CHIP

Children's Health Insurance Program

1-877-KIDS-NOW

health.utah.gov/chip

Member Guide

Important Contact Information

CHIP Premium Line: 1-866-435-7414 (select option 5)
CHIP Hotline: 1-877-KIDS-NOW (1-877-543-7669) or 1-888-222-2542
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: 1-800-538-5038 or www.selecthealth.org
Molina: 1-888-483-0760 or www.molinahealthcare.com

Dental Plan

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

Other

Find an Eligibility Office Near You: 1-888-222-2542
DWS Eligibility Services Center: 1-866-435-7414
myCase (information about your case online): https://jobs.utah.gov/mycase
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

CHIP

Children's Health Insurance Program

1-877-KIDS-NOW
(1-877-543-7669)
health.utah.gov/chip

Member Guide

Effective 2022

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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 services through:

Two Medical Plans (Statewide)
- **SelectHealth**
- **Molina Healthcare of Utah**

Dental Plan (Statewide)
- **Premier Access**

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 medical plan you choose. Premier Access will be your dental plan.** A 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:
https://bepmanuals.health.utah.gov/CHIPpolicy/DOHCHIP.htm

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 and substance use disorder services
- Applied Behavioral Analysis (ABA) services for the treatment of Autism Spectrum Disorder
- 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.

Benefit Lookup Tool

You can check your medical coverage and health plan information online using the Benefit Lookup Tool at www.mybenefits.utah.gov.

Primary individuals can view coverage and health plan information for their entire family. Adults and children age 18 and older can view their own coverage and health plan information. Access may also be given to medical representatives.

For additional information on accessing or viewing benefit information, please visit www.mybenefits.utah.gov or call 1-844-238-3091.

Health Program Representative

An HPR will help you choose your health plan. See "How to Choose a Health Plan" on page 10 for more information. An HPR will also:

- Offer free classes to you about how CHIP works
- Answer general questions about your health and dental plan
- Give online education tools about CHIP at www.health.utah.gov/umb
- To speak to an HPR call, 1-866-608-9422

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 review. 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 DWS know within 10 days if your child enrolls in other health insurance or if insurance becomes available through your work. Read more about other insurance on page 17.)
- To speak to a DWS eligibility worker, call 1-866-435-7414

You do not need to call your eligibility worker when your income changes. However, if you have a large decrease in your income,

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.

You may talk with a DWS eligibility worker or find out the status of your application, review, pending verifications, etc., by:

- Phone: 1-866-435-7414
- Online access through myCase (24 hours) at https://jobs.utah.gov/mycase

Eligibility Concerns. If you do not agree with the decision made on your case or if you feel you 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 no later than 90 days after the notice of action from DWS

Enrollment Review

CHIP reviews your eligibility every twelve months.

- At that time, CHIP will send you a review form.
- You will need to follow the instructions and complete the review form.
- You may complete your CHIP renewal or apply for benefits at *myCase* online: https://jobs.utah.gov/mycase

It is important to complete the review process on time or your case may be closed. If your case is closed for more than three months, you will need to 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 you health plan (SelectHealth/Molina) or dental plan (Premier Access) 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 and Human Services is committed to protecting your medical information, providing this notice to you, and abiding by the terms of the notice (see page 34).
Reference: www.health.utah.gov/hipaa

CHIP Member Guide

CHOOSING A HEALTH PLAN

Your Medical and Dental Plans

CHIP has two health plans statewide: SelectHealth and Molina. You may choose the one you want. Premier Access will provide all of your CHIP dental benefits.

The CHIP benefits and co-pays for SelectHealth and Molina are the same but the list of doctors and hospitals may be different. Please check with your current doctor to see which medical plan they accept. You may contact each plan toll-free, to find out if your doctor is already in their network.

Medical and Dental Plan Contact Information:

Molina
1-888-483-0760
http://www.molinahealthcare.com/

SelectHealth
1-800-538-5038
http://www.selecthealth.org/

Premier Access
1-877-541-5415
https://www.premierlife.com/

Follow the steps below to choose your medical plan:

1. Decide between SelectHealth and Molina
- If you are approved for CHIP, you will get a letter asking you to choose a medical plan.
- An HPR will help you choose your plan.
- Use the hospital chart (pages 12-13) to help you decide which medical plan is best for your family.

2. Contact a Health Program Representative (HPR)
- Once you have chosen a medical plan, contact an 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 31), mail it to:
  OMHC CHIP HPR
  PO Box 143108, SLC, UT 84114
- **Fax.** Using the "Health Plan Selection Form" (page 31), fax it to: (801) 237-0743
- **Phone.** Call an HPR at: 1-866-608-9422

IMPORTANT: You must choose your medical plan within two weeks of approval, or one will be assigned to you. If your child was seen by a doctor or hospital that is not covered under the medical plan you select or is assigned to you, you may be responsible for payment.

Hospitals

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

Hospitals	SelectHealth	Molina
Alta View Hospital	☑	
American Fork Hospital	☑	
Ashley Valley Medical Center	☑	☑
Avenues Surgical Center	☑	
Bear Lake County Memorial Hospital		☑
Bear River Valley Hospital	☑	☑
Beaver Valley Hospital	☑	
Blue Mountain Hospital	☑	☑
Brigham Community Hospital		☑
Cache Valley Hospital		☑
Cassia Regional Hospital		☑
Castle View Hospital	☑	☑
Cedar City Hospital	☑	☑
Central Valley Medical Center	☑	☑
Davis Hospital & Medical Center	☑	☑
Davis Hospital & Medical Center - Psych Unit		☑
Davis Hospital & Medical Center - Rehab Unit		☑
Delta Community Hospital	☑	
Dixie Regional Medical Center	☑	☑
Fillmore Community Hospital	☑	☑
Franklin County Medical Center		☑
Garfield Memorial Hospital	☑	☑
Gunnison Valley Hospital	☑	☑
Heber Valley Hospital	☑	☑
Highland Ridge Hospital		☑
Huntsman Cancer Hospital (Requires Prior Authorization)		
Intermountain Medical Center	☑	☑
Jordan Valley Medical Center		☑
Jordan Valley Medical Center West Valley Campus		☑
Jordan Valley Medical Center West Valley Campus - Psych Unit		☑
Kane County Hospital	☑	☑
Lakeview Hospital		☑

Hospitals (continued)	SelectHealth	Molina
Lakeview Hospital - Psych Unit		☑
Landmark Hospital of Salt Lake City LLC		☑
Layton Hospital	☑	
LDS Hospital	☑	☑
Logan Regional Hospital	☑	☑
Lone Peak Hospital		☑
McKay-Dee Hospital	☑	☑
McKay-Dee Surgical Center	☑	
Milford Valley Memorial Hospital	☑	☑
Moab Regional Hospital	☑	☑
Mountain Point Medical Center		☑
Mountain View Hospital		☑
Mountain West Medical Center	☑	☑
Ogden Regional Medical Center		☑
Orem Community Hospital	☑	☑
Park City Hospital	☑	☑
Primary Children's Hospital and Medical Center	☑	☑
Promise Hospital of Salt Lake City		☑
Provo Canyon Behavioral Hospital		☑
Riverton Hospital	☑	
Salt Lake Regional Medical Center - Psych Unit		☑
San Juan Hospital	☑	☑
Sanpete Valley Hospital	☑	☑
Sevier Valley Hospital	☑	☑
Shriners Hospitals for Children		☑
South Davis Community Hospital - Chronic Disease		☑
Spanish Fork Hospital	☑	
St. Marks Hospital		☑
St. Marks Hospital - Rehab Unit		☑
St. Marks Hospital Behavioral Health		☑
Timpanogos Regional Hospital		☑
TOSH - The Orthopedic Specialty Hospital	☑	
Uintah Basin Medical Center	☑	☑
Utah Valley Hospital	☑	☑
Utah Valley Specialty Hospital Inc.	☑	☑

Common Questions

What will my medical 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 ID cards?

- You will receive your medical card(s) within 2-3 weeks after choosing or being assigned to your medical plan for each child enrolled in CHIP.
- You will receive your dental card(s) within 2-3 weeks after becoming eligible for CHIP.
- If you do not get your cards or if you lose them, call your plan(s).

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

In some cases you may need to pay for services. You may be reimbursed for CHIP covered services. Contact your medical or dental plan or an HPR if you have questions.

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

You will get a new medical card for any child added to CHIP. If you need medical coverage for a family member that is not currently covered by Medicaid or CHIP, contact your eligibility worker at the Department of Workforce Services to see if the child is eligible.

How do I know what is covered by CHIP?

Your medical 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. Learn more about your benefits by calling your plans or visiting their websites.

Molina
1-888-483-0760
http://www.molinahealthcare.com/

SelectHealth
1-800-538-5038
http://www.selecthealth.org/

Premier Access
1-877-541-5415
https://www.premierlife.com/

Do we have to use a participating provider?

Yes. Both your medical 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 medical 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 may change your medical plan in the first 90 days of receiving CHIP benefits. You must stay with your selected medical plan through June 30 of each year.

However, you can change your medical 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. There is only one dental plan.

For more information, contact an 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.

What if I disagree with the actions or decisions of my health or dental plan?

If you do not agree with the actions of your medical or dental plan, you can request an appeal. You must pursue an appeal with your medical or dental plan within 30 days from the date you are told of their action or decision.

If you disagree with the outcome of your medical or dental plan's appeal process, you can request a hearing with the Hearing Unit at the Division of Integrated Healthcare. The request must be made within 30 days of when you are told of your medical or dental plan's appeal decision.

You must pursue an appeal with your health plan first before you can have a hearing with the State's Hearing Unit. If you do not appeal with your health plan first, you cannot have a hearing with the State.

What if my child enrolls in other insurance?

Your child cannot have other insurance and be covered by CHIP unless the insurance is a limited coverage plan (such as a dental or vision only plan, etc.). You must notify DWS within ten (10) days of enrollment.

Once DWS is notified, they will review the information to determine if your child will continue to qualify for CHIP. If your CHIP case closes, notify your child's medical providers to bill your other insurance, instead of CHIP.

What happens when my child gains access to insurance?

If your child gains access to insurance after they are approved for CHIP, you must notify DWS within ten (10) days. If you choose not to enroll in the insurance, your child may continue to be covered by CHIP until renewal. If you choose to enroll in the insurance your child (or family) may be eligible for UPP (Utah's Premium Partnership) and may qualify for a premium reimbursement.

Visit www.health.utah.gov/upp for more information or contact DWS at 866-435-7414 and ask to speak with an UPP specialist.

What happens if my child has been covered by other insurance for a while, and I did not report it or I did not know about it?

Your child cannot have CHIP in addition to other medical insurance coverage. Unless the other medical insurance is a limited coverage plan.

If your child is covered by another medical insurance policy while receiving CHIP coverage you will have an overpayment. You may be responsible for paying back to the State the amount of the medical premium that the State had paid for your child's CHIP medical plan for each month that your child was ineligible for CHIP. Contact your DWS eligibility worker to report changes in insurance coverage within ten (10) days of the change.

Will my child's medical information be added to the cHIE?

CHIP enrollees are automatically enrolled in the Utah Clinical Health Information Exchange (cHIE). The cHIE provides a safe place for participating healthcare providers to share and view patient medical information.

Once you enroll your child in CHIP, your child's consent status is set to PARTICIPATE. This will remain in effect until your child turns 18 years old. You have the right to change your child's consent status to not participate in the cHIE at any time. For more information or to opt out of cHIE participation, visit My cHIE at https://uhin.org/partners/patients/ or talk to a healthcare provider.

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**: https://jobs.utah.gov/mycase
- **Phone**: DWS Business Office 1-866-435-7414 (select option 5)
  (Monday - Friday, 8:00 a.m. - 5:00 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.

There may be a delay in getting benefits until your medical and dental plans are notified that your child is eligible again. Contact an HPR if your child has an immediate need.

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 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 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-insurance

Some services have a co-insurance. A co-insurance is a percentage of the total bill. It is usually 20% of the billed amount.

Who Does Not Pay Co-pays or Premiums?

Verified **American Indian and Alaska Native children** do not pay co-pays or quarterly premiums. A CHIP enrollee must provide tribal membership verification. The tribe must be recognized by the federal government.

Acceptable verification of American Indian and Alaska Native status includes:

- Tribal Identification/Enrollment Card or Number
- Certificate of Degree of Indian or Alaska Native Blood (CDIB) signed by the Bureau of Indian Affairs (BIA)
- Indian Health Services (IHS) Face Sheet (IHS Face Sheet is a medical record certified by IHS as being from their original records)
- Tribal Court Documents

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 & Substance Use Disorder Services Inpatient Office Visit & Outpatient Facility Urgent Care Center	 - $150 after deductible - $0 - $0
Residential Treatment	$0
Physical Therapy	$5 (20 visit limit per year)
Applied Behavior Analysis (ABA) Treatment of Autism Spectrum Disorder	 - $0
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 plan year, per child
Preventive Services - Routine exams and cleanings (2 per year), topical fluoride, x-rays	$0
Basic Services - Fillings, extractions, oral surgery, endodontics, periodontics	5% of approved amount
Major Services (Crowns, bridges, dentures)	5% of approved amount
Orthodontics - Covered ONLY if medically necessary	5% of approved amount ($1,000 lifetime maximum**). Requires Prior Authorization.
Specialists - Endodontists, oral surgeons, periodontists, pediatric specialists, prosthodontists	5% of approved amount

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	$25
Specialist Visits	$40
Emergency Room	$300 after deductible
Ambulance	20% of approved amount after deductible
Urgent Care Center	$40
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; 20% of approved amount after deductible for major diagnostic tests and x-rays
Surgeon	20% of approved amount after deductible
Anesthesiologist	20% of approved amount after deductible
Prescriptions Preferred Generic Drug Preferred Brand Name Drug Non-Preferred Drug	 - $15 - 25% of approved amount - 50% of approved amount
Mental Health & Substance Use Disorder Services Inpatient Office Visit & Outpatient Facility Urgent Care Center	 - 20% of approved amount after deductible - $0 - $0
Residential Treatment	$0
Physical Therapy	$40 after deductible (20 visit limit per year)
Applied Behavior Analysis (ABA) Treatment of Autism Spectrum Disorder	 - $0
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	$25 (1 visit limit per year)
Hearing Screening	$25 (1 visit limit per year)
Dental Benefits	
Deductible	$50 per child; $150 per family
Maximum Benefit (Preventive, Basic & Major services)	$1,000 per plan year, per child
Preventive Services - Routine exams and cleanings (2 per year), topical fluoride, x-rays	$0
Basic Services - Fillings, extractions, oral surgery, endodontics, periodontics	20% of approved amount after deductible
Major Services (Crowns, bridges, dentures)	50% of approved amount after deductible
Orthodontics - Covered ONLY if medically necessary	50% of approved amount ($1,000 lifetime maximum**). Requires Prior Authorization.
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 your family's approximate out-of-pocket maximum amount.*

*** 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 do not need to pay more than 5% of your household's countable income for out of pocket expenses each benefit period. The out of pocket expenses include deductibles, premiums, and co-pays, owed for CHIP covered services. DWS will send you an approval letter, telling you the approximate out-of-pocket maximum amount for your household.

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

Once you have reached 5% of your household's annual income, your household will no longer have to pay co-pays for that benefit period. Quarterly premium payments are still required for CHIP Plan B and C.

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 each year. See the "Out-of-Pocket Maximum Claim Form" on page 29, call 1-888-222-2542 for a form to be mailed to you, or download it from: www.health.utah.gov/chip/resources.

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.

The benefit period may be shorter than 12 months if:

- your child no longer qualifies for CHIP;
- you request an early review of your medical eligibility;
- your child becomes eligible for Medicaid; or
- your child qualifies for a better CHIP plan

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

- Each time you pay a co-pay or deductible , write the information on the "Out-of-Pocket Maximum Claim Form" (page 29).
- Once the co-pays and deductibles add up to your 5% maximum or more, mail or fax the completed claim form to:
  OMHC CHIP, PO Box 143108, Salt Lake City, UT 84114-3108
  Fax: (801) 538-6099
  Or call 1-888-222-2542 or 801-538-6728 in Salt Lake County
- You can get more claim forms by calling 1-888-222-2542 or downloading it from: www.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 or deductibles through the end of the benefit period.
- You can use the letter to show your health care provider that you do not owe co-pays or deductibles until you get a new card.
- You will receive new cards from your medical and dental plan showing that no co-pay is due, if you meet the out-of-pocket maximum before the end of your current benefit period.

What if my income changes?

If your income or household size changes, you may qualify for a lower cost CHIP plan. You may also qualify for a different medical assistance program. To find out, you may ask for an early review. If you still qualify for CHIP, the following changes occur:

- A new 12-month benefit period begins
- You will have a new 5% maximum amount for co-pays and deductibles
- The 5% maximum amount starts over
- Co-pays, deductibles or premiums paid in the previous benefit year do not count toward the new benefit period's maximum out-of-pocket amount

RESOURCES

Eligibility Services

Talk to an eligibility worker by calling the DWS Eligibility Services Center at 1-866-435-7414. You may also access information about your case online, including your benefit status and verifications received by DWS. You may also chat online with an eligibility worker at: https://jobs.utah.gov/mycase

An eligibility worker from DWS can also help you if you have family members on Medicaid or Utah's Premium Partnership for Health Insurance (UPP).

Find Your Local Tribal/Indian Health Services Office

Name	Contact	Phone
Confederated Tribes of Goshute Indian Reservation	Christine Steele	(435) 234-1194
Fort Duchesne U & O Indian Health Services Clinic	Francine Kagenveama	(435) 725-6828
Utah Navajo Health Systems, Inc.		
Blanding Family Practice	Maure Keith	(435) 678-3601
Montezuma Creek Community Health Center	Darlene Eddie	(435) 651-3746
Monument Valley Health Center	Gilene Smith-Walker	(435) 727-3000
Navajo Mountain Health Center	Gilene Smith-Walker	(435) 727-3000
Northwestern Band of Shoshone Nation	Gayla Pena	(435) 734-2286
Paiute Indian Tribe of Utah	Laurel Yellowhorse (Outreach & Benefits)	(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
Urban Indian Center of Salt Lake	Victoria Migoli	(801) 214-7664
Ute Mountain Ute Health Center	Sophie Romero	(970) 565-4441
Ute Indian Tribe		
Ute Family Services	Cecilia Bausch	(435) 725-4054
Family Group Decision Making Support Staff	Kaye Black	(435) 725-4876

CHIP
Covering Utah's Children

Out-of-Pocket Maximum Claim Form

My out-of-pocket maximum is: $_____
Parent/Guardian Name: _____
Health and Dental Plan:_____

We have provided this form to help you keep track of your children's medical and dental services. After your out-of-pocket maximum is met, return this form to CHIP (see below). Complete one line for each co-payment or co-insurance you pay. You do not need to submit receipts, but keep them for your records. If you have questions, please call a health program representative (HPR) at 1-866-608-9422.

You may submit claim forms up to one year after the end of the benefit year in which the expenses occur.

Child's Name	Date of visit or claim	Did you pay this bill? Y/N	Health Care Provider's Name and Mailing Address	Amount of co-pay or co-insurance
			Subtotal on this page:	

Grand Total (for all pages) $_____

Return form to:
CHIP, PO Box 143107, SLC, UT 84114-3107
E-mail: chiphpr@utah.gov
For questions, call: 1-866-608-9422

You may tear out this page.

Child's Name	Date of visit or claim	Did you pay this bill? Y/N	Health Care Provider's Name and Mailing Address	Amount of co-pay or co-insurance
			Subtotal on this page:	

Return form to:
CHIP, PO Box 143107, SLC, UT 84114-3107
E-mail: chiphpr@utah.gov
For questions, call: 1-866-608-9422

You may tear out this page.

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CHIP
Covering Utah's Children

Health Plan Selection Form

Once you have chosen a health plan, please mail or fax this form to an HPR. Or e-mail **chiphpr@utah.gov** with your plan choice and the information below.
(Please print clearly)

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	☐ SelectHealth	☐ Molina	

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

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

CHIP Enrollee Rights and Responsibilities

Persons who are eligible for CHIP have the right to:

- Receive correct and timely benefits.
- Receive proper notice if there is a change in the benefits for which they qualify.
- Be treated with dignity, courtesy and respect.
- Receive information about medical programs including Medicaid and the Children's Health Insurance Program. Anyone can look at a copy of the policy manual for any program.

Your Responsibilities as a CHIP Enrollee:

You must report the following changes to the Department of Workforce Services within ten (10) calendar days of the day you learn of the change.

- You child begins to receive coverage under a group health plan or other health insurance coverage.
- You gain access to coverage under a health insurance plan offered by an employer where the cost to enroll the child is less than 5% of your household countable income.
- You begin to be covered or gain access to coverage under a state employee’s group health plan due to a parent’s or legal guardian’s employment with the state.
- Your enrolled child leaves the household or dies.
- Your enrolled child or your household moves out of state.
- Your enrolled child or your household changes your address.
- Your enrolled child enters a public institution or an Institution for Mental Disease.

An individual who intentionally provides false information and who completed the application on behalf of an enrollee is responsible for repaying any incorrect benefits received by the enrollee.

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: September, 1 2013

The Utah Department of Health and Human Services, Division of Integrated Healthcare (DIH) is committed to protecting your medical information. DIH 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.

How We Use and Disclose Your Protected Health Information

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

Treatment - We may use your health information to appropriately determine approvals or denials of your medical treatment. For example, if you are a Medicaid, Primary Care Network (PCN), Children's Health Insurance Program (CHIP), or a Utah's Premium Partnership for Health Insurance (UPP) recipient we may review the treatment plan provided by your health care provider to determine if it is medically necessary.

Payment - We may use your health information to determine your eligibility in the Medicaid, PCN, CHIP, or UPP program and make payment to your health care provider. For example, we may review claims for payment by DIH for medical services you received from your provider.

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

Informational Purposes - We may use your health information to give you helpful information such as health plan choices, program benefit updates, and free medical exams.

Your Individual Rights

You have the right to:

- Request in writing 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 get a copy of your health information (including an electronic copy if we maintain the record electronically). 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 in writing corrections or additions to your health information.*
- Change your participation in the Clinical Health Information Exchange (cHIE). Contact the cHIE by phone (801.466.7705), fax (801.466.7169), or at chie@uhin.org to change your participation status.
- 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. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*
- Request a paper copy of this notice even if you agree to receive it electronically.
- Requests marked with a star (*) must be made in writing.

*Must be made in writing. Contact the DIH Privacy Officer for the appropriate form for your request.

Contact the DIH Privacy Officer to help you with any questions you may have about the privacy of your health information. The Privacy Officer will help you fill out any forms that are needed to exercise your privacy rights.

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:

- To our business associates that perform services on our behalf. We require all business associates to appropriately safeguard your information in accordance with applicable law,
- As required by law. The use and disclosure will be made in full compliance with the applicable laws governing the disclosure.
- To the Department of Health and Human Services to report communicable diseases, traumatic injuries, birth defects, or for vital statistics, such as a birth or a death;
- To a funeral director or an organ-donation agency when a patient dies, or to a medical examiner when appropriate to investigate a suspicious death;
- To state authorities to report child or elderly abuse;
- To law enforcement for certain types of crime-related injuries, such as gunshot;
- To the Secret Service or NSA to protect, for example, the country or the President;
- To a medical device's manufacturer, as required by the FDA, to monitor the safety of a medical device;
- To court officers or an administrative tribunal as required by law, in response to an order or a valid subpoena;
- To governmental authorities to prevent serious threats to the public's health or safety;
- To governmental agencies and other affected parties, to report a breach of health-information privacy;
- To a worker's compensation program if a person is injured at work and claims benefits under that program.

Other uses and disclosures of your health information, other than those explained above, require your signed authorization. For example, we will not use your health information unless you authorize us in writing to:

- Share any of your psychotherapy notes, if they exist, with a third party who is not part of your care;
- Share any of your health information with marketing companies; or
- Sell your identifiable health information.

You may revoke your authorization at any time with a written statement.

Our Privacy Responsibilities

DIH is required by law to:

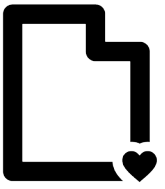
- Maintain the privacy of your health information;
- Provide this notice that describes the ways we may use and share your health information;
- Notify you if your health information was affected by a breach; and
- Follow the terms of the notice currently in effect.

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 DIH offices and on our website, http://health.utah.gov/hipaa. You may also request a copy of any notice from your DIH 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, CHIP, and UPP recipients should contact the DIH Privacy Officer, Stephanie Argoitia, 801-538-9925; 288 North 1460 West, PO Box 143102, Salt Lake City, Utah 84114-3101; sargoitia@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. 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 & Human Services
Integrated Healthcare

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 Premier Access, SelectHealth, and Molina's master policy and member handbook.

CHIP
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SLC, UT 84114-3108

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