

HEALTHY U MEDICAID

Integrated Plan

6053 Fashionsquare Dr., Ste. 110, Murray, UT 84107

uhealthplan.utah.edu/healthyu-integrated-plan/

(801) 213-4104 or toll-free (833) 981-0212

Pharmacy Customer Service (385) 425-4063 or toll-free (855) 856-5694

Member Handbook

Table of Contents

Contents

Introduction	5
Language Services.....	5
How can I get help in other languages?.....	5
Rights and Responsibilities	5
What are my rights?	5
What are my responsibilities?	6
Contacting My Medicaid Plan.....	6
Whom can I call when I need help?	6
Medicaid Benefits.....	7
How do I use my Medicaid benefits?.....	7
What does my Medicaid Member Card look like?	7
Can I view my Medicaid benefits online?.....	8
Finding a Provider.....	8
What is a Primary Care Provider?.....	8
How do I choose a Primary Care Provider?.....	9
How can I change my Primary Care Provider?	9
Copayments, Copays and Cost Sharing	9
What are copayments, copays and cost sharing?	9
Who does not have a copay?	9
What services do not have copays?.....	9
When do I pay copays?.....	9
Copay Amount Chart	10
What is an out-of-pocket maximum?	10
What happens when I reach my out-of-pocket maximum?	11
Out-of-pocket maximum copays:	11
What should I do if I get a medical bill?	11
Emergency Care and Urgent Care.....	11

What is an emergency?.....	11
What is an example of an emergency?.....	12
What should I do if I have an emergency?	12
What if I have questions about poison danger?	12
Will I have to pay for emergency care?.....	12
What should I do after I get emergency care?	13
What is urgent care?	13
When should I use an urgent care clinic?.....	13
Post-Stabilization Care.....	13
What is post-stabilization care?	13
When is post-stabilization care covered?	13
Family Planning	13
What family planning services are covered?.....	13
What family planning services are not covered?.....	15
Specialists	15
What if I need to see a specialist?	15
Behavioral Health Services	16
What behavioral health services are covered?	16
Are any other behavioral health services covered?	16
Prior Authorization.....	17
What is prior authorization?	17
Restriction Program	17
What does it mean to be in the Restriction Program?	17
Other Insurance	18
What if I have other health insurance?.....	18
Advance Directive	18
What is an advance directive?	18
Appeals and Grievances	19
What is an adverse benefit determination?	19
What is an appeal?.....	19
How do I file an appeal request?	19

How long does an appeal take?	20
Can I get a decision on an appeal more quickly?	20
How do I request a quick appeal?	20
What happens to my benefits during an appeal?	20
What is a State Fair Hearing?	21
How do I request a State Fair Hearing?	21
What is a grievance?	21
How do I file a grievance?	21
Fraud, Waste, and Abuse	22
What is health care fraud, waste, and abuse?	22
How can I report fraud, waste, and abuse?	22
Transportation Services.....	23
How do I get to the hospital in an emergency?	23
How do I get to the doctor when it is not an emergency and I cannot drive?	23
What type of transportation is covered under my Medicaid?	23
Can I get help if I have to drive long distances?	24
Amount, Duration and Scope of Benefits	24
Can I get a service that is not on this list?	27
What if I change health plans?	27
Notice of Privacy Practices	28
How do we protect your privacy?	28
How do I find out more about privacy practices?	28

Introduction

Welcome to Healthy U – Integrated. We are an integrated care plan. This means we cover physical health, mental health, and substance use disorder (SUD) services if you need them.

The Healthy U - Integrated Member Handbook and list of providers are available on our website, uhealthplan.utah.edu/healthyu-integrated-plan/.

This handbook explains the Medicaid services that we cover. You can get this handbook and other written information in Spanish. You can also get this handbook electronically in either English or Spanish. For help, call us at (801) 213-4104 or toll-free (833) 981-0212.

Language Services

How can I get help in other languages?

If you are deaf, blind, have a hard time hearing or speaking, or if you speak a language other than English, call Member Services at (801) 213-4104 or toll-free (833) 981-0212. We will find someone who speaks your language, free of charge.

If you are hard of hearing, call Utah Relay Services at 711 or (801) 213-4104 or toll-free (833) 981-0212. Utah Relay Services is a free public telephone relay service or TTY/TTD. If you need Spanish relay services, call **1-888-346-3162** for Spanish Relay Services.

If you feel more comfortable speaking a different language, please tell your doctor's office or call our Member Services. We can have an interpreter go with you to your doctor visit. We also have many doctors in our network who speak or sign other languages.

You may also ask for our documents in any language you need 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 you will understand, including help with language needs, visual needs, and hearing needs
- Be treated fairly and with respect
- Have your health information kept private
- Receive information on all treatment options
- Make decisions about your health care, including agreeing to treatment
- Take part in decisions about your medical care, including refusing service

- Ask for and receive a copy of your medical record
- Have your medical record corrected, if needed
- Receive medical care regardless of race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability
- Obtain information about grievances, appeals, and hearing requests
- Ask for more information about our plan structure and operations
- Get emergency and urgent care 24 hours a day, seven days a week
- Not feel controlled or forced into making medical decisions
- Know how we pay 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.
- To be given health care services that are the right kind of services based on your needs.
- To get covered services that are easy to get to and are available 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 the same services offered under the fee for service Medicaid program.
- To get covered services out-of-network if we cannot provide them.

What are my responsibilities?

Your responsibilities are to:

- Follow the rules of this integrated care plan
- Read this Member Handbook
- Show your Medicaid Member Card each time you get services
- Cancel doctor appointments 24 hours ahead of time if needed
- Respect the staff and property at your provider's office
- Use providers (doctors, hospitals, etc.) in the Healthy U - Integrated network
- Pay your copayments (copays)

Contacting My Medicaid Plan

Whom can I call when I need help?

Our member services team is here to help you. We are here to help answer your questions. You can call us at (801) 213-4104 or toll-free (833) 981-0212 from Monday-Friday from 8:00am-6:00pm.

We can help you:

- Find a provider
- Change providers
- With questions about bills
- Understand your benefits
- Find a specialist
- With a complaint (also called a grievance) or an appeal
- With other questions

Whom can I call when I need help with medications?

Pharmacy Customer Service is here to help answer your medication questions. You can call us at (385) 425-4063 or (855) 856-5694; 24 hours / 7 days a week / 365 days a year.

To fill your medication through Healthy U have your pharmacy bill:

BIN - 610830 / PCN - REALRXHU

We can help you:

- Find a pharmacy
- Help with prior authorizations for your medications
- Answer questions about pharmacy claims
- Understand your pharmacy benefits
- Answer questions about your medications

You can also find us on the internet at uhealthplan.utah.edu/healthyu-integrated-plan/.

Medicaid Benefits

How do I use my Medicaid benefits?

Each Medicaid member will get a Medicaid Member Card. You will use this card whenever you are eligible for Medicaid. You should show your Medicaid Member Card before you receive services or get a prescription filled. Always make sure that the provider accepts your Medicaid plan or you may have to pay for the service.

A list of covered services is found on page 24.

What does my Medicaid Member Card look like?

The Medicaid Member Card is wallet-sized and will have the member's name, Medicaid ID number and date of birth on the card. Your Medicaid Member Card will look like this:



DO NOT lose or damage your card or give it to anyone else to use. If you lose or damage your card, call the Department of Workforce Services (DWS) at 1-866-435-7414 to get a new card.

Can I view my Medicaid benefits online?

You can check your Medicaid coverage and plan information online at mybenefits.utah.gov.

Primary individuals can look at coverage and plan information for everyone on their case. Adults and children 18 and older can view their own coverage and plan information. Access to this information may also be given to medical representatives.

For more information on accessing or looking at benefit information, please visit mybenefits.utah.gov or call 1-844-238-3091.

You may also look at your plan benefits online at uhealthplan.utah.edu/healthy-integrated-plan/.

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 us to make sure that you get the care that you need.

How do I choose a Primary Care Provider?

You will need to choose a PCP from our provider directory, uhealthplan.utah.edu/healthyu-integrated-plan/. Once you have chosen a PCP, you will need to contact Member Services and let them know. Call Member Services if you need help choosing a PCP. If you have a special health care need, one of our care managers will help you choose a PCP. To talk to a care manager about choosing a PCP, call (801) 213-4104 or toll-free (833) 981-0212.

How can I change my Primary Care Provider?

Call Member Services at (801) 213-4104 or toll-free (833) 981-0212 if you want to change your PCP.

Copayments, Copays and Cost Sharing

What are copayments, copays and cost sharing?

You may have to pay a fee for some services. This fee is called a copayment, copay or cost sharing.

Who does not have a copay?

These members never have a copay:

- Alaska Natives
- American Indians
- Members on hospice care
- Members who qualify for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits

What services do not have copays?

Some services that do not have copays are:

- Lab and radiology
- Family planning services
- Immunizations (shots)
- Preventive services
- Tobacco cessation services
- Outpatient behavioral health (mental health and substance use disorder) services

When do I pay copays?

You may have to pay a copay if you:

- See a doctor
- Go to the hospital for outpatient care
- Have a planned hospital stay
- Use the emergency room when it is not an emergency
- Get a prescription drug

Copay Amount Chart

Copayments (copays) are the same for Traditional and Non-Traditional Medicaid members. Your copay amounts are listed in the chart below.

Service	Co-pay
Emergency Room (ER)	\$8 co-pay for non-emergency use of the ER
Inpatient Hospital	\$75 co-pay per inpatient hospital stay
Pharmacy	\$4 co-pay per prescription, up to \$20 per month
Physician Visits, Urgent Care, Podiatrist; and Outpatient Hospital Services	\$4 co-pay, up to \$100 per year combined (<i>including ophthalmologists</i>)
Vision Services	\$4 co-pay for ophthalmologists

What is an out-of-pocket maximum?

Medicaid has a limit on how much you have to pay in copays. This is called an out-of-pocket maximum and applies to specific types of service and for specific time periods.

What happens when I reach my out-of-pocket maximum?

Make sure you save your receipts every time you pay your copay. Once you reach your out-of-pocket maximum, contact Medicaid at 1-866-608-9422 to help you through the process.

Out-of-pocket maximum copays:

Pharmacy - \$20 copay per month

Physician, urgent care, podiatry, and outpatient hospital services - \$100 copay per year* combined

*A copay year starts in January and goes through December.

Please note: You might not have a copay if you have other insurance.

For more information, please refer to the Medicaid Member Guide. To request a guide, call 1-866-608-9422. Information is also online at Utah Medicaid www.medicaid.utah.gov

What should I do if I get a medical bill?

If you get a bill for services that you believe should be covered by Medicaid, call Healthy U - Integrated Member Services for assistance. Do not pay a bill until you talk to Healthy U - Integrated Member Services. You might not be reimbursed if you pay a bill on your own.

You may have to pay a medical bill if:

1. You agree (in writing) to get specific care or services not covered by Medicaid before you get the service.
2. You ask for and get services that are not covered during an appeal or Medicaid State Fair Hearing. You only pay for the services if the decision is not in your favor.
3. You do not show your Medicaid Member Card before you get services.
4. You are not eligible for Medicaid.
5. You get care from a doctor who is not with your Medicaid plan, or is not enrolled with Utah Medicaid (except for emergency services).

Emergency Care and Urgent Care

What is an emergency?

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

What is an example of an emergency?

Emergencies can include:

- Poisoning
- Overdose
- Severe burns
- Chest pain
- Pregnant with bleeding and/or pain
- Bleeding will not stop
- Heavy bleeding
- Loss of consciousness
- Suddenly not being able to move or speak
- Broken bones
- Problems breathing
- Other symptoms where you feel that your life is at risk

What should I do if I have an emergency?

Call 911 or go to the closest emergency room.

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.
- There is no prior authorization needed to get emergency care.

What if I have questions about poison danger?

For poison, medication, or drug overdose emergencies or questions, call the Poison Control Center at 1-800-222-1222.

Will I have to pay for emergency care?

There is no copay for use of the emergency room in an emergency. 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 Healthy U - Integrated. Healthy U - Integrated will pay the claim. You do not need prior approval.

If you use an emergency room when it is not an emergency, you will be charged a copay.

What should I do after I get emergency care?

Call us as soon as you can after getting emergency care. Notify your PCP to tell the PCP about your emergency visit.

What is urgent care?

Urgent problems usually need treatment within 24 hours. If you are not sure a problem is urgent, call your doctor or an urgent care clinic. You may also call our Nurse Phone Line at (801) 505-3198. To find an urgent care clinic, call Member Services at (801) 213-4104 or toll-free (833) 981-0212 or see our website or provider directory.

When should I use an urgent care clinic?

You should use an urgent care clinic if you have one of these minor problems:

- Common cold, flu symptoms, or a sore throat
- Earache or toothache
- Back strain
- Migraine headaches
- Prescription refills or requests
- Stomach ache
- Cut or scrape

Post-Stabilization Care

What is post-stabilization care?

Post-stabilization care happens when you are admitted to the hospital from the emergency room. This care is covered. This care includes all tests and treatment until you are stable.

When is post-stabilization care covered?

Healthy U - Integrated covers this type of care in all hospitals. Once your condition is stable, you may be asked to transfer to a hospital on your plan.

Family Planning

What family planning services are covered?

Family planning services include:

- Information about birth control
- Counseling to help you plan when to have a baby
- Access to birth control (see table below)

You do not have to pay a copayment for family planning and birth control treatments. You can see any provider that accepts Medicaid for family planning and birth control as long as the provider accepts Medicaid. This means you can get these services from in-network or out-of-network providers. You can see the provider without a referral.

You can get the following birth control with a prescription from any provider who takes Medicaid or Healthy U - Integrated:

Types of Birth Control	
Condoms	Yes *OTC
Contraceptive Implants	Yes
Creams	Yes *OTC
Depo-Provera	Yes
Diaphragm	Yes *OTC
Foams	Yes *OTC
IUD	Yes
Morning After Pill	Yes

Patches	Yes
Pills	Yes
Rings	Yes
Sterilization (Tubes tied or Vasectomy)	Yes **Consent form required
Non-surgical Sterilization (like Essure®)	Yes **Consent form required

What family planning services are not covered?

Non-covered family planning services include:

- Infertility drugs
- Invitro fertilization
- Genetic counseling

For more information about family planning services, call Member Services at (801) 213-4104 or toll-free (833) 981-0212.

*OTC means over-the-counter

**Sterilization consent forms must be signed 30 days before surgery.

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

Specialists

What if I need to see a specialist?

If you need a service that is not provided by your PCP, you can see a specialist in the network. Healthy U specialists can be found at uhealthplan.utah.edu/healthyu-integrated-plan/. You can also call our Member Services at (801) 213-4104 or toll-free at (833) 981-0212 to help you find a specialist in your area. Your PCP may also help you choose a specialist in our network.

You should be able to get in to see a specialist:

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

If you have trouble getting in to see a specialist when you need one, call Healthy U – Integrated's Access Assistance Line at (801) 587-2851 for help.

Behavioral Health Services

What behavioral health services are covered?

Behavioral health services are services for mental health and substance use disorders. Inpatient hospital care for mental health problems and inpatient medical detoxification services for substance use disorders (SUDs) are also covered.

Outpatient behavioral health services include:

- Evaluations
- Psychological testing
- Individual, family, and group therapy
- Individual and group therapeutic behavioral services
- Medication management
- Individual skills training and development
- Psychosocial rehabilitation services (day treatment)
- Peer support services
- Targeted case management services

Services are provided by licensed mental health and SUD professionals, including doctors, nurses, psychologists, licensed clinical social workers, clinical mental health counselors, SUD counselors, targeted case managers, and others.

If you want more information on any of these services, call us at (801) 213-4104 or toll-free (833) 981-0212.

Are any other behavioral health services covered?

Yes, other covered services are:

- Electroconvulsive therapy (ECT)
- Respite care
- Psycho-educational services
- Personal services
- Supportive living

If you have questions, your provider will talk with you about these services.

Prior Authorization

What is prior authorization?

Some services must be approved before Healthy U - Integrated will pay for them. Approval from Healthy U – Integrated is called prior authorization.

If you need a service that requires prior authorization, your doctor will ask Healthy U - Integrated for it. If approval is not given for payment of a service, you may request an appeal from Healthy U - Integrated. Please call our Member Services at (801) 213-4104 or toll-free (833) 981-0212 if you have any questions.

Healthy U - Integrated requires notification of inpatient admissions. Healthy U - Integrated will be monitoring all inpatient hospital stays, including skilled nursing facilities and rehabilitation services. Your provider can fax, email, request through UBox or fill in the online forms. It is important that Healthy U is able to determine medical necessity for an inpatient admission to help with any discharge care that you may need. You can look at the UM prior authorization list on UUHP's website to see all the services requiring prior authorization. The link is:

https://uhealthplan.utah.edu/for-providers/pdf/um_review_guidelines_healthy_u_medicaid

Restriction Program

What does it mean to be in the Restriction Program?

Medicaid members who need help in properly using health care services may be enrolled in the Restriction Program. Members in the Restriction Program are limited to one main doctor and one main pharmacy. All medical services and prescriptions must be approved or coordinated by the member's main doctor. All prescriptions must be filled by the member's main pharmacy. Ongoing use of health care services is reviewed often.

Examples of improper use of services include:

- Using the emergency room for routine care
- Seeing too many doctors
- Filling too many prescriptions for pain medications
- Getting controlled or abuse potential drugs from more than one prescriber

We will contact you if we notice you are improperly using services.

Other Insurance

What if I have other health insurance?

Some members have other health insurance in addition to Medicaid. Your other insurance is called primary insurance.

If you have other insurance, your primary insurance will pay first. Please bring all of your health insurance cards with you to your doctor visit.

Other health insurance may affect the amount you need to pay. You may need to pay your copay at the time of service.

Please tell your doctor and us if you have other health insurance. You must also tell the Office of Recovery Services (ORS) about any other health insurance you may have. Call ORS at 801-536-8798. This helps Medicaid and your providers know who should pay your bills. This information will not change the services you receive.

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 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 Power of Attorney: A Mental Health 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 care provided by other emergency response providers, such as firefighters or police officers. You must complete a special orange form. You should keep the completed orange form where it can be seen.

To find out more information on how to create one of the Advance Directives, please go to: uhealthplan.utah.edu/healthyu-integrated-plan/ or call (801) 213-4104 or toll-free (833) 981-0212.

Appeals and Grievances

What is an adverse benefit determination?

An adverse benefit determination is when we:

1. Deny payment or pay less for services that were provided.
2. Deny a service or approve less than you or your provider asked for.
3. Lower the number of services we had approved or end a service that we had approved.
4. Deny payment for a covered service.
5. Deny payment for a service that you may be responsible to pay for.
6. Did not make a decision on an appeal or grievance when we should have.
7. Did not provide you with a doctor's appointment or a service within 30 days for a routine doctor visit or 2 days for an urgent care visit.
8. Deny a member's request to dispute a financial liability.

You have a right to receive a Notice of Adverse Benefit Determination if one of the above occurs. If you did not receive one, contact Member Services and we will send you a notice.

What is an appeal?

An appeal is our review of an adverse benefit determination to see if the right decision was made.

How do I file an appeal request?

- You, your provider, or any authorized representative may request an appeal.
- An appeal form can be found on our website at uhealthplan.utah.edu/healthyu-integrated-plan/.

- A request for an appeal will be accepted by mail at 6053 Fashionsquare Dr. Ste. 110, Murray, UT, 84107, by fax (801) 587-9985 or over the phone (801) 213-4104 or toll-free (833) 981-0212
- Submit the appeal request within 60 days from the notice of adverse benefit determination.
- If you need help filing an appeal request, call us at (801) 213-4104 or toll-free (833) 981-0212.
- If you are deaf or hard of hearing, you can call Utah Relay Services at 711 or 1-800-346-4128.

How long does an appeal take?

We will give you a written appeal decision within 30 calendar days from the date we get your written appeal.

Sometimes we might need more time to make our decision. We can take up to another 14 calendar days to make a decision. If we need more time, we will let you know in person or through a phone call as quickly as possible, or in writing within two days.

Can I get a decision on an appeal more quickly?

If waiting 30 days for our decision will harm your health, life, or ability to maintain or regain maximum function, you can ask for a quick appeal. This means we will make a decision within 72 hours.

Sometimes we might need more time to make a decision. We can take up to another 14 calendar days to make a decision. If we need to take more time, we will let you know in person or through a phone call as soon as possible, or in writing within two days.

If we deny your request for quick appeal, we will also let you know in person or through a phone call as soon as possible, or in writing within two days.

How do I request a quick appeal?

You can ask for a quick appeal over the phone or in writing. Call us at (801) 213-4104 or toll-free (833) 981-0212 or write to us: Healthy U – Integrated Appeals, 6053 Fashionsquare Dr., Ste. 110, Murray, UT 84107

What happens to my benefits during an appeal?

Your benefits will not be stopped because you asked for an appeal. If your request for an appeal is because we reduced, suspended or stopped a service you have been

getting, tell us if you want to keep getting that service. You may have to pay for the service if the appeal decision is not in your favor.

What is a State Fair Hearing?

A State Fair Hearing is a hearing with the State Medicaid agency about your appeal. You, your authorized representative, or your provider, can ask for 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.

How do I request a State Fair Hearing?

If you or your provider are unhappy with our appeal decision, you may submit to Medicaid the Form to Request a State Fair Hearing. The form must be sent to Medicaid within 120 calendar days of our appeal decision.

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. This gives you a chance to tell us about your concerns.

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

- When you do not agree with the amount of time that the plan needs to make an authorization decision
- Whether care or treatment is appropriate
- Access to care
- Quality of care
- Staff attitude
- Rudeness
- Any other kind of problem you may have had with us, your health care provider or services

How do I file a grievance?

You can file a grievance at any time. If you need help filing a grievance, call us at (801) 213-4104 or toll-free (833) 981-0212. If you are deaf or hard of hearing, you can call Utah Relay Services at 711 or 1-800-346-4128, 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 (801) 213-4104 or toll-free (833) 981-0212. To file a grievance in writing, please send your letter to:

Healthy U – Integrated Grievances, 6053 Fashionsquare Dr., Ste. 110, Murray, UT 84107

We will let you know our decision about your grievance within 90 calendar days from the day we get your grievance. Sometimes we might need more time to make our decision. We can take up to another 14 calendar days to make a decision. If we need more time to make a decision, we will let you know in person or through a phone call as soon as possible, or in writing within two days.

Fraud, Waste, and Abuse

What is health care fraud, waste, and abuse?

Doing something wrong related to Medicaid could be fraud, waste, or abuse. We want to make sure that your health care dollars are used the right way. Fraud, waste, and abuse can make health care more expensive for everyone.

Let us know if you think a health care provider or a person getting Medicaid is doing something wrong.

Some examples of fraud, waste, and abuse are:

By a Member

- Letting someone use your Medicaid Member Card
- Changing the amount or number of refills on a prescription
- Lying to receive medical or pharmacy services

By a Provider

- Billing for services or supplies that have not been provided
- Overcharging a Medicaid member for covered services
- Not reporting a patient's misuse of a Medicaid Member Card

How can I report fraud, waste, and abuse?

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

- Internal Healthy U - Integrated compliance department
 - HealthPlansCompliance@utah.edu
- Provider Fraud

- The Office of Inspector General (OIG) Email: mpi@utah.gov Toll-Free Hotline: 1-855-403-7283
- Member Fraud
 - Department of Workforce Services Fraud Hotline Email: wsinv@utah.gov Telephone: 1-800-955-2210

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

Transportation Services

How do I get to the hospital in an emergency?

If you have a serious medical problem and it is not safe to drive to the emergency room, call 911. Utah Medicaid covers emergency medical transportation.

How do I get to the doctor when it is not an emergency and I cannot drive?

Medicaid can help you get to the doctor when it is not an emergency. To get this kind of help you must:

- Have Traditional Medicaid on the date the transportation is needed
- Have a medical reason for the transportation
- Call the Department of Workforce Services (DWS) 1-800-662-9651 to find out if you can get help with transportation

What type of transportation is covered under my Medicaid?

- **UTA Bus Pass, including Trax** (Front Runner and Express Bus Routes are not included): If you are able to ride a bus, call DWS to ask if your Medicaid program covers a bus pass. The pass will come in the mail. Show your Medicaid Member Card and bus pass to the driver.
- **UTA Flextrans:** Special bus services for Medicaid clients who live in Davis, Salt Lake, Utah and Weber counties. You may use Flextrans if:
 - You are not physically or mentally able to use a regular bus
 - You have filled out a UTA application form to let them know you have a disability that makes it so you cannot ride a regular bus. You can get the form by calling:
 - Salt Lake and Utah counties: (801) 287-7433
 - Davis, Weber and Box Elder counties 1-877-882-7272
 - You have been approved to use special bus services and have a Special Medical Transportation Card.

- **LogistiCare:** Non-emergency door-to-door service for medical appointments and urgent care. You may be eligible for LogistiCare if:
 - There is not a working vehicle in your household
 - Your physical disabilities make it so you are not able to ride a UTA bus or Flextrans
 - Your doctor has completed a LogistiCare form.

When approved, you can arrange for this service by calling LogistiCare at: 1-855-563-4403. You must make reservations with LogistiCare three business days before your appointment. Urgent care does not require a three-day reservation. LogistiCare will call your doctor to make sure the problem was urgent. Eligible members will be able to receive services from LogistiCare statewide.

Can I get help if I have to drive long distances?

- **Mileage Refund:** Talk to a DWS worker if you have questions about a mileage refund. You will only be refunded if there is NOT a cheaper way for you to get to your doctor.
- **Overnight Costs:** In some cases, when overnight stays are needed to get medical treatment, Medicaid may pay for overnight costs. The cost includes lodging and food. Overnight costs are rarely paid in advance. Contact a DWS worker to find out what overnight costs may be covered by your Medicaid program.

Amount, Duration and Scope of Benefits

Benefit	Traditional	Non-Traditional
Abortion	Limited - Call Member Services (801) 213-4104 for Benefit information	Limited - Call Member Services (801) 213-4104 for Benefit information
Ambulance	Not Covered by Healthy U - Integrated - Covered by Fee-for-Service Medicaid	Not Covered by Healthy U - Integrated - Covered by Fee-for-Service Medicaid
Birth Control &	Covered	Covered

Family Planning	No copay required (See birth control chart on page 14)	No copay required (See birth control chart on page 14)
Chiropractic	Not Covered by Healthy U - Integrated	Not Covered
Dental Benefits	Not Covered by Healthy U - Integrated - May be covered by Fee-for-Service Medicaid or Medicaid Dental plan. Call Medicaid 1-800-662-9651	Not Covered by Healthy U - Integrated - May be covered by Fee-for-Service Medicaid or Medicaid Dental plan. Call Medicaid 1-800-662-9651
Doctor Visits	Covered See copay chart on page 10	Covered See copay chart on page 10
Emergency Care	Covered No copay	Covered No copay
Eye Exam	Covered No copay Limited to one exam every 12 months	Covered No copay Limited to one exam every 12 months
Eyeglasses	Covered No copay - Covered only for those eligible for EPSDT services.	Not Covered
Hospice Care	Covered No copay (see page 9 for additional information)	Covered No copay (see page 9 for additional information)
Inpatient Hospital Care	Covered (See page 10 for copay chart)	Covered (See page 10 for copay Chart)
Lab and X-Ray Services	Covered No copay	Covered No copay

Medical Supplies	Covered No copay	Covered No copay
Outpatient Behavioral Health Care (mental health and substance use disorder)	Covered No copay	Covered No copay
Nursing Home	Covered by Healthy U - Integrated for up to 30 days. Stays over 30 days covered by Medicaid Fee for Service - Call Medicaid 800-608-9422	- Not Covered
Personal Care Services	Covered Requires prior Authorization	Covered Requires prior Authorization
Pharmacy	Covered (See page 10 for copay chart)	Covered (See page 10 for copay chart)
Physical and Occupational Therapy	Covered (See page 10 for copay chart)	Covered (See page 10 for copay chart)
Podiatry	Covered (See page 10 for copay chart) (Limited benefit for adults)	Covered (See page 10 for copay chart) (Limited benefit for adults)
Outpatient Care	Covered (See page 10 for copay chart)	Covered (See page 10 for copay chart)
Over-the-Counter Drugs	Covered (See page 10 for copay chart) - Contact Healthy U for Over the Counter PDL	Covered (See page 10 for copay chart) - Contact Healthy U for Over the Counter PDL
Speech and Hearing Services	Covered (Limited) No copay - Audiology and hearing services including hearing aids and batteries are covered only for those eligible for EPSDT services.	Not Covered
Non Emergent Medical Transportation Services	Not Covered by [plan name]	Not Covered - Call Medicaid 800-662-9651

	- Covered by Fee For Service Call Medicaid 800-662-9651	
Urgent Care	Covered (See page 10 for copay chart)	Covered (See page 10 for copay chart)

Can I get a service that is not on this list?

Generally, Medicaid does not pay for non-covered services. However, there are some exceptions:

- Reconstructive procedures following disfigurement caused by trauma or medically necessary surgery
- Reconstructive procedures to correct serious functional impairments (for example, inability to swallow)
- When performing the procedure is more cost effective for the Medicaid program than other alternatives
- Members who qualify for EPSDT may obtain services which are medically necessary but are not typically covered

If you would like to request an exception for a non-covered service, you can make that request by:

- Making a benefit consideration request based on medical necessity if the service:
 - reduces risks or acute setting needs
 - improves your quality of health
 - has a more immediate impact on your health needs
 - addresses unusual or unique circumstances for you
 - is more cost-effective in comparison to denying the service
- Healthy U - Integrated uses appropriate professionals (pharmacists or provider specialists) to consider a benefit consideration.

What if I change health plans?

We will work with your new health plan to make sure you get the services that you need. We follow Medicaid's guidelines on how to do this. These guidelines are called transition of care guidelines. They can be found at

<https://medicaid.utah.gov/managed-care/>

Notice of Privacy Practices

How do we protect your privacy?

We strive to protect the privacy of your Personal Health Information (PHI) in the following ways:

- 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 given tasks and through physical safeguards

You have the right to look at your PHI.

How do I find out more about privacy practices?

Contact Member Services if you have questions about the privacy of your health records. They can help with privacy concerns you may have about your health information. They can also help you fill out the forms you need to use your privacy rights.

The complete notice of privacy practices is available at uhealthplan.utah.edu/healthyu-integrated-plan/. You can also ask for a hard copy of this information by contacting Member Services at (801) 213-4104 or toll-free (833) 981-0212.