give you the Form to Request a State Fair Hearing to send to Medicaid. The form must be sent to Medicaid no later than 120 calendar days from the date on our appeal decision notice. Your benefits will continue during a State Fair Hearing only if the continuation of services was already in place from the plan appeal stage.

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

FRAUD, WASTE, AND ABUSE

What is Health Care Fraud, Waste, and Abuse?

Fraud, waste and abuse occurs when a member or provider engages in activity that results in unnecessary cost, including services that are not necessary or services that do not meet the standards of care.

These are some examples of fraud, waste and abuse.

By a Member

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

By a Provider

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

How can I report fraud, waste, and abuse?

We want to make sure that health care dollars are used the right way. Fraud, waste and abuse can make healthcare more expensive for everyone.

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

Molina CHIP Compliance AlertLine:

Call (866) 606-3889

Online: molinahealthcare.AlertLine.com

Write to:

Molina CHIP Compliance Office:
Attn: Compliance Officer Molina CHIP
7050 Union Park Center #600
Midvale, UT 84047

Provider Fraud

The Office of Inspector General (OIG)

Email: mpi@utah.gov

Toll-Free Hotline: (855) 403-7283

Member Fraud

Department of Workforce Services
Fraud Hotline

Email: wsinv@utah.gov

Telephone: (800) 955-2210

You will not need to give your name to file a report. Your benefits will not be affected if you file a report.

NOTICE OF PRIVACY PRACTICES

How do we Protect Your Privacy?

We strive to protect the privacy of your Protected Health Information (PHI).

- We have strict policies and rules to protect PHI.
- We only use or give out your PHI with your consent.
- We only give out PHI without your approval when allowed by law.
- We protect PHI by limiting access to this information to those who need it to do certain tasks and through physical safeguards.

You have the right to see your PHI. Contact member services if you have questions about the privacy of your health records. They can help with privacy concerns you may have about your health information. They can also help you fill out the forms you need to use your privacy rights.

The complete Notice of Privacy Practices is available at [MolinaHealthcare.com](https://www.molinahealthcare.com). You can also ask for a hard copy of this information by contacting member services at (888) 483-0760.

