Our mission is to optimize the quality of life of the people we serve by providing excellent, compassionate, and integrated health services throughout the life span.
University of Utah Health’s HOME Program is a coordinated medical and mental health care program for people with neurodevelopmental disabilities. Individuals enrolled in this program receive comprehensive and coordinated care services as a part of their Medicaid eligibility. All enrollees receive psychiatry, counseling, and primary care in the HOME clinic.
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LANGUAGE SERVICES

HOW CAN I GET HELP IN OTHER LANGUAGES?

Do you need help talking with us or your provider, or reading what we send you? We offer free help from interpreters who speak your language. We can also give you written information in your language and in other formats (large print, audio, electronic, and other formats). Please call us toll-free at 844-824-6776 or Speech Relay Utah at 1-888-346-5822.

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 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 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
- 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. To be given health care services that are the right kind of services based on your needs.
- To get health care services that are close to where you live
- The right to be furnished health care services in accordance with §§ 438.206 through 438.210.
WHAT ARE MY RESPONSIBILITIES?

Your responsibilities are:

- To follow the rules of your plan
- Read your Member Handbook
- Use the HOME clinic for your primary care and other services
- Make a clinic appointment at least twice a year
- Show your State Medicaid ID card each time you receive medical care
- Cancel doctor appointments 24 hours ahead of time if needed
- Respect the staff and property at your provider’s office
- Use doctors and hospitals in the HOME Medicaid network
- Pay your copayments (copay)
- Provide to the best of your knowledge, true and complete information about your health such as medications, current problems, drug and alcohol use, and past stays in a treatment center
- Follow what your doctors and caregivers recommend to you. Let them know if you don’t agree with your care
- Let HOME and your Medicaid eligibility worker know if you have other insurance or there is a change with your insurance

HOME MEMBER RIGHTS COMMON QUESTIONS

As a member of the HOME Program, you have member rights. The following are common questions that are asked of HOME staff. After reading through the answers, if you have further questions or concerns, please contact your case manager. If you have a complaint or concern, you are welcome to call the HOME complaint manager at 801-587-3109.

WHAT IF I WANT TO CHANGE MY HEALTH PLAN AWAY FROM THE HOME PROGRAM?

You have every right to change your health plan if you move or if you don’t want to receive your health care from the HOME Program. If you have a complaint, please call us first. Many times we can resolve your problem. If you need to make a change for any reason, call member services at 801-585-1960.
HOME's member services will contact Medicaid for you and will also send your records to your new provider, with your consent.

CAN MY COVERAGE WITH THE HOME PROGRAM END?
Yes, there are reasons that your coverage with the HOME Program may end. The reasons include:

- You are no longer eligible for Utah Medicaid.
- You let another person use your Utah Medicaid card.
- You use someone else’s Medicaid card.
- You are in a skilled nursing facility or long term care facility for over 30 days.
- You are admitted to an ICFID, Utah State Hospital, or Utah State Developmental Center (USDC).
- You are abusive or threatening to HOME staff.
- You decide to get any of your care services somewhere other than the HOME clinic.
- Your behavior gets in the way of our ability to serve other people.
- Remember: If your coverage ends with HOME, the Utah Medicaid program may still cover you.
CONTACTING MY MEDICAID PLAN

WHO CAN I CALL WHEN I NEED HELP?

HOME Contact Information
Main Phone ................................. 801-581-5515
Toll Free Number ............................. 1-800-824-2073
Fax ............................................ 801-581-8979
To SCHEDULE an appointment. ............... 801-585-3828
AFTER HOURS EMERGENCY .................. 801-587-3195
(If you call after hours, please let the operator know you are with HOME)
Medication REFILL ............................. 801-587-3980
Your Case Manager ......................... 801-581-5515 Option 2
Medical Case Manager ...................... 801-581-3855
Member Services ............................... 801-585-1960
Billing Specialist ............................... 801-581-8110
Complaints Manager ......................... 801-587-3109
Compliance Officer ............................ 801-587-3110

Call the Complaints Manager with any program questions, complaints, or issues related to your civil rights.

Our Member Services team is here to help you. We are here to help answer your questions. You may reach us at 801-585-1960 from Monday- Friday 8:30 am-5:00 pm.

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
WELCOME TO HOME
Thank you for choosing HOME. Please read this handbook. Please call us if you need another copy or any information found on HOME’s website. It will be provided without any charge within five business days. If you are visually impaired or have difficulty reading, you may ask your case manager for this handbook in larger print. Another way you can access the handbook is by visiting our website. If you have limited reading proficiency and need help reading a section, ask any HOME staff to read it to you. For more information about HOME, call 801-581-5515 or member services at 801-585-1960 or you can call our toll free number 1-800-824-2073.

MISSION STATEMENT
Our mission is to optimize the quality of life of people we serve by providing excellent, compassionate, and integrated health services throughout the lifespan.

OUR VALUES
EXCELLENCE
We adhere to the “good to great” philosophy by aiming for the highest possible clinical standards in treating and supporting our clients and the community.

COMPASSION
We believe in having a service attitude and in providing life-long and person-centered services to our clients. We believe in supporting and appreciating each person, and we desire to help them identify and reach their potential.

INTEGRITY
We believe in conducting ourselves in a professional and ethical manner and treating everyone with dignity and respect. We believe in being responsible with the resources available to us.

TEAMWORK
We believe that we can help our clients most effectively by working and collaborating as partners with them, their caregivers, our staff, and other agencies.

COMMUNICATION
We value open, constructive communication and believe in listening to our clients, their caregivers, and our employees.

ADVOCACY
We believe in promoting the civil rights of our clients and supporting their access to the best possible care and community.

EDUCATION
We believe in constant professional growth for our employees and sharing our expertise with caregivers, future professionals, and the community. We also believe in contributing to treatment knowledge through our own research services.

HOME MEMBER SERVICES
Member Services exists to answer any questions about HOME including questions about benefits, services, eligibility, providers, and claims. You can ask about any of these things with any member of the HOME team or you can call at 801-585-1960. You may also contact HOME’s Member Services if you need help with filing complaints, grievances, and appeals. HOME gives members written notice of any significant change at the clinic at least 30 days before the intended effective date of the change.

WHO CAN ENROLL IN HOME?
You can enroll in the HOME Program if you have
- Utah Medicaid
- A developmental disability
• AND mental health/behavior problems
• AND you want to get medical and mental health care in the same place

MEDICAID BENEFITS

HOW DO I USE MY MEDICAID BENEFITS?
• Each Medicaid member will get a Utah Medicaid card.
• You will use this card whenever you are eligible for Medicaid. You should show your Medicaid card before you receive services or get a Prescription filled. Always make sure that the provider accepts your Medicaid plan or you may be required to pay for the service.
• A list of covered services is found on page 31.

WHAT DOES MY UTAH MEDICAID CARD LOOK LIKE?
The Utah Medicaid card is wallet-sized and will have the member’s name, Medicaid ID number and date of birth. Your Utah Medicaid 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 view coverage and plan information for everyone on their case. Adults and children 18 and older can view their own coverage and plan information. Access may also be given to medical representatives.

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

You may also view your plan benefits online at: https://healthcare.utah.edu/hmhi/programs/home/.

COMMON QUESTIONS ABOUT THE HOME PROGRAM

WHAT DOES HOME STAND FOR?
HOME stands for Healthy Outcomes Medical Excellence.

IS THE HOME PROGRAM A PLACE TO LIVE?
No. The HOME Program is an outpatient clinic. Because we provide several services in one location and coordinate your care, we are referred to as a "medical home".

WHAT MAKES HOME DIFFERENT FROM OTHER HEALTH PLANS?
- You will have a Welcome Intake Visit.
- You will meet with a doctor, nurse, and case manager on your first visit.
- We take the time to talk with you during your clinic visits.
- We are trained to help people with disabilities and mental health issues.
- We review your treatment plan as often as necessary and at least once a year to make sure you get the care you need.
- We meet every morning to talk about the needs of our HOME clients.
- We have a Parent Provider Council that tells us how we are doing.
DOES THE CLIENT/PATIENT NEED TO BE AT EVERY VISIT?
Yes. Medicare and Medicaid say that patients must be at their appointments. There are very few reasons that you do not need to come to the clinic.

HOW OFTEN DOES THE CLIENT/PATIENT NEED TO BE SEEN IN CLINIC?
We like to see all patients a minimum of once a year for an annual physical exam, and twice a year with a mental health provider. This is to stay current on the client’s wellbeing and to help with small problems before they become major challenges. We like to see people with significant challenges more often. For example, someone with uncontrolled diabetes or significant mental health problems will be seen much more often than someone who is reasonably stable.

WHAT DO HOME DOCTORS AND STAFF EXPECT FROM ME?
Your doctor may ask you to give information on things such as behavior problems, your mood, sleeping habits, what you are eating, and blood sugars.
- You need to be on time to your clinic visit
- Show respect to all staff and doctors at the HOME Program.
- Always make a return appointment after your clinic visit.

WHAT IF I CANNOT MAKE IT TO AN APPOINTMENT?
It is important that you call us with as much notice as possible to reschedule your appointment. If you do not call us, we are unable to use that time to see others for appointments. Repeated no shows can result in disenrollment from the program.

WHO DO I TALK TO AT THE HOME PROGRAM?
Your main contact is your case manager. You can talk with your case manager about your health care questions. Your case manager will share concerns with your clinical team. You can also call the front desk to schedule an appointment or ask about your medical record. Our medical
assistants will help you with your medication refills, home health, supplies, lab results, and any referrals to doctors not working in the HOME Program.

WILL MY HOME CASE MANAGER BE MY CONTACT FOR ALL ISSUES?
No. There may be times that you need to talk with someone else. If you are receiving services from the Division of Services for People with Disabilities (DSPD), you will want to talk with your DSPD support coordinator. Your DSPD support coordinator will help you with school, work, where you live, and support staff issues.

WHAT IS CASE MANAGEMENT AND CARE COORDINATION?
A case manager is a specially trained person who works with you, your family, and your doctor to help you get the care you need. You can call your case manager when you have questions or concerns, and they will make sure your concerns are shared with your health care team. They will call to let you know what to do about your concern. The doctor may want to see you in the clinic, or the case manager may ask to call you later to see how you are doing. The case manager will return your call within 24 hours or the next working day. Your case manager may also call you to help you get needed care or services. You will talk with your case manager and a medical assistant the most.

CAN I KEEP MY CURRENT PRIMARY CARE DOCTOR OR MENTAL HEALTH THERAPIST?
No. The HOME Program is a combined model where primary care and mental health care are coordinated with our providers. HOME enrollees must get both primary care and mental health care with the HOME Program.

CAN I CHANGE MY DOCTOR OR THERAPIST IN THE HOME PROGRAM?
Yes. We know that sometimes there isn’t a good “fit” with your doctor or therapist. HOME’s policy lets you change a therapist or doctor one time. Talk to your case manager if you think you want to make a change.
WHAT IF I NEED TO SEE A SPECIALIST?
You may have direct access to specialty care if you need to see a specialist within the network. You do not need a referral from your primary care provider unless the specialist requires it. When you need care from a specialist who is not with HOME Medicaid network, you must get a prior approval for the services from HOME.

WHAT IF I WANT TO GET A SECOND OPINION?
You can request a second opinion from a provider in HOME or from a provider within the HOME Medicaid network. If you want a second opinion, let your doctor or case manager know. The HOME team wants to know so that we can help you in getting the care that is needed. If the second opinion is needed from a provider outside of the HOME Medicaid network, a referral will be made for you to see that doctor.

MAY I GET HELP FROM A PROVIDER THAT IS NOT A HOME PROVIDER?
In special situations, you may go to a provider that is not a HOME provider. You and your case manager should discuss why this care is needed and it is not able to be provided in the network. Our HOME case manager will get approval before you get services outside the HOME Program. A one-time agreement will be made with the referring provider. Please refer to the Provider Directory for complete list of providers within the network:

WHAT IS THE HOME PROGRAM'S ROLE IF A CLIENT/PATIENT IS HOSPITALIZED?
If a patient is hospitalized, please contact your HOME Program case manager. The case manager will notify your HOME Program providers and help coordinate care with the treatment team at the hospital. The case manager will also help coordinate follow-up appointments at the HOME Program once the patient is discharged from the hospital.
HOW DOES THE PROGRAM ADDRESS MEDICATION CHANGES?
In order for your doctor to assess how a medication is affecting you, they usually change only one medication at a time. This helps them to target the therapeutic dose of a medication and/or determine if a specific medication is helping or causing problems.

WHAT IF I TRAVEL OUTSIDE OF UTAH?
If you are hurt or get sick when you are not in Utah, you can still get care. Show the clinic or hospital your HOME Medicaid card. Have them call the HOME clinic toll free at 1-800-824-2073 to tell us about the care they gave you.

DOES THE HOME PROGRAM PAY FOR TRANSPORTATION?
We sometimes give bus tokens to help people get home from their clinic visits, but we do not drive patients to or from our clinic. If you do not have a car or a way to get to the doctor, HOME will help you access transportation services for medical appointments. All medical transportation requires authorization and must meet medical needs.

CAN I GET HELP WITH SCHOOL ISSUES?
Yes. Your case manager may be able to attend your IEP meetings. We can give recommendations from your HOME team to support you.

WILL MY DOCTOR WRITE ADVOCACY LETTERS FOR ME?
Yes. We are happy to help you when it is in your best interest. We need to know you well to help with your request. Our letters can only give our professional opinion.

CAN HOME GET ME DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES (DSPD) SERVICES?
No. We can help advocate for things we believe will be helpful, but DSPD has control over how they determine who can get their services.
DOES HOME OFFER HEALTH CARE FOR CHILDREN (EPSDT)?
Yes. If you have Medicaid, there is a special program for children called EPSDT: Early, Periodic Screening, Diagnostic and Treatment). The EPSDT program is for children up to age 21. Your children need to have regular check-ups to make sure they are growing the way they should. This means checking for eyesight, hearing, speech, and other health problems. Regular and early testing can help treat problems before they get worse. HOME’s PCPs will provide the EPSDT services. There are a lot of health services and treatments that HOME will pay for that are not covered for adults.

WHAT SERVICES ARE OFFERED THROUGH EPSDT?
- Complete well-child exams
- Immunizations
- Medical tests to make sure your children are healthy
- Education to help you learn about your children’s health needs and how they grow

DOES HOME OFFER SPECIALIZED HEALTH CARE FOR WOMEN?
HOME covers pap tests and gynecological exams. You can schedule your exam with your HOME PCP or with a Gynecologist. If you need to see a specialist, HOME will help you choose one.

Family planning services means information, counseling, and treatments for birth control. Birth control is important so that you can plan when or if you want to have a baby. HOME covers family planning services. You can go to any provider for family planning services even if he or she is not a HOME provider. The general Medicaid program pays for birth control methods that require a prescription. For more information, call Medicaid at 801-538-6155 or 1-800-662-9651.

HOME covers prenatal care (care when you are pregnant). It is important for you to get prenatal care if you become pregnant. You can choose an Obstetrics and Gynecology-doctor (OB/GYN), a Certified Nurse Midwife (CNM), or other PCP for prenatal care. HOME honors the Newborn’s and Mother’s Health Protection Act. When you have your baby, you and your baby have the right to stay in the hospital for 48 hours
for a vaginal delivery and 96 hours for a C-section. It is important that all pregnant women get tested for sexually transmitted diseases (STDs) like gonorrhea, chlamydia, and HIV/AIDS. HOME covers testing for STDs.

HOW CAN I FIND OUT ABOUT ACTIVITIES, GROUPS OR EVENTS?
• Visit our website at https://healthcare.utah.edu/hmhi/programs/home/
• Get updates with latest information on clinic activities on Facebook at https://www.facebook.com/unihomeprogram
• Give us your email address so we can send you information. HOME flyers and notices are posted in the clinic.
• Call your case manager or talk with your doctor about upcoming events.

FINDING A PROVIDER
WHAT IS A PRIMARY CARE PROVIDER?
A Primary Care Provider (PCP) is a doctor that you see for most of your healthcare 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 your 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. 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 Care Managers will work with you and your doctor to make sure that you select the right provider for you. To talk to a Care Manager about selecting a PCP, call 801-585-1960.

HOW CAN I CHANGE MY PCP?
Call Member Services to change your PCP. We will be happy to help you.
COPAYMENTS, COPAYS AND COST SHARING

What are Copayments, Copays and Cost sharing?
You may have to pay a fee for medical care. This fee is called a copayment, copay or cost sharing. Your copay amounts are listed in the copay summary below.

WHO DOES NOT HAVE A COPAY?
- Members who qualify for EPSDT (Early and Periodic Screening, Diagnostic and Treatment) also referred to as CHEC (Child Health Evaluation and Care)
- Pregnant women
- Alaska Natives
- American Indians (covered services may also be obtained directly from an Indian healthcare provider)

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 for a nonemergency
- Get a Prescription Drug

WHAT SERVICES DON’T HAVE COPAYS?
Some services that do not have Copays are:
- Labs and radiology
- Family planning services
- Immunizations (shots)
- Preventative services
- Tobacco cessation services
- Outpatient mental health/substance use disorder treatment
WHAT IS AN OUT-OF-POCKET MAXIMUM?
Medicaid has a limit on how much you have to pay in copays. The Out-of-Pocket can apply to specific types of service or a total yearly amount.

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 and we will help you through the process.

CO-PAY CHART

CO-PAYMENTS (CO-PAYS) ARE THE SAME FOR TRADITIONAL AND NON-TRADITIONAL MEDICAID.

The following Medicaid members do not have co-pays:

- American Indians
- Alaska Natives
- Members getting hospice care
- Members eligible for EPSDT (also called CHEC)

All other members will have the following copays:

<table>
<thead>
<tr>
<th>Service</th>
<th>Co-pay</th>
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<tbody>
<tr>
<td>Emergency Room (ER)</td>
<td>$8 co-pay for non-emergency use of the ER</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$75 co-pay per inpatient hospital stay</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$4 co-pay per prescription, up to $20 per month</td>
</tr>
<tr>
<td>Physician Visits, Podiatrist &amp; Outpatient Hospital Services</td>
<td>$4 co-pay, up to $100 per year combined</td>
</tr>
<tr>
<td>Vision Services</td>
<td>$4 co-pay for ophthalmologists</td>
</tr>
</tbody>
</table>
OUT-OF-POCKET MAXIMUM CO-PAYS:

- Pharmacy - $20 co-pay per month
- Physician, podiatry and outpatient hospital services - $100 co-pay per year* combined

*A co-pay year starts in January and goes through December.

Please note: You might not have a co-pay if you have other insurance, including Medicare.

You will not have a co-payment for:

- Family planning services
- Immunizations (shots)
- Preventativeservices
- Outpatient mental health/substance use disorder treatment
- Nursing home stays

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

WHAT SHOULD I DO IF I RECEIVE A MEDICAL BILL?

If you receive a bill for services that you believe should be covered by Medicaid, call billing services at 801-581-8110 for assistance. Do not pay a bill until you talk to billing services. You may not get reimbursed if you pay a bill on your own.

YOU MAY HAVE TO PAY A MEDICAL BILL IF:

- You agree (in writing) to get specific care or service not covered by Medicaid before receiving the service
- You ask for and get services that are not covered during an appeal or Medicaid State Fair Hearing. You only pay for medical care if the ruling is not in your favor.
- You don’t show your Utah Medicaid Card before you get medical care
- You are not eligible for Medicaid
• 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 immediate treatment. 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
  • 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?
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 the health plan for reimbursement. You do not need prior approval.
If you use an Emergency room for non-emergency care, 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 Primary Care Provider to tell them about your Emergency visit.

WHAT IS URGENT CARE?
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 Phone line at 801-581-3855. To find an Urgent Care clinic, call Member Services at 801-585-1960 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 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?
Your plan covers this type of care whether you go to a hospital on the plan or not. Once your condition is stable you may be asked to transfer to an in network hospital on the plan.

CRISIS CARE
There may be times that you feel worried or anxious about your health. These feelings may be caused by changes in your physical or mental health wellness, and you may need help. These problems can lead to a physical or mental health crisis, which means that your body or emotional well-being is not good and you need help. If changes occur and you feel that you are in crisis, please call HOME at the numbers below. If you are in a life threatening emergency, call 911 immediately.

If a crisis occurs during business hours and is not life threatening, please call your case manager. If a crisis occurs after hours, you can call 801-587-3195, tell them you are a “HOME” client. They will find help for you. We have magnets available for you with the crisis call guide below. If you don’t have one, make sure to get one on your next visit to the HOME Clinic.
# CRISIS CALL GUIDE

<table>
<thead>
<tr>
<th>CRISIS EVENT</th>
<th>WHO TO CALL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life Threatening EMERGENCY</strong></td>
<td>CALL 911</td>
</tr>
<tr>
<td></td>
<td>Or go to the EMERGENCY ROOM</td>
</tr>
<tr>
<td><strong>Non-LifeThreatening Emergency</strong></td>
<td>CALL 801.581.5515</td>
</tr>
<tr>
<td><strong>DURING Office Hours</strong></td>
<td>Ask for your case manager</td>
</tr>
<tr>
<td><strong>Non-LifeThreatening Emergency</strong></td>
<td>CALL 801.587.3195</td>
</tr>
<tr>
<td><strong>OUTSIDE Office Hours</strong></td>
<td>Tell UNI you are a “HOME” Client</td>
</tr>
</tbody>
</table>
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
- Family Planning and birth control treatments without a copayment
- The ability to see any provider that accepts Medicaid (in or out of network)
- The ability to see a provider without a referral

You can get the following birth control with a Prescription from any provider who takes Medicaid or your plan:

<table>
<thead>
<tr>
<th>Type of Birth Control</th>
<th>Traditional Medicaid</th>
<th>Non Traditional Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>*OTC</td>
<td>*OTC</td>
</tr>
<tr>
<td>Contraceptive Implants</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Creams</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>*OTC</td>
<td>*OTC</td>
</tr>
<tr>
<td>Depo-Provera</td>
<td>Yes, by doctor</td>
<td>Yes, by doctor</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>*OTC</td>
<td>*OTC</td>
</tr>
<tr>
<td>Foams</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>*OTC</td>
<td>*OTC</td>
</tr>
<tr>
<td>IUD</td>
<td>Yes, by doctor</td>
<td>Yes, by doctor</td>
</tr>
<tr>
<td>Morning After Pill</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Patches</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pills</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Rings</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Sterilization (Tubes tied or Vasectomy)</td>
<td>Yes **Consent form required</td>
<td>Yes **Consent form required</td>
</tr>
<tr>
<td>Non-surgical Sterilization (like Essure®)</td>
<td>Yes **Consent form required</td>
<td>Yes **Consent form required</td>
</tr>
</tbody>
</table>
Non Covered Family Planning Services

- Infertility drugs
- In vitro fertilization
- Genetic counseling

For more information about Family Planning services, call member services at 801-585-1960.

*OTC means over-the-counter
**Sterilization consent forms must be signed 30 days before surgery.

There are limits on abortion coverage. HOME Medicaid 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 Primary Care Provider (PCP), you can see a specialist in the 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 801-585-1960 for help.

PRIOR AUTHORIZATION

WHAT IS PRIOR AUTHORIZATION?

Some services must be approved before they will be paid. Permission to receive payment for that service is called Prior Authorization.
If you need a service that requires Prior Authorization, your doctor will request permission from HOME Medicaid. If approval is not given for payment of a service, you may appeal the decision. Please call our member services at 801-585-1960 if you have any questions.

**RESTRICTION PROGRAM**

What does it mean to be in the Restriction Program?

Medicaid members who do not use healthcare services properly may be enrolled in the restriction program. This means that you will be restricted to one main doctor and one main pharmacy. If you are in the Restriction program, all medical services and Prescriptions must be approved or coordinated by your assigned physician. All Prescriptions must be filled by your assigned pharmacy. Use of healthcare services is reviewed often.

Examples of improper use are:

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

Use the Emergency Room only for:

- Heavy bleeding
- Problems breathing
- Chest pain
- Broken bones
- Other symptoms where you feel that your life is at risk

We will contact you if we notice improper use of covered services.

**OTHER INSURANCE**

**WHAT IF I HAVE OTHER HEALTH INSURANCE?**

Some members have other Health Insurance, including Medicare, in addition to Medicaid. Your other insurance or Medicare 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 plan and your doctor 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 healthcare 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 Healthcare 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 Healthcare Power of Attorney: A Mental Healthcare 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 provide 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, you can go to our website for the Advance Directive information.

APPEALS AND GRIEVANCES

WHAT IS AN ADVERSE BENEFIT DETERMINATION?

An Adverse Benefit Determination is when we:

- Deny payment for care or approve payment for less care than you wanted
- Denies request to disagreement on your part of payment responsibility
- Lower the number of services you can get or end payment for a service that was approved
- Deny payment for a covered service
- Deny payment for a service that you may be responsible to pay for
- Did not take action on an appeal or grievance in a timely manner
- Did not provide you with a doctor or a service in a timely manner; defined as 30 days for a routine doctor visit and two days for an urgent care visit.
- Deny an enrollee’s request to dispute a financial liability

You have a right to receive a Notice of Adverse Benefit Determination (sometimes called a Notice of Action) if one of the above occurs. If you did not receive one, contact member services at 801-585-1960 to have one sent to you. You may file a grievance at any time.
WHAT IS AN APPEAL?
An appeal is when you or your provider contacts us to review an Adverse Benefit Determination to see if the right decision was made to deny your request for service.

How do I file an Appeal?
• You, your provider or any authorized representative may file an appeal either orally or in writing unless the request is a quick appeal
• An appeal form can be found on our website at https://apps.uhealthplan.utah.edu/UHealthPlansForms/Appeals/Create
• A request for an Appeal will be accepted by mail, fax or over the phone:
  • Appeals Team
    6053 Fashion Square Dr., Suite 110
    Murray, UT 84107
  • Fax: 801-587-9985
  • Phone: 801-585-1960
• Submit the appeal within 60 calendar days from the Notice of Action
• Help will be provided to enrollees, upon request, in carrying out the required steps to file an appeal (e.g., interpreter services, TTY)
• 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?
You will be given written notice within 30 calendar days from the date of oral inquiry. You will be notified in writing by sending a letter within two business days with a reason for the delay if more time is needed to make a decision on your appeal. If you or your provider think it’s important to make a decision quickly, you can make a request for a quick appeal.

WHAT HAPPENS TO YOUR BENEFITS WHILE YOU APPEAL?
Your benefits will not be stopped because you filed an appeal. If you are appealing because a service you have been receiving is limited or denied, tell
your plan if you want to continue to receive that service by completing the received Appeal Request form. You may have to pay for the service if the decision is not in your favor.

WHAT IS A QUICK APPEAL?
If waiting 30 days will harm your health, life or ability to maintain or regain maximum function, you can ask for a quick appeal. A quick appeal will be accepted over the phone or in writing. We will make a decision within 72 hours after receipt of appeal. 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 REQUEST A QUICK APPEAL?
Call us at 801-585-1960 or write to us at:
240 E Morris Ave, #400
Salt Lake City, UT 84115

WHAT IS A GRIEVANCE?
A grievance is a complaint about the way your health care services were handled by your provider or HOME Medicaid.

HOW DO YOU FILE A GRIEVANCE?
If you are not happy with the way services were provided to you, 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 health care such as:

- When you don’t 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 your health care service
You can file a grievance either over the phone or in writing. To file by phone, call Member Services at 801-585-1960. To file a grievance in writing, please send your letter to:

HOME Grievance Committee
240 E Morris Ave, #400
Salt Lake City, UT 84115

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 we will also tell you how to request the State Fair Hearing if you do not agree with our decision. We will also give you the State Fair Hearing Request Form to send to Medicaid.

HOW DO I REQUEST A STATE FAIR HEARING?
If you or your provider are unhappy with an action taken by HOME Medicaid, you may file a hearing request with the Office of Administrative Hearings. The hearing request must be made within 120 calendar days of the Notice of Appealed Decision.

FRAUD, WASTE AND ABUSE
WHAT IS FRAUD, WASTE AND ABUSE?
Doing something wrong related to Medicaid could be fraud, waste or abuse. We want to make sure 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:
- Lending a Medicaid ID card to someone
- 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 or CHIP member for covered services
• Not reporting a patient’s misuse of a Medicaid ID Card

HOW CAN I REPORT FRAUD, WASTE AND ABUSE?
If you suspect fraud, waste or abuse, you may contact:
• Internal ACO compliance
  • HOME’s Compliance officer: 801.587.3110
• 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’s 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’S NOT AN EMERGENCY AND I CAN’T 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 Work Force 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 card and bus pass to the driver.

• **UTA Flex Trans**: special bus services for Medicaid clients who live in Davis, Salt Lake, Utah and Weber Counties. You may use Flex Trans 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 Davis 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 Special Medical Transportation Card.

• **Dial-A-Ride**: Special bus service available for members who live in Iron County
  - Call CATS at: 435-865-4510

• **LogistiCare**: non-emergency door-to-door service for medical appointments and Urgent Care. You may be eligible for LogistiCare if:
  - You have Traditional Medicaid
  - 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 Flex Trans
  - 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 clients 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. Families with a child should check with a DWS worker to see about mileage refund for CHEC well-child medical and dental visits.

- **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

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>TRADITIONAL MEDICAID PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABORTION</td>
<td>Covered only when the woman’s life would be in danger if not performed, or in cases of rape or incest. A doctor must confirm this in writing.</td>
</tr>
<tr>
<td>COSMETIC/EXPERIMENTAL CARE</td>
<td>Not Covered</td>
</tr>
<tr>
<td>DENTAL</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>May be covered by general Medicaid program. Call the Medicaid hotline at 801-538-6155 or 1-800-662-9651.</td>
</tr>
<tr>
<td>DIABETES SELF-MANAGEMENT TRAINING</td>
<td>Covered</td>
</tr>
<tr>
<td>Service Type</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| DOCTOR VISITS                    | No copay required  
                                    Check-ups and yearly exams  
                                    Pre-natal care, family planning and birth control  
                                    Pap tests  
                                    Well-child visits through the CHEC program (birth to age 20)  
                                    Follow-up care  
                                    Allergy testing and injections  
                                    Immunizations |
| EMERGENCY ROOM                   | Covered at any hospital emergency room.                                                                                                      |
| END STAGE RENAL DISEASE—DIALYSIS | Covered                                                                                                                                 |
| FAMILY PLANNING SERVICES         | HOME covers family planning services including information,  
                                    Counseling, and treatments for birth control such as vasectomies, tubal ligations, sterilizations, removal of Norplant, and related exams.  
                                    The general Medicaid Program pays for birth control methods that require a prescription. Call Medicaid at 801-538-6155 or 1-800-662-9651  
                                    Infertility drugs and procedures are not covered. |
<p>| HEALTH CARE FOR CHILDREN (CHEC)  | Covered                                                                                                                                 |
| HOME HEALTH CARE                 | Covered                                                                                                                                 |
| HOSPICE CARE                     | Covered for patients with 6 months or less to live.                                                                                          |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOSPITAL CARE</td>
<td>If you are going to a hospital for a planned stay, like a surgery or delivering a baby, you can choose any Utah hospital that is in the Healthy U network. All of your doctors must be a Healthy U doctor; this includes any doctor who cares for you after your hospital stay. Inpatient and outpatient surgery. Hospital room. Provider visits in the hospital. Medicines in the hospital. Follow-up care. Medical treatment for drug or alcohol problems. Dialysis treatments. Labor and delivery. Personal care items such as shampoo, toothbrush, etc. are not covered by HOME or the general Medicaid program.</td>
</tr>
<tr>
<td>INTERPRETIVE SERVICES</td>
<td>Are available through the University of Utah Hospital. Let HOME know if you would like services and we will get them for you. The phone number for this service is 801-572-7864. Let them know that you have an appointment with the HOME clinic so we can provide this service for you.</td>
</tr>
<tr>
<td>LAB AND X-RAYS</td>
<td>Covered</td>
</tr>
<tr>
<td>LONG TERM CARE</td>
<td>May be covered by HOME if the stay will be less than 30 days. Covered by general Medicaid program. Call the Medicaid hotline at 801-538-6155 or 1-800-662-9651.</td>
</tr>
<tr>
<td>MEDICAL SUPPLIES AND EQUIPMENT AND ARTIFICIAL LIMBS</td>
<td>Covered. Prior Authorization required</td>
</tr>
</tbody>
</table>
| **MENTAL HEALTHCARE** | Covered by HOME  
Psychiatric Evaluations and diagnostic interviews  
Mental Health assessment by non-mental health therapist  
Psychological testing  
Individual therapy  
Group psychotherapy  
Individual therapy with  
Medication management  
Family psychotherapy with patient present  
Family psychotherapy without patient present  
Medication Management  
Individual skills development  
Case Management Services |
| **ORGAN TRANSPLANTS** | Kidney, liver, cornea, bone marrow, heart, intestine, lung, pancreas, small bowel, plus combinations of above. |
| **PHARMACY** | Not covered by HOME.  
Covered by the general Medicaid Program. Call the Medicaid hotline at 801-538-6155 or 1-800-662-9651. |
| **PHYSICAL THERAPY (PT)/ OCCUPATIONAL THERAPY (OT)** | Covered |
| **CHIROPRACTIC SERVICES** | Chiropractic services are covered for children and pregnant women only through the general Medicaid program. |
| **PODIATRY CARE** | Covered only for children with referrals. There are limited benefits for adults. |
| **PRIVATE DUTY NURSING** | Care by licensed nurses for ventilator-dependent children. |
| **SECOND OPINION** | Covered  
This can be done with any HOME provider or outside network provider if necessary. |
<table>
<thead>
<tr>
<th>Service Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEECH AND HEARING CARE</td>
<td>Audiology &amp; hearing services including hearing aids &amp; batteries are covered for children and pregnant women only.</td>
</tr>
<tr>
<td>TRANSPORTATION</td>
<td>Covered by the HOME Program when the service has been authorized. Call HOMEat 801-585-1960 to see how we can help. Ambulance (ground and air) covered for medical emergencies.</td>
</tr>
<tr>
<td>&quot;U BABYCARE&quot; PROGRAM</td>
<td>Covered</td>
</tr>
<tr>
<td>VISION CARE</td>
<td>Covered—only for children up to age 21 and pregnant women. Eye exams and care to find and treat medical problems (like problems from diabetes) are covered for all members.</td>
</tr>
</tbody>
</table>

**CAN I GET A SERVICE THAT IS NOT ON THIS LIST?**

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

- Members who qualify for CHEC/EPSDT may obtain services which are medically necessary but are not typically covered
- 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

If you would like to request an exception for a non-covered service, you can make that request by contacting your HOME Case Manager.
NOTICE OF PRIVACY PRACTICES

WE PROTECT YOUR PRIVACY

- We strive to protect the privacy of your Personal 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.
- You have the right to look at your PHI.
- We protect Personal Information by limiting access to this information to those who need it to do given tasks and through physical safeguards.

CONTACT OUR PRIVACY OFFICE

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 https://healthcare.utah.edu/patient-privacy/docs/notice-of-privacy-practices-english.pdf. You can also ask for a hard copy of this information by contacting member services at 801-585-1960.

HOME DISCRIMINATION POLICY

We want to make sure you are treated with dignity and respect. If you feel anyone at HOME or at a medical appointment has treated you unfairly or discriminated against you, please call the HOME Civil Rights Coordinator to report it. The phone number is 801-587-3109 or 1-800-824-2073. The Civil Rights Coordinator can tell you about the laws that protect your civil rights and help you resolve your problem.

HOME NONDISCRIMINATION STATEMENT

You have the right to get medical care and be treated with dignity and respect no matter what your race, color, sex, religion, national origin, disability or age.

Personal Information:
This HOME Member Handbook belongs to:

My Case Manager:

My Case Manager's Phone Number:
Our mission is to optimize the quality of life of the people we serve by providing excellent, compassionate, and integrated health services throughout the life span.

240 E Morris Ave, #400
Salt Lake City, Utah 84115

Website: https://healthcare.utah.edu/hmhi/programs/home/

Main Phone: (801) 581-5515
Toll Free Number: 1 (800) 824-2073